ENVIRONMENTAL HEALTH DIVISION
CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)

KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

2700 M STREET, SUITE 300 BAKERSFIELD, CALIFORNIA 93301-2370 VOICE: 661-862-8740 FAX: 661-862-8701 WWW.CO.KERN.CA.US/EH

January 23, 2014

KULJIT SINGH GHUMAN
2126 TAFT HWY
BAKERSFIELD, CA 93313

Annual UST Monitoring System Compliance Inspection

Facility: JOHNNY QUIK #143, CR# 003201
2126 TAFT HWY
BAKERSFIELD

California state law requires that all underground storage tank (UST) leak monitoring equipment be calibrated, operated and maintained in accordance with manufacturer's instructions, and certified every 12 months for proper operability and calibration. All UST facilities require the following annual inspections:

1. Annual Certification of the Leak Monitoring System - performed by a certified technician employed by a licensed contractor on behalf of the UST owner/operator.
2. Annual Routine UST Inspection - performed by the Kern County Environmental Health Services Department.

Based on this department's records, the annual monitor certification was last completed on 02/14/2013. Please have your certified contractor schedule the monitor certification with this department. We will make every effort to complete our routine inspection at the same time. During the inspection, the following documents must be available for review:

Facility and Tank Registration Forms
Monitoring Procedure Plan
Site Plot Plan
Employee Training Records by Designated Operator
Financial Responsibility Forms
Emergency Response Plan
Monitoring records

The monitor certification is to be scheduled by 03/02/2014 to avoid future enforcement action. Please contact the undersigned at (661) 862-8719 for further information and/or to schedule the inspection.

Sincerely,

MARTY A BROWNFIELD
WASTE MANAGEMENT TECHNICIAN II
Unified Hazardous Materials/Waste Program

KERN COUNTY
Public Health Services
DEPARTMENT

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HAZARDOUS MATERIALS BUSINESS PLAN INSPECTION REPORT

Facility Name: JOHNNY QUIK #143		**Facility ID:** FA0002691 **File #:** 003201
Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313		**CERS ID:** 10233775
Phone: (661) 834-9113	**Consent Granted By:** JOSSI & KULJIT GHUMAN	**Inspection Date:** 02/21/2014
Inspection Type: ☐ Routine ☐ Reinspection	**Reinspection required:** ☒ Yes ☐ No	
Inspection Element: BUS PLAN MED LOW RISK 1 UNIT		

File/CERS Review Violations

V	Viol #	Summary	Code
	H335	FAILURE TO SUBMIT A HAZARDOUS MATERIALS BUSINESS PLAN	19 CCR 4 2729.2(a); HSC 6.95 25505(a)
	H344	FAILURE TO COMPLETE THE BUSINESS ACTIVITIES PAGE AND OR OWNER/OPERATOR IDENTIFICATION PAGE	19 CCR 4 2729.2(a)(1)
✓	H342	FAILURE TO COMPLETE/SUBMIT HAZARDOUS MATERIALS INVENTORY FORMS FOR ALL REPORTABLE HAZARDOUS MATERIALS	19 CCR 4 2729.2(a)(2); HSC 6.95 25504(a)
	H341	FAILURE TO COMPLETE THE HAZARDOUS MATERIALS INVENTORY RE-CERTIFICATION OR RE-SUBMITTAL	19 CCR 4 2729.4(b), 2729.5
	H337	FAILURE TO COMPLETE THE TRIENNUAL HAZARDOUS MATERIALS BUSINESS PLAN REVIEW AND RE-CERTIFICATION	HSC 6.95 25505(c)
	H346	INCOMPLETE ANNOTATED SITE MAP	19 CCR 4 2729.2(a)(3), HSC 25504
	H347	EMERGENCY RESPONSE PLAN AND PROCEDURES NOT INCLUDED OR NOT ADEQUATE	19 CCR 4 2731; HSC 6.95 25504(b)
	H353	TRAINING PROGRAM NOT INCLUDED OR IS NOT ADEQUATE	19 CCR 4 2732(a); HSC 6.95 25504(c)
	H340	PROPERTY OWNER WAS NOT NOTIFIED IN WRITING THAT A HAZARDOUS MATERIALS BUSINESS PLAN IS REQUIRED	HSC 6.95 25503.6
	H336	PROPERTY OWNER WAS NOT PROVIDED A COPY OF THE HAZARDOUS MATERIALS BUSINESS PLAN	HSC 6.95 25503.6

Onsite Inspection Violations

V	Viol #	Summary	Code
	H334	FAILURE TO ESTABLISH AND IMPLEMENT A HAZARDOUS MATERIALS BUSINESS PLAN	19 CCR 4 2729.1(a); HSC 6.95 25503.5(a)
	H343	FAILURE TO REVISE HAZARDOUS MATERIALS BUSINESS PLAN UPON A SUBSTANTIAL CHANGE	HSC 6.95 25505(b)
	H345	FAILURE TO UPDATE HAZARDOUS MATERIALS INVENTORY UPON A SIGNIFICANT CHANGE	19 CCR 4 2729.4(d); HSC 6.95 25505(b), 25510
	H348	TRAINING PROGRAM NOT IMPLEMENTED	19 CCR 4 2732(b); HSC 6.95 25504(c)
	H338	FAILURE TO REPORT A RELEASE OF A HAZARDOUS MATERIAL	19 CCR 4 2703; HSC 6.95 25507

Inspector: MARTY A BROWNFIELD **Inspection Date:** 02/21/2014

SUMMARY OF OBSERVATIONS/VIOLATIONS

☐ No violations of hazardous waste laws/regulations were discovered. KERN CUPA greatly appreciates your efforts to comply with all the laws and regulations applicable to your facility.

☒ Violations were observed/discovered as listed below. All violations must be corrected by implementing the corrective action listed by each violation. If you disagree with any of the violations or corrective actions required, please inform the CUPA in writing.

ALL VIOLATIONS MUST BE CORRECTED WITHIN 30 DAYS OR AS SPECIFIED. CUPA must be informed in writing with a certification that compliance has been achieved. A false statement that compliance has been achieved is a violation of the law and punishable by a fine of not less than $2,000 or more than $25,000 for each violation. Your facility may be reinspected any time during normal business hours. If a second reinspection becomes necessary due to non compliance, a reinspection charge of $100.00 per hour may be charged to the facility.

You may request a meeting with the Program Manager to discuss the inspection findings and/or the proposed corrective actions. The issuance of this Summary of Violations does not preclude the CUPA from taking administrative, civil, or criminal action.

Facility Name: JOHNNY QUIK #143 Facility ID: FA0002691
File #: 003201

VIOLATIONS

Violation Number	Violation Text	Violation Degree	Comply by
H342	Failure to complete and/or submit hazardous material inventory forms for all reportable hazardous materials on site. 19 CCR 4 2729.2(a)(2); HSC 6.95 25504(a)	CLASS II VIOLATION	03/23/2014
Violation Details & Corrective Action Required:	*THE FAICLITY OWNER/OPERATOR NEEDS TO AMEND THEIR HAZARDOUS MATERIALS INVENTORY IN CERS TO REFLECT THE FOLLOWING ADDITIONAL HAZARDOUS MATERIALS BEING STORED ON SITE.* *1.) PROPANE* *2.) CARBON DIOXIDE*		

INSPECTION COMMENTS:

COMMENTS: Go to http://www.co.kern.ca.us/eh/ (Hazardous Materials) for forms and information.

Inspector: MARTY A BROWNFIELD

Signature of Facility Representative:

Inspection Date: 02/21/2014

Certification: I certify under penalty of perjury that this facility has complied with the corrective actions listed on this inspection form.

Printed Name of Owner/Operator	**Title**
Signature of Owner/Operator	**Date**

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MATTHEW CONSTANTINE
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UNDERGROUND STORAGE TANK INSPECTION REPORT

Facility Name: JOHNNY QUIK #143		**Facility ID:** FA0002691
		File #: 003201
Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313		**CERS ID:** 10233775
		BOE #:
Phone: (661) 834-9113	**Consent Granted By:** JOSSI & KULJIT GHUMAN	**Inspection Date:** 02/21/2014
Inspection Type: ☒ Routine ☐ Reinspection		**Reinspection required:** ☐ Yes ☒ No

File/CERS Review Violations

V	Viol #	Summary	Code
	H650	FAILURE TO OBTAIN/MAINTAIN A VALID OPERATING PERMIT	23 CCR 16 2712(i); HSC 6.7 25284
	H651	FAILURE TO SUBMIT ACCURATE UST FACILITY/TANK INFORMATION	23 CCR 16 2711; HSC 6.7 25286(a)
	H653	FAILURE TO SUBMIT STATEMENT OF DESIGNATED OPERATOR/UST COMPLIANCE	23 CCR 16 2715(a), 2715(b)
	H654	FAILURE TO SUBMIT/MAINTAIN AN ACCURATE RESPONSE PLAN	23 CCR 16 2632, 2634(e), 2641(h), 2712(i)
	H655	FAILURE TO SUBMIT/MAINTAIN AN ACCURATE PLOT PLAN	23 CCR 16 2632(d)(1)(C), 2711(a)(8)
	H660	MAKING FALSE STATEMENTS/REPRESENTATION ON ANY DOCUMENT	HSC 6.7 25299
	H662	FAILURE TO COMPLETE/SUBMIT ANNUAL MONITORING CERTIFICATION	23 CCR 16 2638
	H663	FAILURE TO COMPLETE SECONDARY CONTAINMENT TESTING	23 CCR 16 2637
	H664	FAILURE TO ANNUALLY TEST SPILL CONTAINMENT	HSC 6.7 25284.2
	H665	FAILURE TO SUBMIT SECONDARY CONTAINMENT TEST RESULTS	23 CCR 16 2637(e)

General Violations

V	Viol #	Summary	Code
	H741	FAILURE TO COMPLY WITH ALL OPERATING PERMIT CONDITIONS	23 CCR 16 2712
✓	H680	IMPROPER PROGRAMING/OPERATION OF LEAK DETECTION EQUIPMENT	23 CCR 16 2632, 2634, 2636, 2666
	H681	FAILURE OF LEAK DETECTION EQUIPMENT TO HAVE AUDIBLE/VISUAL ALARMS	23 CCR 16 2632, 2634, 2636, 2666
	H683	FAILURE TO INSTALL CORRECT LEAK DETECTION SYSTEM	23 CCR 16 2638; HSC 6.7 25290.1, 25290.2, 2529122 CCR 12 66262.34(d)(2);
	H684	FAILURE TO PROPERLY LABEL CERTIFIED MONITORING EQUIPMENT	23 CCR 16 2638(f)
	H690	FAILURE TO PROPERLY MONITOR UNDER DISPENSER CONTAINMENT	23 CCR 16 2636(f)(1)
✓	H694	FAILURE OF SENSOR TO BE LOCATED IN THE PROPER POSITION	23 CCR 16 2630(d), 2641(a)
✓	H695	TAMPERING WITH LEAK DETECTION EQUIPMENT	HSC 6.7 25299(a)(9)
	H704	FAILURE TO INSTALL LINE LEAK DETECTORS ON PRESSURIZED PIPING	HSC 6.7 25290.1(h), 25290.2(g), 25291(f), 25292(e)
	H708	FAILURE OF LINE LEAK DETECTOR TO FUNCTION AS REQUIRED	23 CCR 16 2636(f)(2)
	H711	FAILURE TO KEEP SECONDARY CONTAINMENT FREE OF DEBRIS/ LIQUID AND IN GOOD CONDITION	HSC 6.7 25290.1, 25290.2, 25291
✓	H717	FAILURE TO KEEP SPILL BUCKET FREE OF DEBRIS/LIQUID AND IN GOOD CONDITION	23 CCR 16 2635(b), 2715(c)(2)
	H676	FAILURE TO OBTAIN PERMITS TO INSTALL, REPLACE, REPAIR OR MODIFY PART OF THE UST SYSTEM	23 CCR 16 2712

Inspector: MARTY A BROWNFIELD **Inspection Date:** 02/21/2014

General Violations - continued

V	Viol #	Summary	Code
	H719	FAILURE TO OPERATE THE UST SYSTEM TO PREVENT SPILLS/ OVERFILLS	HSC 6.7 25292.1(a)
	H720	FAILURE OF THE OVERFILL PREVENTION SYSTEM TO FUNCTION AS REQUIRED	23 CCR 16 2635(b)(2), 2665
	H721	FAILURE OF INDIVIDUALS WORKING ON/MAINTAINING THE UST SYSTEM TO HAVE A PROPER/CURRENT ICC CERTIFICATION	23 CCR 16 2715
	H747	FAILURE TO COMPLY WITH TEMPORARY CLOSURE REQUIREMENTS	23 CCR 16 2670, 2671; HSC 6.7 25298
	H748	FAILURE TO COMPLY WITH ALL PERMANENT CLOSURE REQUIREMENTS	23 CCR 16 2670, 2672; HSC 6.7 25298

Double Walled Tank Violations

V	Viol #		Code
	H682	FAILURE TO CONTINUOUSLY MONITOR SECONDARY CONTAINMENT THAT ACTIVATES AN AUDIBLE/VISUAL ALARM	23 CCR 16 2631(g), 2632(c)(2)(A)&(B), 2633(c), 2636(f)
	H699	FAILURE TO CONTINUOUSLY MONITOR SECONDARY CONTAINMENT USING VACUUM/PRESSURE/HYDROSTATIC	HSC 6.7 25290.1(e)
	H714	FAILURE TO MAINTAIN PRODUCT TIGHT SECONDARY CONTAINMENT	23 CCR 16 2662; HSC 6.7 25290.1(c)(2), 25290.2(c)(2), 25291(a), 25292(e)

Double Walled Piping Violations

V	Viol #	Summary	Code
	H666	FAILURE TO COMPLY WITH ANNUAL LINE INTEGRITY TESTING	23 CCR 16 2636(f)(4)
	H686	FAILURE OF SECONDARY CONTAINMENT MONITORING TO PROVIDE FAIL SAFE AND POSITIVE SHUT DOWN	23 CCR 16 2636(f)(5)
	H687	FAILURE TO CONTINUOUSLY MONITOR SECONDARY CONTAINMENT THAT ACTIVATES AN AUDIBLE/VISUAL ALARM	23 CCR 16 2636(f)(1)
	H705	FAILURE TO CHECK MONITORING SYSTEM DAILY TO MAINTAIN EMERGENCY GENERATOR LINE LEAK DETECTOR EXEMPTION	23 CCR 16 2636(f)(2), 2666(c)
	H712	FAILURE TO MANTAIN SECONDARY CONTAINMENT TO ALLOW PRODUCT TO BE DETECTED AT THE EARLIEST POSSIBLE OPPORTUNITY	23 CCR 16 2630(d), 2641(a)

Single Walled Tank Violations

V	Viol #	Summary	Code
	H685	FAILURE TO USE THE AUTOMATIC TANK GAUGE AND MANUAL INVENTORY RECONCILIATION FOR LOW VOLUME TANK TESTING	23 CCR 16 2643(b)(2)
	H688	FAILURE TO CONDUCT 0.2 GALLON/HOUR CONTINUOUS IN TANK LEAK DETECTION TEST MONTHLY AND DOCUMENT	23 CCR 16 2643(b)(5)
	H689	FAILURE TO CONDUCT 0.2 GALLON/HOUR IN TANK LEAK DETECTION TEST MONTHLY AND DOCUMENT	23 CCR 16 2643(b)(1)
	H692	FAILURE TO INSTALL AUTOMATIC TANK GAUGING/LEAK DETECTION	23 CCR 16 2643; HSC 6.7 25292(a)
	H701	FAILURE TO MAINTAIN/INSPECT CORROSION PROTECTION SYSTEM AS REQUIRED	23 CCR 16 2635(a)(2), 2662(c)(1)(B)
	H755	FAILURE TO INSTALL A FUNCTIONAL CORROSION PROTECTION SYSTEM	23 CCR 16 2635(a)(2)(A)
	H669	FAILURE TO RECERTIFY INTERIOR LINED TANKS AS REQUIRED	23 CCR 16 2663
	H671	FAILURE TO CONDUCT ENHANCED LEAK DETECTION TESTING AS REQUIRED	23 CCR 16 2644.1(a)(3)
	H672	FAILURE TO SUBMIT ENHANCED LEAK DETECTION TEST RESULTS AS REQUIRED	23 CCR 16 2644.1(a)(5)
	H749	FAILURE TO CORRECT ANY FAILURES DETECTED DURING ENHANCED LEAK DETECTION TESTING	HSC 6.7 25292.4(d), 25292.5(c)

Single Walled Piping Violations

V	Viol #	Summary	Code
	H703	FAILURE TO PERFORM MONTHLY 0.2 GALLON/HOUR OR ANNUAL 0.1 GALLON/HOUR LINE INTEGRITY TESTS	23 CCR 16 2641(a), 2643(c)
	H707	FAILURE OF THE LINE LEAK DETECTOR TO PROVIDE FAIL SAFE AND POSITIVE SHUT DOWN	23 CCR 16 2666(c)

On Site Records Violations

V	Viol #	Summary	Code
	H652	FAILURE TO OBTAIN/MAINTAIN A VALID BOARD OF EQUALIZATION ACCOUNT NUMBER	HSC 6.7 25286(c)
	H661	FAILURE TO NOTIFY THE CUPA OF A CHANGE IN DESIGNATED OPERATOR	23 CCR 16 2715(a)
	H724	FAILURE TO SUBMIT/MAINTAIN A CURRENT CERTIFICATION OF FINANCIAL RESPONSIBILITY	23 CCR 16 2711; 23 CCR 18 2808.1, 2809-2809.2; HSC 6.7 25292.2; HSC 6.75 25299.30-25299.34
	H726	FAILURE TO MAINTAIN COPIES OF DESIGNATED OPERATOR'S INSPECTION REPORTS AND LIST OF TRAINED EMPLOYEES	23 CCR 16 2715
	H727	FAILURE OF DESIGNATED OPERATOR TO COMPLY WITH ALL MONTHLY INSPECTION REQUIREMENTS	23 CCR 16 2715
	H729	FAILURE TO MAINTAIN ALARM LOGS AND FOLLOW-UP DOCUMENTATION	23 CCR 16 2632, 2634, 2712(b)
	H731	FAILURE OF DESIGNATED OPERATOR TO PROVIDE APPROPRIATE EMPLOYEE TRAINING	23 CCR 16 2715(c)(6), 2715(f)
	H736	FAILURE TO MAINTAIN MONITORING, MAINTENANCE, AND REPAIR RECORDS	23 CCR 16 2712(b)
	H737	FAILURE TO MAINTAIN CORROSION PROTECTION RECORDS	23 CCR 16 2635, 2712(b)
	H738	FAILURE TO MAINTAIN AN APPROVED MONITORING PLAN ON SITE	23 CCR 16 2632, 2634, 2711, 2712(i)
	H739	FAILURE TO SUBMIT/MAINTAIN A WRITTEN OWNER/OPERATOR AGREEMENT	23 CCR 16 2620(b); HSC 6.7 25284(a)(3)
	H740	FAILURE TO RECORD AND/OR REPORTSUSPECTED OR ACTUAL UNAUTHORIZED RELEASE CORRECTLY	HSC 6.7 29294, 29295

SUMMARY OF OBSERVATIONS/VIOLATIONS

☐ **No violations of hazardous waste laws/regulations were discovered. KERN CUPA greatly appreciates your efforts to comply with all the laws and regulations applicable to your facility.**

☒ **Violations were observed/discovered as listed below. All violations must be corrected by implementing the corrective action listed by each violation. If you disagree with any of the violations or corrective actions required, please inform the CUPA in writing.**

ALL VIOLATIONS MUST BE CORRECTED WITHIN 30 DAYS OR AS SPECIFIED. CUPA must be informed in writing with a certification that compliance has been achieved. A false statement that compliance has been achieved is a violation of the law and punishable by a fine of not less than $2,000 or more than $25,000 for each violation. Your facility may be reinspected any time during normal business hours. If a second reinspection becomes necessary due to non compliance, a reinspection charge of $100.00 per hour may be charged to the facility.

You may request a meeting with the Program Manager to discuss the inspection findings and/or the proposed corrective actions. The issuance of this Summary of Violations does not preclude the CUPA from taking administrative, civil, or criminal action.

VIOLATIONS

Violation Number	Violation Text	Violation Degree	Comply by
H680	Failure of the leak detection equipment to be properly programmed or properly operated. 23 CCR 16 2632, 2634, 2636, 2666	CLASS II VIOLATION	03/23/2014

Violation Details & Corrective Action Required:

THE LIQUID SENSOR LOCATED IN THE PREMIUM (91 OCTANE) TURBINE SUMP FAILED TO SHUTDOWN THE TURBINE OF CAUSE THE SYSTEM TO GO INTO ALARM AS REQUIRED.

THE UST FACILITY OWNER/OPERATOR MUST REPLACE AND RETEST THE SENSOR LOCATED IN THE PREMIUM (91 OCTANE) TURBINE SUMP WITHIN THIRTY (30) DAYS OF THE INITIAL FAILURE.

Violation Number	Violation Text	Violation Degree	Comply by
H694	Failure of sensor to be located in the proper position/location. 23 CCR 16 2630(d), 2641(a)	CLASS I VIOLATION	03/23/2014

Violation Details & Corrective Action Required:

DURING THE COURSE OF THE INSPECTION IT WAS DISCOVERED THAT THE LIQUID SENSOR IN THE TURBINE SUMP WAS NOT PROPERLY PLACED IN THE LOWEST PORTION OF THE SUMP.

THE SENSOR WAS FOUND HANGING FROM THE TOP RIM OF THE SUMP BY A SECTION OF METAL PLUMBER'S TAPE.

THE SERVICE TECHNICIAN FROM RICH ENVIRONMENTAL REPLACED THE SENSOR IN ITS HOLDER AFTER TESTING WAS COMPLETED. VIOLATION CORRECTED ON SITE AT THE TIME OF THE INSPECTION.

IT WAS DETERMINED THAT A SEPERATE 3RD PARTY UST CONTRACTOR HAD FAILED TO REPLACE THE SENSOR IN ITS PROPER LOCATION AFTER THEY HAD COMPLETED REPAIR WORK ON THE DIESEL TURBINE.

****
**
IT IS THE UST SYSTEM OWNER/OPERATOR'S RESPONSIBILITY TO ENSURE THEIR CONTRACTORS RETURN/REPLACE ALL SENSORS AND MONITORING EQUIPMENT TO THEIR CORRECT LOCATION AFTER THEY WORK ON ANY PORTIONS OF THE UST SYSTEM.
****
**

H695	**Leak detection equipment disabled or tampered with in a manner that would prevent the monitoring system from detecting and/or alerting the owner/operator of a leak. HSC 6.7 25299(a)(9)**	**CLASS I VIOLATION**	**03/23/2014**

Violation Details & Corrective Action Required:

DURING THE COURSE OF THE INSPECTION IT WAS DISCOVERED THAT THE LIQUID SENSOR IN THE TURBINE SUMP WAS NOT PROPERLY PLACED IN THE LOWEST PORTION OF THE SUMP.

THE SENSOR WAS FOUND HANGING FROM THE TOP RIM OF THE SUMP BY A SECTION OF METAL PLUMBER'S TAPE.

THE SERVICE TECHNICIAN FROM RICH ENVIRONMENTAL REPLACED THE SENSOR IN ITS HOLDER AFTER TESTING WAS COMPLETED. VIOLATION CORRECTED ON SITE AT THE TIME OF THE INSPECTION.

IT WAS DETERMINED THAT A SEPERATE 3RD PARTY UST CONTRACTOR HAD FAILED TO REPLACE THE SENSOR IN ITS PROPER LOCATION AFTER THEY HAD COMPLETED REPAIR WORK ON THE DIESEL TURBINE.

****
**
IT IS THE UST SYSTEM OWNER/OPERATOR'S RESPONSIBILITY TO ENSURE THEIR CONTRACTORS RETURN/REPLACE ALL SENSORS AND MONITORING EQUIPMENT TO THEIR CORRECT LOCATION AFTER THEY WORK ON ANY PORTIONS OF THE UST SYSTEM.
****
**

H717	**Failure to comply with one or more of the following: maintain the spill bucket in good condition, containment free of debris/liquid, and/or to remove the contents of the spill bucket when a release/leak/spill was observed. 23 CCR 16 2635(b), 2715(c)(2)**	**CLASS II VIOLATION**	**03/23/2014**

Violation Details & Corrective Action Required:

DUIRNG THE COURSE OF THE INSPECTION THE REGULAR (87 OCTANE) OVERFILL/SPILL BUCKET WAS FOUND TO CONTAIN AN ACCUMULATION OF GASOLINE.

THE SERVICE TECHNICIAN FROM RICH ENVIRONMENTAL REMOVED THE ACCUMULATED FUEL FROM THE SPILL BUCKET PRIOR TO FILLING IT WITH WATER FOR IT'S ANNUAL TIGHNESS TESTING.

****
**
THE FACILITY OWNER OPERATOR NEEDS TO CONTACT HIS FUEL PROVIDER/TRUCKING COMPANY AND REMIND THEM TO REMIND THEIR DRIVERS TO MAKE SURE THEY DRAIN ANY FUEL SPILLED IN THE BUCKETS AS A RESULT OF DELIVERING FUEL.
****
**

H753	**Failure of non integral secondary containment to be designed and constructed to an engineering specification approved by a registered professional engineer or in accordance with a nationally recognized industry core or engineering standard. 23 CCR 16 2631(d)**	**CLASS II VIOLATION**	**03/23/2014**

Violation Details & Corrective Action Required:

DURING THE INSPECTION IT WAS DISCOVERED THE TWO (2) GILBARCO ADVANTAGE FUEL DISPENSERS (5/6 & 7/8) LOCATED NEAREST TO TAFT HIGHWAY ARE NOT INSTALLED ON PROPERLY SIZED UDC'S. THE METERS FOR THESE TWO DISPENSERS ARE NOT PROTECTED FROM SPILLS BY THE UDC.

THE UST FACILITY OWNER/OPERATOR MUST INSTALL A CALIFORNIA WATERBOARD LISTED AND APPROVED SPILL DIVERTER DEVICE IN THESE TWO DISPENSERS.

INSPECTION COMMENTS:

ADDITIONAL NOTES:

EXCEPTIONAL AMOUNTS OF AIR WERE OBSERVED IN THE DIESEL PRODUCT LINE DURING THE TESTING OF THE DIESEL MECHANICAL LINE LEAK DETECTOR. THIS LARGE ACCUMULATION OF AIR TRAPPED IN THE PRODUCT LINE SEVERELY COMPROMISES THE LINE LEAK DETECTORS ABILITY TO DETECT A MINIMUM OF A 3 GALLON PER HOUR LEAK. THIS MAY ALSO CAUSE A FALSE ACTITVATION OF THE LINE LEAK DETECTOR.

THE UST FACILITY OWNER/OPERATOR NEEDS TO WORK WITH A CALIFORNIA STATE LICENSED AND ICC CERTIFIED UST CONTRACTOR TO COME UP WITH AN ACCEPTABLE METHOD TO REMOVE/REDUCE THE ACCUMULATION OF AIR IN THE DIESEL PRODUCT LINE.

COMMENTS: **Go to http://www.co.kern.ca.us/eh/ (Hazardous Materials) for forms and information.**

Inspector: MARTY A BROWNFIELD **Signature of Facility Representative:**

Inspection Date: 02/21/2014

Certification: I certify under penalty of perjury that this facility has complied with the corrective actions listed on this inspection form.

Printed Name of Owner/Operator	**Title**
Signature of Owner/Operator	**Date**

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: JOHNNY QUICK Bldg. No.:
Site Address: 2126 TAFT HWY. City: BAKERSFIELD Zip: 93313
Facility Contact Person: MR. KOOL Contact Phone No.: (661) 834-9113
Make/Model of Monitoring System: TLS-350 Date of Testing/Servicing: 2/21/2014

B. Inventory of Equipment Tested/Certified

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

Tank ID: REG87
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: PREM91
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: DIESEL
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:
- ☐ In-Tank Gauging Probe. Model:
- ☐ Annular Space or Vault Sensor. Model:
- ☐ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1/2
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3/4
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5/6
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7/8
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ 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): RICHARD MASON Signature:
Certification No.: 5927857-UT / B36880 License. No.: C61/ D40 A HAZ 809850
Testing Company Name: RICH ENVIRONMENTAL Phone No.: (661) 392-8687
Testing Company Address: 5643 BROOKS CT. BAKERSFIELD, CA. 93308 Date of Testing/Servicing: 2/21/2014

D. Results of Testing/Servicing

Software Version Installed: 332.00

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☐ Yes	☒ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☒ Yes	☐ No* ☐ 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)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ 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? %
☒ Yes*	☐ 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.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ 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: 1) DIESEL SUMP SENSOR WAS RAISED AND HANGING ON TOP. NO LIQUID IN SUMP. I PLACED SENSOR AT LOWEST POINT. 2) 91 SUMP SENSOR (L:5) WAS BAD. I REPLACED ON 3/11/14 AND RE-TESTED - PASSED

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:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In 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:

☒ Yes	☐ No* ☐ 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: ☒ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☒ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

I. Results of Vacuum/Pressure Monitoring Equipment Testing

This page should be used to document testing and servicing of vacuum and pressure interstitial sensors. A copy of this form must be included with the Monitoring System Certification Form, which must be provided to the tank system owner/operator. The owner/operator must submit a copy of the Monitoring System Certification Form to the local agency regulating UST systems within 30 days of test date.

Manufacturer: N/A	**Model:**	**System Type:** ☐ Pressure; ☐ Vacuum

Sensor ID	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail

How was interstitial communication verified?
☐ Leak Introduced at Far End of Interstitial Space;[1] ☐ Gauge; ☐ Visual Inspection; ☐ Other *(Describe in Sec. J, below)*

Was vacuum/pressure restored to operating levels in all interstitial spaces? ☐ Yes ☐ No *(If no, describe in Sec. J, below)*

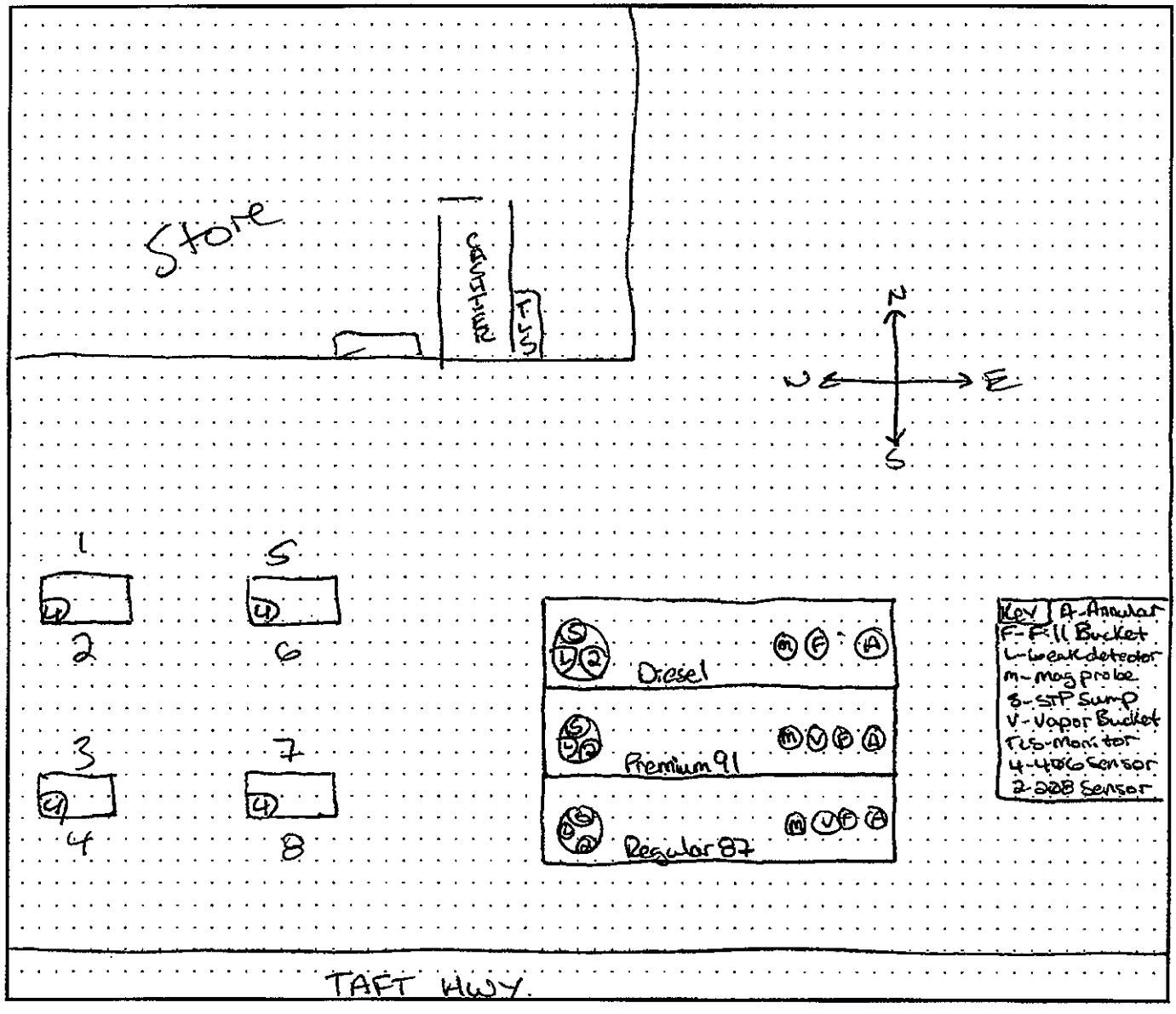
J. Comments: N/A

[1] If the sensor successfully detects a simulated vacuum/pressure leak introduced in the interstitial space at the furthest point from the sensor, vacuum/pressure has been demonstrated to be communicating throughout the interstice.

55516

UST Monitoring Site Plan

Site Address: **2126 TAFT HWY. BAKERSFIELD, CA.**



Date map was drawn: 2/14/2013.

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.

33510

11

RICH ENVIRONMENTAL

5643 BROOKS CT. BAKERSFIELD, CA. 93308
OFFICE (661)392-8687 FAX (661)392-0621

PRODUCT LINE LEAK DETECTOR TEST

WORK SHEET

W/0#: _____

FACILITY NAME: JOHNNY QUICK

FACILITY ADDRESS: 2126 TAFT HWY. BAKERSFIELD

PRODUCT LINE TYPE: PRESSURE

PRODUCT	LEAK DETECTOR TYPE SERIAL NUMBER	TEST BELOW 3 G.P.H.	TRIP P.S.I.	PASS OR FAIL
REG87	L/D TYPE : RED JACKET SERIAL # 2347	YES	10	PASS
PREM91	L/D TYPE : RED JACKET SERIAL # 1262	YES	10	PASS
DIESEL	L/D TYPE : RED JACKET SERIAL # 3246	YES	10	PASS
	L/D TYPE : __ SERIAL # __	YES NO		PASS FAIL

I CERTIFY THE ABOVE TESTS WERE CONDUCTED ON THIS DATE ACCORDING TO RED JACKET PUMPS FIELD TEST APPARATUS TESTING PROCEDURE AND LIMITATIONS. THE MECHANICAL LEAK DETECTOR TEST PASS / FAIL IS DETERMINED BY USING A LOW FLOW THRESHOLD TRIP RATE OF 3 GALLONS PER HOUR OR LESS AT 10 P.S.I. I ACKNOWLEDGE THAT ALL DATA COLLECTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TECHNICIAN: RICHARD MASON

SIGNATURE: _____ **DATE:** 2/21/14

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:	JOHHNY QUICK	Date of Testing:	2/21/14
Facility Address:	2126 TAFT HWY. BAKERSFIELD		
Facility Contact:	MR. KOOL	Phone:	(661) 834-9113
Date Local Agency Was Notified of Testing :	2/3/14		
Name of Local Agency Inspector *(if present during testing)*:	MARTY		

2. TESTING CONTRACTOR INFORMATION

Company Name:	RICH ENVIRONMENTAL
Technician Conducting Test:	RICHARD MASON
Credentials[1]:	☐ CSLB Contractor X ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s):	5297857-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	X Hydrostatic	☐ Vacuum	☐ Other
Test Equipment Used: VISUAL			Equipment Resolution: 0.00

Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 **REG87-FILL**	2 **PREM91-FILL**	3 **DIESEL**	4
Bucket Installation Type:	X Direct Bury ☐ Contained in Sump	X Direct Bury ☐ Contained in Sump	X 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:	30MIN	30MIN	30MIN	
Test Start Time (T_I):	9:00	9:00	9:00	
Initial Reading (R_I):	10"	10"	10"	
Test End Time (T_F):	10:00	10:00	10:00	
Final Reading (R_F):	10"	10"	10"	
Test Duration ($T_F - T_I$):	60MIN	60MIN	60MIN	
Change in Reading ($R_F - R_I$):	0	0	0	
Pass/Fail Threshold or Criteria:	0	0	0	
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ 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: 2/21/14

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

IN-TANK SETUP

T 1:UNL87
PRODUCT CODE : 1
THERMAL COEFF : .000700
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0
WATER ALARM FILTER: LOW

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (EDIM)
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 2 (RS-232)
BAUD RATE : 9600
PARITY : NONE
STOP BIT : 1 STOP
DATA LENGTH: 8 DATA
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 3 (RS-232)
BAUD RATE : 1200
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RS-232 END OF MESSAGE
DISABLED

SYSTEM SETUP

FEB 21, 2014 8:37 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

JOHNNY QUICK 143
2126 TAFT HWY
BAKERSFIELD CA 93313
661-834-9113

SHIFT TIME 1 : 8:00 AM
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

SYSTEM SECURITY
CODE : 000000

MAINTENANCE HISTORY
DISABLED

LEAK TEST METHOD

TEST ON DATE : ALL TANK
MAY 27, 2011
START TIME : DISABLED
TEST RATE :0.20 GAL/HR
DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
NORMAL

LIQUID SENSOR SETUP

L 1:87 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:91 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 3:DSL ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 4:87 STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 5:91 STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 6:DSL STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

T 3:DIESEL

PRODUCT CODE	3
THERMAL COEFF	.000450
TANK DIAMETER	96.00
TANK PROFILE	4 PTS
FULL VOL	10000
72.0 INCH VOL	8192
48.0 INCH VOL	5091
24.0 INCH VOL	1991

FLOAT SIZE: 4.0 IN.

WATER WARNING	2.0
HIGH WATER LIMIT:	3.0
WATER ALARM FILTER:	LOW
MAX OR LABEL VOL:	10000
OVERFILL LIMIT	90%
	9000
HIGH PRODUCT	95%
	9500
DELIVERY LIMIT	10%
	1000
LOW PRODUCT	1000
LEAK ALARM LIMIT:	99
SUDDEN LOSS LIMIT:	99
TANK TILT	0.00
PROBE OFFSET	0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC:	10%
	1000
LEAK MIN ANNUAL	10%
	1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING:	OFF
PER TEST AVERAGING:	OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY	1 MIN
PUMP THRESHOLD	10.00%

T 2:PREM91

PRODUCT CODE	2
THERMAL COEFF	.000700
TANK DIAMETER	96.00
TANK PROFILE	4 PTS
FULL VOL	10000
72.0 INCH VOL	8192
48.0 INCH VOL	5091
24.0 INCH VOL	1991

FLOAT SIZE: 4.0 IN.

WATER WARNING	2.0
HIGH WATER LIMIT:	3.0
WATER ALARM FILTER:	LOW
MAX OR LABEL VOL:	10000
OVERFILL LIMIT	90%
	9000
HIGH PRODUCT	95%
	9500
DELIVERY LIMIT	10%
	1000
LOW PRODUCT	1000
LEAK ALARM LIMIT:	99
SUDDEN LOSS LIMIT:	99
TANK TILT	0.00
PROBE OFFSET	0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC:	10%
	1000
LEAK MIN ANNUAL	10%
	1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING:	OFF
PER TEST AVERAGING:	OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY	1 MIN
PUMP THRESHOLD	10.00%

EVR/ISD SETUP

EVR TYPE: BALANCE

BALANCE NOZZLE TYPE
VST

VAPOR PROCESSOR TYPE
VEEDER-ROOT POLISHER

ANALYSIS TIMES
TIME: 10:00 AM
DELAY MINUTES: 1

ACCEPT HIGH ORVR:
DISABLED

ISD HOSE TABLE

ID	FP	FL	HL	AA	RR
01	01	01	02	01	02
02	02	02	02	01	02
03	03	03	02	02	02
04	04	04	02	02	02
05	05	05	02	03	02
06	06	06	02	03	02
07	07	07	02	04	02
08	08	08	02	04	02

ISD AIRFLOW METER MAP

ID	SERIAL NUM	LABEL
1	54188	DISP 1-2 A
2	54184	DISP 3-4 A
3	54186	DISP 5-6 A
4	54207	DISP 7-8 A

ISD FUEL GRADE HOSE MAP

	1	2	3	4	
FP	MHH	MHH	MHH	MHH	AA
01	201	101	901	3 U	1
02	202	102	902	3 U	1
03	203	103	903	3 U	2
04	204	104	904	3 U	2
05	305	105	205	U U	3
06	306	106	206	U U	3
07	307	107	207	U U	4
08	308	108	208	U U	4

LABEL TABLE

1: UNASSIGNED
2: BLEND3
3: REGULAR
4: MID GRADE
5: PREMIUM
6: GOLD
7: BRONZE
8: SILVER
9: BLEND2
10: BLEND4

SMARTSENSOR SETUP

s 1:CARBON CANISTOR
CATEGORY VAPOR VALVE

s 2:VAPOR PRESSURE
CATEGORY VAPOR PRESSURE

s 3:DISP 1-2 AFM
CATEGORY AIR FLOW METER

s 4:DISP 3-4 AFM
CATEGORY AIR FLOW METER

s 5:DISP 5-6 AFM
CATEGORY AIR FLOW METER

s 6:DISP 7-8 AFM
CATEGORY AIR FLOW METER

s 8:ATM
CATEGORY ATM P SENSOR

OUTPUT RELAY SETUP

R 1:87
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 1

LIQUID SENSOR ALMS
L 1:FUEL ALARM
L 4:FUEL ALARM
L 1:SENSOR OUT ALARM
L 4:SENSOR OUT ALARM

ISD SITE ALARMS
ISD GROSS PRES FAIL
ISD DEGRD PRES FAIL
ISD VAPOR LEAK FAIL
ISD VP PRES FAIL
ISD VP STATUS FAIL

ISD HOSE ALARMS
ALL:FLOW COLLECT FAIL

R 2:91
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 2

LIQUID SENSOR ALMS
L 2:FUEL ALARM
L 5:FUEL ALARM
L 2:SENSOR OUT ALARM
L 5:SENSOR OUT ALARM

ISD SITE ALARMS
ISD GROSS PRES FAIL
ISD VAPOR LEAK FAIL
ISD VP PRES FAIL
ISD VP STATUS FAIL

ISD HOSE ALARMS
ALL:FLOW COLLECT FAIL

R 3:DSL
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 3

LIQUID SENSOR ALMS
L 3:FUEL ALARM
L 6:FUEL ALARM
L 3:SENSOR OUT ALARM
L 6:SENSOR OUT ALARM

----- SENSOR ALARM -----
- 4:87 STP
STP SUMP
SENSOR OUT ALARM
FEB 21, 2014 10:24 AM

FUEL ALARM
FEB 21, 2014 10:16 AM

SENSOR OUT ALARM
MAY 11, 2013 9:50 AM

* * * * * END * * * * *

----- SENSOR ALARM -----
L 1:87 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 21, 2014 10:24 AM

FUEL ALARM
FEB 21, 2014 10:20 AM

FUEL ALARM
MAY 11, 2013 9:50 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:91 STP
STP SUMP
FUEL ALARM
FEB 21, 2014 10:03 AM

SENSOR OUT ALARM
FEB 21, 2014 10:00 AM

SENSOR OUT ALARM
MAY 29, 2013 1:11 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:91 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 21, 2014 10:24 AM

FUEL ALARM
FEB 21, 2014 10:15 AM

SENSOR OUT ALARM
JUN 8, 2013 12:21 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:DSL STP
STP SUMP
SENSOR OUT ALARM
FEB 21, 2014 10:24 AM

FUEL ALARM
FEB 21, 2014 9:25 AM

FUEL ALARM
MAY 16, 2013 2:06 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:DSL ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 21, 2014 10:24 AM

FUEL ALARM
FEB 21, 2014 9:29 AM

FUEL ALARM
MAY 11, 2013 8:32 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:91 STP
STP SUMP
FUEL ALARM
MAR 11, 2014 3:24 PM

SENSOR OUT ALARM
MAR 11, 2014 3:19 PM

FUEL ALARM
FEB 21, 2014 10:03 AM

* * * * * END * * * * *

----- SENSOR ALARM -----
L 5:91 STP
STP SUMP
SENSOR OUT ALARM
MAR 11, 2014 3:19 PM

----- SENSOR ALARM -----
L 5:91 STP
STP SUMP
FUEL ALARM
MAR 11, 2014 3:24 PM

JOHNNY QUICK 143
2126 TAFT HWY
BAKERSFIELD CA 93313
661-834-9113

MAR 11, 2014 3:34 PM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

53510

MONITOR CERT. FAILURE REPORT

SITE NAME: JOHNNY QUICK DATE: 2/21/14 / 3/11/14

ADDRESS: 2126 TAFT HWY. TECHNICIAN: RICHARD MASON

CITY: BAKERSFIELD SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS: 1) DIESEL STP SUMP SENSOR WAS RAISED, I LOWERED. 2) 91 SUMP SENSOR FAILED, I REPLACED ON 3/11/14 AND RE-TESTED.

LABOR: 1 HOUR

PARTS INSTALLED: 1- VEEDER-ROOT 208 SENSOR

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

ENVIRONMENTAL HEALTH PERMIT

KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
2700 M ST SUITE 300 BAKERSFIELD CA 93301
(661) 862-8740 www.co.kern.ca.us/eh e-mail: eh@co.kern.ca.us

REGULATED FACILITY:
JOHNNY QUIK #143
1126 TAFT HWY
BAKERSFIELD CA 93313

IDENTIFICATION NUMBERS:
FACILITY ID: FA0002691
CERS ID: 10233775
FILE ID: 003201

OWNER(S) OF RECORD:
KULJIT SINGH GHUMAN

General Health Program	Permit #	Additional Information	Effective Thru
BUS PLAN MED LOW RISK 1 UNIT	0000313		06/30/2017
UNDERGROUND STORAGE TANK PROGRAM	0013545	(See tank information on back)	02/28/2017

Permit Issued: **03/01/2013**

Matthew Constantine
Public Health Services Director

This ENVIRONMENTAL HEALTH PERMIT is issued to the owner(s) and establishment shown above subject to compliance with all applicable laws and regulations. Permit is valid unless revoked or suspended for violation of applicable laws and regulations.

The underground storage tank portion of this permit is valid for one year after the Permit Issued date

PERMIT IS NON-TRANSFERABLE AND MUST BE PROMINENTLY DISPLAYED IN THE PLACE OF BUSINESS

Underground Storage Tank Facilities:

1. The permit holder shall comply with the monitoring, response, and plot plans approved by this Department. The underground storage tanks must also be monitored according to the applicable requirements in the California Code of Regulations, Title 23, Division 3, Chapter 16.

2. A copy of the facility's underground storage tank leak prevention monitoring program (including facility form, tank form, monitoring plan, response plan, and plot plan), as approved by this Department, must be maintained on site.

3. Monitoring of the tank system(s) shall be according to the Monitoring Plan(s) attached and approved by this Department.

4. Monitor panel shall be inspected daily. Inspections shall be documented and maintained on site.

5. The underground storage tank system shall be operated and maintained in accordance with the manufacturer's instructions, including routine maintenance and service checks (at least once per year) for operability or running condition.

6. A report documenting the maintenance, testing, monitoring, and any changes to the underground storage tanks shall be submitted to this Department each year.

7. The facility owner and operator shall ensure that the facility has adequate financial responsibility insurance coverage, as mandated for all underground storage tanks containing petroleum, and supply proof of such coverage to this Department.

8. The owner and/or operator must report any significant unauthorized release from underground storage tanks within 24 hours of discovery.

KULJIT SINGH GHUMAN
2126 TAFT HWY
BAKERSFIELD, CA 93313

STATE REQUIRED SUPPLEMENTAL INFORMATION

STATE UST ID#	SIZE(GAL)	CONTENTS
15-010-002691-0001	10,000	REGULAR UNLEADED
15-010-002691-0002	10,000	PREMIUM UNLEADED
15-010-002691-0003	10,000	DIESEL

MONITORING PLAN

Kern County Environmental Health Services Department
2700 M Street, Suite 300
Bakersfield, CA 93301
(661) 862-8740 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANK

TYPE OF ACTION ☐ 1. NEW PLAN ☐ 2. CHANGE OF INFORMATION 490-1

PLAN TYPE (Check one item only) ☐ 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY 490-2
☒ 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S) **1 - REGULAR UNLEADED**

I. FACILITY INFORMATION

FACILITY ID# *(Agency Use Only)* **FA0002691** 1

BUSINESS NAME (Same as FACILITY NAME) **JOHNNY QUIK #143** 3

BUSINESS SITE ADDRESS **2126 TAFT HWY** 103 CITY **BAKERSFIELD** 104

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel. (23 CCR 2632, 2634, 2638, 2641)

MONITORING EQUIPMENT IS SERVICED ☒ 1. ANNUALLY ☐ 99. OTHER (Specify) 490-3a-b

III. MONITORING LOCATIONS

☐ **1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN.** ☒ **2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (23 CCR 2632, 2634)** 490-4

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):

☒ **1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR 2632, 2634)** 490-5

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-6

PANEL MANUFACTURER: **VEEDER ROOT** 490-7 MODEL #: **TLS 350** 490-8

LEAK SENSOR MANUFACTURER: **VEEDER ROOT** 490-9 MODEL #(S): **420** 490-10

☐ **2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). (23 CCR 2643)** 490-11

PANEL MANUFACTURER: 490-12 MODEL #: 490-13

IN-TANK PROBE MANUFACTURER: 490-14 MODEL #(S): 490-15

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY 490-16
☐ d. MONTHLY ☐ e. OTHER (Specify): 490-17

PROGRAMMED TESTS: ☐ a. 0.1 g.p.h. ☐ b. 0.2 g.p.h. ☐ c. OTHER (Specify): 490-18-19

☐ **3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR 2646.1):** 490-20

☐ **4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR 2645).** TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS 490-21-22

☐ **5. TANK INTEGRITY TESTING (23 CCR 2643.1):** 490-23

TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALLY ☐ c. OTHER (Specify): 490-24-25

☐ **99. OTHER** (Specify): 490-26-27

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☒ **1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR 2636)** 490-28

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-29

PANEL MANUFACTURER: **VEEDER ROOT** 490-30 MODEL #: **TLS 350** 490-31

LEAK SENSOR MANUFACTURER: **VEEDER ROOT** 490-32 MODEL #(S): **208** 490-33

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN ☒ a. YES ☐ b. NO 490-34

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN ☒ a. YES ☐ b. NO 490-35

☒ **2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR 2636)** 490-36

MLLD MANUFACTURER(S): **RED JACKET** 490-37 MODEL #(S): **FX 1V** 490-38

☐ **3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCRR 2636)** 490-39

ELLD MANUFACTURER(S): 490-40 MODEL #(S): 490-41

PROGRAMMED IN LINE LEAK TEST: ☐ 1. MINIMUM MONTHLY 0.2 g.p.h. ☐ 2. MINIMUM ANNUAL 0.1 g.p.h. 490-42

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN ☐ a. YES ☒ b. NO 490-43

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN ☐ a. YES ☒ b. NO 490-44

☐ **4. PIPE INTEGRITY TESTING** 490-45

TEST FREQUENCY ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) 490-46 490-47

☐ **5. VISUAL PIPE MONITORING** 490-48

TEST FREQUENCY ☐ a. DAILY ☐ b. WEEKLY ☐ c. MIN.MONTHLY & EACH TIME SYSTEM OPERATED* 490-49

* Allowed for monitoring of unburied emergency generator fuel piping only per HSC 25281.5 (b)(3)

☐ **6. SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR 2636(a)(3)].** 490-50

☐ **7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM** 490-51

☐ **99. OTHER** (Specify) 490-52-53

MONITORING PLAN

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD 490-54a

☐ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBLY ☒ 3. ELECTRONIC STAND-ALONE 490-54b

☐ 4. NO DISPENSERS ☐ 99. OTHER (Specify)

PANEL MANUFACTURER:	490-55	MODEL #:	490-56
LEAK SENSOR MANUFACTURER: **BEAUDREAU**	490-57	MODEL #(S): **406**	490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS	☐ a. YES	☒ b. NO	490-59
UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN	☐ a. YES	☒ b. NO	490-60
FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN	☐ a. YES	☒ b. NO	490-61
LEAK SENSOR MANUFACTURER:	☒ a. YES	☐ b. NO	490-62

2. UDC CONSTRUCTION IS ☒ 1. SINGLE-WALLED ☐ 2. DOUBLE-WALLED 490-63

IF DOUBLE WALLED: 490-64a

UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ 1. LIQUID ☐ 2. PRESSURE ☐ 3. VACCUM

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS ☐ a. YES ☐ b. NO 490-64b

VII. PERIODIC SYSTEM TESTING

☐ 1. **ELD TESTING:** THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR 2644.1) 490-65

☒ 2. **SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.** 490-66

☒ 3. **SPILL BUCKETS ARE TESTED ANNUALLY.** 490-67

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:

☒ Alarm logs 490-68a ☒ Visual inspection records 490-68b ☐ Tank integrity testing results 490-68c

☐ SIR testing results (and supporting documentation records) 490-68d ☐ Tank gauging results (and supporting documentation records) 490-68e

☐ ATG Testing results (and supporting documentation records) 490-68f ☐ Corrosion protection 60-day logs 490-68g

☒ Equipment maintenance and calibration records 490-68h

IX. TRAINING

☒ Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties. 490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

☒ THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b

☒ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c

☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d

☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e

☐ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS-MANUAL AND STATISTICAL INVENTORY RECONCILLIATION" 490-69f

☐ SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g

☐ OTHER (Specify): 490-69h-69i

☒ This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). 490-70
The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire.
This training will include, but is not limited to, the following:

- Operation of the UST systems in a manner consistent with the facilitiy's best management practices
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
- The facility employee's role with regard to spills and overfills as specified in the UST Response Plan
- Names of contact person(s) for emergencies and monitoring alarms.

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly.
The following person(s) are responsible for performing the monitoring and equipment maintenance:

NAME 490-72 TITLE 490-73

NAME 490-74 TITLE 490-75

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

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

APPLICANT SIGNATURE REPRESENTING: ☐ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner	490-76	DATE:	490-77
APPLICANT NAME (print):	490-78	APPLICANT TITLE:	490-79

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

Local Agency Signature: _____ Date: _____

Comments or Special Conditions:

MONITORING PLAN

Kern County Environmental Health Services Department
2700 M Street, Suite 300
Bakersfield, CA 93301
(661) 862-8740 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANK

TYPE OF ACTION ☐ 1. NEW PLAN ☐ 2. CHANGE OF INFORMATION 490-1

PLAN TYPE ☐ 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY 490-2
(Check one item only) ☒ 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S) **2 - PREMIUM UNLEADED**

I. FACILITY INFORMATION

FACILITY ID# *(Agency Use Only)* **FA0002691** 1

BUSINESS NAME (Same as FACILITY NAME) **JOHNNY QUIK #143** 3

BUSINESS SITE ADDRESS **2126 TAFT HWY** 103 CITY **BAKERSFIELD** 104

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel. (23 CCR 2632, 2634, 2638, 2641)

MONITORING EQUIPMENT IS SERVICED ☒ 1. ANNUALLY ☐ 99. OTHER (Specify) 490-3a-b

III. MONITORING LOCATIONS

☐ **1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN.** ☒ **2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (23 CCR 2632, 2634)** 490-4

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):

☒ **1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR 2632, 2634)** 490-5
SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-6

PANEL MANUFACTURER: **VEEDER ROOT** 490-7 MODEL #: **TLS 350** 490-8

LEAK SENSOR MANUFACTURER: **VEEDER ROOT** 490-9 MODEL #(S): **420** 490-10

☐ **2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). (23 CCR 2643)** 490-11
PANEL MANUFACTURER: 490-12 MODEL #: 490-13

IN-TANK PROBE MANUFACTURER: 490-14 MODEL #(S): 490-15

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY 490-16
☐ d. MONTHLY ☐ e. OTHER (Specify): 490-17

PROGRAMMED TESTS: ☐ a. 0.1 g.p.h. ☐ b. 0.2 g.p.h. ☐ c. OTHER (Specify): 490-18-19

☐ **3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR 2646.1):** 490-20

☐ **4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR 2645).** TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS 490-21-22

☐ **5. TANK INTEGRITY TESTING (23 CCR 2643.1):** 490-23
TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALLY ☐ c. OTHER (Specify): 490-24-25

☐ **99. OTHER** (Specify): 490-26-27

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☒ **1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR 2636)** 490-28
SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-29

PANEL MANUFACTURER: **VEEDER ROOT** 490-30 MODEL #: **TLS 350** 490-31

LEAK SENSOR MANUFACTURER: **VEEDER ROOT** 490-32 MODEL #(S): **208** 490-33

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN ☒ a. YES ☐ b. NO 490-34

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN ☒ a. YES ☐ b. NO 490-35

☒ **2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR 2636)** 490-36

MLLD MANUFACTURER(S): **RED JACKET** 490-37 MODEL #(S): **FX 1V** 490-38

☐ **3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCRR 2636)** 490-39

ELLD MANUFACTURER(S): 490-40 MODEL #(S): 490-41

PROGRAMMED IN LINE LEAK TEST: ☐ 1. MINIMUM MONTHLY 0.2 g.p.h. ☐ 2. MINIMUM ANNUAL 0.1 g.p.h. 490-42

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN ☐ a. YES ☒ b. NO 490-43

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN ☐ a. YES ☒ b. NO 490-44

☐ **4. PIPE INTEGRITY TESTING** 490-45
TEST FREQUENCY ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) 490-46 490-47

☐ **5. VISUAL PIPE MONITORING** 490-48
TEST FREQUENCY ☐ a. DAILY ☐ b. WEEKLY ☐ c. MIN.MONTHLY & EACH TIME SYSTEM OPERATED* 490-49
* Allowed for monitoring of unburied emergency generator fuel piping only per HSC 25281.5 (b)(3)

☐ **6. SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR 2636(a)(3)].** 490-50

☐ **7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM** 490-51

☐ **99. OTHER** (Specify) 490-52-53

MONITORING PLAN

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD 490-54a

☐ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBLY ☒ 3. ELECTRONIC STAND-ALONE 490-54b

☐ 4. NO DISPENSERS ☐ 99. OTHER (Specify)

PANEL MANUFACTURER:	490-55	MODEL #:	490-56
LEAK SENSOR MANUFACTURER: **BEAUDREAU**	490-57	MODEL #(S): **406**	490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS	☐ a. YES	☒ b. NO	490-59
UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN	☐ a. YES	☒ b. NO	490-60
FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN	☐ a. YES	☒ b. NO	490-61
LEAK SENSOR MANUFACTURER:	☒ a. YES	☐ b. NO	490-62

2. UDC CONSTRUCTION IS ☒ 1. SINGLE-WALLED ☐ 2. DOUBLE-WALLED 490-63

IF DOUBLE WALLED: 490-64a

UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ 1. LIQUID ☐ 2. PRESSURE ☐ 3. VACCUM

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS ☐ a. YES ☐ b. NO 490-64b

VII. PERIODIC SYSTEM TESTING

☐ 1. **ELD TESTING:** THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR 2644.1) 490-65

☒ 2. **SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.** 490-66

☒ 3. **SPILL BUCKETS ARE TESTED ANNUALLY.** 490-67

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:

☒ Alarm logs 490-68a ☒ Visual inspection records 490-68b ☐ Tank integrity testing results 490-68c

☐ SIR testing results (and supporting documentation records) 490-68d ☐ Tank gauging results (and supporting documentation records) 490-68e

☐ ATG Testing results (and supporting documentation records) 490-68f ☐ Corrosion protection 60-day logs 490-68g

☒ Equipment maintenance and calibration records 490-68h

IX. TRAINING

☒ Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties. 490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

☒ THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b

☒ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c

☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d

☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e

☐ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS-MANUAL AND STATISTICAL INVENTORY RECONCILLIATION" 490-69f

☐ SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g

☐ OTHER (Specify): 490-69h-69i

☒ This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). 490-70
The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following:

- Operation of the UST systems in a manner consistent with the facilitiy's best management practices
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
- The facility employee's role with regard to spills and overfills as specified in the UST Response Plan
- Names of contact person(s) for emergencies and monitoring alarms.

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly.
The following person(s) are responsible for performing the monitoring and equipment maintenance:

NAME	490-72	TITLE	490-73
NAME	490-74	TITLE	490-75

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

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

APPLICANT SIGNATURE	490-76	DATE:	490-77
REPRESENTING: ☐ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner			
APPLICANT NAME (print):	490-78	APPLICANT TITLE:	490-79

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

Local Agency Signature: _____ Date: _____

Comments or Special Conditions:

MONITORING PLAN

Kern County Environmental Health Services Department
2700 M Street, Suite 300
Bakersfield, CA 93301
(661) 862-8740 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANK

TYPE OF ACTION ☐ 1. NEW PLAN ☐ 2. CHANGE OF INFORMATION 490-1

PLAN TYPE (Check one item only) ☐ 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY 490-2
☒ 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S) **3 - DIESEL**

I. FACILITY INFORMATION

FACILITY ID# *(Agency Use Only)* **FA0002691** 1

BUSINESS NAME (Same as FACILITY NAME) **JOHNNY QUIK #143** 3

BUSINESS SITE ADDRESS **2126 TAFT HWY** 103 CITY **BAKERSFIELD** 104

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel. (23 CCR 2632, 2634, 2638, 2641)

MONITORING EQUIPMENT IS SERVICED ☒ 1. ANNUALLY ☐ 99. OTHER (Specify) 490-3a-b

III. MONITORING LOCATIONS

☐ **1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN.** ☒ **2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (23 CCR 2632, 2634)** 490-4

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):

☒ **1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR 2632, 2634)** 490-5

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-6

PANEL MANUFACTURER: **VEEDER ROOT** 490-7 MODEL #: **TLS 350** 490-8

LEAK SENSOR MANUFACTURER: **VEEDER ROOT** 490-9 MODEL #(S): **420** 490-10

☐ **2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). (23 CCR 2643)** 490-11

PANEL MANUFACTURER: 490-12 MODEL #: 490-13

IN-TANK PROBE MANUFACTURER: 490-14 MODEL #(S): 490-15

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY 490-16
☐ d. MONTHLY ☐ e. OTHER (Specify): 490-17

PROGRAMMED TESTS: ☐ a. 0.1 g.p.h. ☐ b. 0.2 g.p.h. ☐ c. OTHER (Specify): 490-18-19

☐ **3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR 2646.1):** 490-20

☐ **4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR 2645).** TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS 490-21-22

☐ **5. TANK INTEGRITY TESTING (23 CCR 2643.1):** 490-23

TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALLY ☐ c. OTHER (Specify): 490-24-25

☐ **99. OTHER** (Specify): 490-26-27

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☒ **1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR 2636)** 490-28

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-29

PANEL MANUFACTURER: **VEEDER ROOT** 490-30 MODEL #: **TLS 350** 490-31

LEAK SENSOR MANUFACTURER: **VEEDER ROOT** 490-32 MODEL #(S): **208** 490-33

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN ☒ a. YES ☐ b. NO 490-34

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN ☒ a. YES ☐ b. NO 490-35

☒ **2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR 2636)** 490-36

MLLD MANUFACTURER(S): **RED JACKET** 490-37 MODEL #(S): **FX 1DV** 490-38

☐ **3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCRR 2636)** 490-39

ELLD MANUFACTURER(S): 490-40 MODEL #(S): 490-41

PROGRAMMED IN LINE LEAK TEST: ☐ 1. MINIMUM MONTHLY 0.2 g.p.h. ☐ 2. MINIMUM ANNUAL 0.1 g.p.h. 490-42

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN ☐ a. YES ☒ b. NO 490-43

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN ☐ a. YES ☒ b. NO 490-44

☐ **4. PIPE INTEGRITY TESTING** 490-45

TEST FREQUENCY ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) 490-46 490-47

☐ **5. VISUAL PIPE MONITORING** 490-48

TEST FREQUENCY ☐ a. DAILY ☐ b. WEEKLY ☐ c. MIN.MONTHLY & EACH TIME SYSTEM OPERATED* 490-49

* Allowed for monitoring of unburied emergency generator fuel piping only per HSC 25281.5 (b)(3)

☐ **6. SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR 2636(a)(3)].** 490-50

☐ **7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM** 490-51

☐ **99. OTHER** (Specify) 490-52-53

MONITORING PLAN

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD 490-54a

☐ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBLY ☒ 3. ELECTRONIC STAND-ALONE 490-54b

☐ 4. NO DISPENSERS ☐ 99. OTHER (Specify)

PANEL MANUFACTURER:	490-55	MODEL #:	490-56
LEAK SENSOR MANUFACTURER: **BEAUDREAU**	490-57	MODEL #(S): **406**	490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS	☐ a. YES	☒ b. NO	490-59
UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN	☐ a. YES	☒ b. NO	490-60
FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN	☐ a. YES	☒ b. NO	490-61
LEAK SENSOR MANUFACTURER:	☒ a. YES	☐ b. NO	490-62

2. UDC CONSTRUCTION IS ☒ 1. SINGLE-WALLED ☐ 2. DOUBLE-WALLED 490-63

IF DOUBLE WALLED: 490-64a

UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ 1. LIQUID ☐ 2. PRESSURE ☐ 3. VACCUM

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS ☐ a. YES ☐ b. NO 490-64b

VII. PERIODIC SYSTEM TESTING

☐ 1. **ELD TESTING:** THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR 2644.1) 490-65

☒ 2. **SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.** 490-66

☒ 3. **SPILL BUCKETS ARE TESTED ANNUALLY.** 490-67

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:

☒ Alarm logs 490-68a ☒ Visual inspection records 490-68b ☐ Tank integrity testing results 490-68c

☐ SIR testing results (and supporting documentation records) 490-68d ☐ Tank gauging results (and supporting documentation records) 490-68e

☐ ATG Testing results (and supporting documentation records) 490-68f ☐ Corrosion protection 60-day logs 490-68g

☒ Equipment maintenance and calibration records 490-68h

IX. TRAINING

☒ Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties. 490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

☒ THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b

☒ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c

☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d

☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e

☐ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS-MANUAL AND STATISTICAL INVENTORY RECONCILLIATION" 490-69f

☐ SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g

☐ OTHER (Specify): 490-69h-69i

☒ This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). 490-70
The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire.
This training will include, but is not limited to, the following:

- Operation of the UST systems in a manner consistent with the facilitiy's best management practices
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
- The facility employee's role with regard to spills and overfills as specified in the UST Response Plan
- Names of contact person(s) for emergencies and monitoring alarms.

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly.
The following person(s) are responsible for performing the monitoring and equipment maintenance:

NAME	490-72	TITLE	490-73
NAME	490-74	TITLE	490-75

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

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

APPLICANT SIGNATURE	490-76	DATE:	490-77
REPRESENTING: ☐ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner			
APPLICANT NAME (print):	490-78	APPLICANT TITLE:	490-79

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

Local Agency Signature: _____ Date: _____

Comments or Special Conditions:

KERN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

INVESTIGATION RECORD

DBA _____

OWNER _____ ADDRESS _____

ADDRESS _____

ASSESSORS' PARCEL # _____ CT _____

CHRONOLOGICAL RECORD OF INVESTIGATION

DATE	
8-11-99	Called and spoke to Cyndi of Beal Properties re. the incident at this site. She requested a copy of the ER report + orders to repair. Johnny Quick is having an owners meeting today. She stated that it is the operators responsibility to maintain the equipment. - faxed info. ff
8-13-99	Recd a call from Kuljit Ghuman - BSSR is working on the system but that the wiring is needing to be replaced. I explained that the monitoring system needs to be inspected when installed. ff
8-13-99	Called BSSR & explained that this department is to be called for an inspection upon completion of the work. ff

MC:cd
F7

Narration for a Complaint Investigation (emergency response)

Johnny Quick #143

Work Order: 11,432

Date of Incident: 7-12-99

Date of Narration: Updated as needed

Narration By: Laurel Funk

Complaint: Compliance problems with UST's

RP: Ghuman Singh Kuljit, Business Owner
P.O. Box 137
Pumpkin Center, CA 93383

Site: 2126 Taft Hwy.

Narration:

July 12, 1999 — Amy Green and Wesley Nicks responded to a gasoline spill at the above site. At that time, it was noted that the emergency shut off switch was not functional. The piping sumps also contained product and the monitoring system was not detecting it.

July 13, 1999 — Green returned to the site all product had been removed from the dispenser pans and the piping sumps. The emergency switch had been repaired. Approval was given to operate the UST system. Instructions were given to repair the monitoring system.

July 19, 1999 — Laurel Funk reviewed ER report and files. WAM had conducted a routine inspection on 2/20/98 according to Envision. The inspection report is not in any facility file. According to the computer, no violations were found on the UST system. The previous inspection was conducted in 1992 and indicated that they were not checking the monitoring system as required and the line leak detector need to be certified annually.

The permits issued in 1991 and 1997 both required that the product lines be tested and the monitoring system be inspected and certified annually. The file indicates that this has not been done.

The tax records indicate that Beal Properties, Inc. is the land owner. George Beal was the owner that installed the tanks. The phone number for the property owner is not available.

12/9/88
Performed second, and passed backfill, spark test and air pressure test with "soaping" of joints. Made agreement to return Monday at 3:30 to inspect electrical secondary containment and wrapping of all metal piping.

12/12/88
Performed second inspection ~~of~~ which included the sec. containment for piping and electrical. Tom Stanley accompanied me on the inspection to perform the electrical which was passed by him. The secondary containment on the piping was also passed after requiring taping of metal connections.

2/27/89
Performed third inspection of leak detection system, fill boxes, and sumps. After several adjustments on the leak detection system it was determined to be operating correctly. The fill boxes and sumps were passed.

9/6/88

Received a call from George Beale advising me that MP Vacuum will be cleaning the tanks and that it will be performed on 9/8/88.

9/8/88

Upon arrival on-site Jack Cash of MP Vacuum advised me that the tanks were not ready to be removed. I informed Doyle Sumrall that he will be charged for an extra inspection. He advised that he will call the office to schedule another inspection depending on Cash's schedule to get the tanks clean.

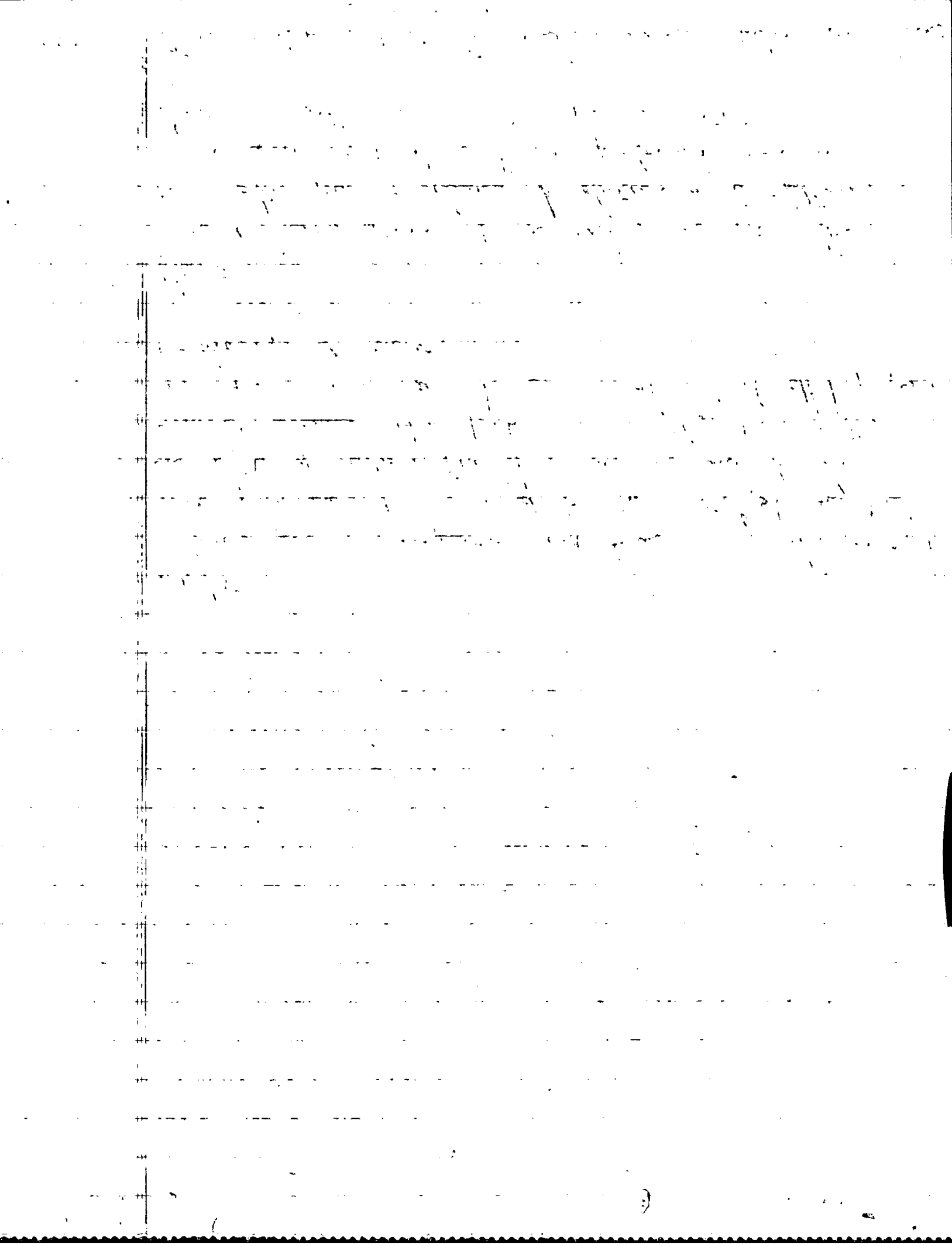
9/12/88

Janis performed inspection and found one of the 10000gal tanks proposed to be used for fire water storage had an LEL of 25%. The tank was allowed to be removed because the tank had an O_2 conc. of 0. The tank will have to be re-cleaned if still proposed for storage of water.

9/21/88

Called George Beale to remind him that the tank still had to cleaned to obtain a 0-LEL. He advised that it will be performed soon and that he will call this department

10/7/88 Informed G. Beal that I needed manifest before abandonment can be deemed completed



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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHNNY QUIK
ATTN KULJIT SINGH GHUMAN
2126 TAFT HWY
BAKERSFIELD CA 93313

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☑ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 10-2-12

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☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

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PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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J. Marshall

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KERN COUNTY ENVIRONMENTAL
HEALTH DIVISION
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301

ENVIRONMENTAL HEALTH
DIVISION

2700 M STREET, SUITE 300, BAKERSFIELD, CA 93301-2370
VOICE: (661) 321-3000 FAX: (661) 862-8701
Web: www.co.kern.ca.us/eh E-mail: eh@co.kern.ca.us
"ONE VOICE"

MATTHEW CONSTANTINE, DIRECTOR
PUBLIC HEALTH SERVICES

CLAUDIA JONAH, MD
PUBLIC HEALTH OFFICER

September 28, 2012

Johnny Quik #143
2126 Taft Hwy
Bakersfield, CA 93313
Attn: Kuljit Singh Ghuman

This Is a Legal Notice

SUBJECT: NOTICE OF VIOLATION (NOV)
Johnny Quik #143
2126 Taft Hwy, Bakersfield, CA 93313
Facility #: FA0002691

Dear Kuljit Singh Ghuman:

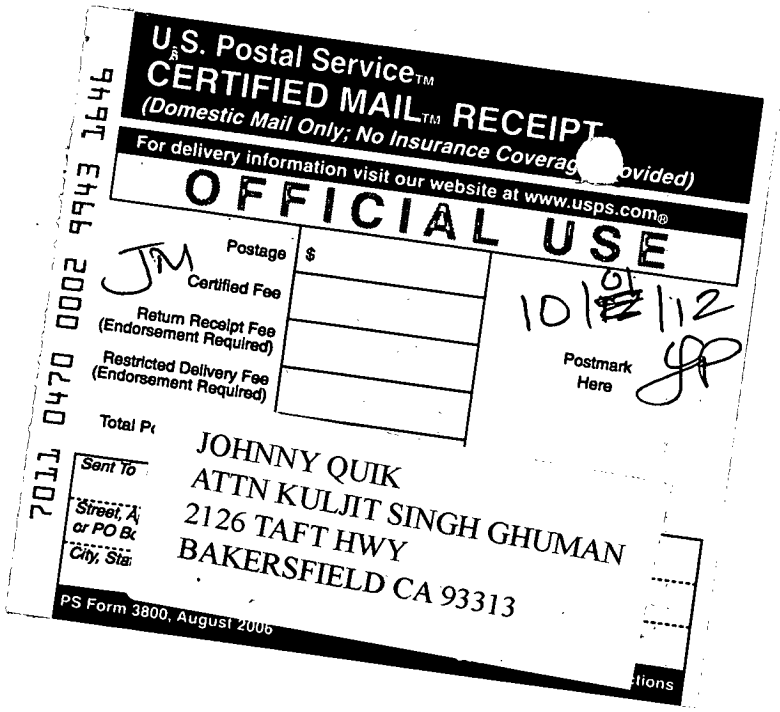
This NOV is in reference to the Secondary Containment Test conducted on June 19, 2012 at Johnny Quik #143 (2126 Taft Hwy, Bakersfield, CA 93313). The following violations from the California Code of Regulations (CCR) were observed and are detailed in the following section.

VIOLATION

1. **Violation of the CCR 23, Section 2637(a):**

   (a) Secondary containment systems installed on or after January 1, 2001 shall be tested upon installation, 6 months after installation, and every 36 months thereafter. Secondary containment systems installed prior to January 1, 2001 shall be tested by January 1, 2003 and at least every 36 months thereafter.

   (b) By December 31, 2002, the owner or operator of any secondary containment system that the owner or operator determines cannot be tested in accordance with this section shall replace the secondary containment system with a system that can be tested in accordance with this section. As an alternative, the owner or operator may submit a proposal and workplan for enhanced leak detection to the local agency in accordance with subdivisions 2644.1(a)(1), (2), (4), and (5) by July 1, 2002; complete the program of enhanced leak detection by December 31, 2002; and replace the secondary containment system with a system that can be tested in accordance with this section by July 1, 2005. The local agency shall review the proposed program of enhanced leak detection within 45 days of submittal or re-submittal.



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JOHNNY QUIK
ATTN KULJIT SINGH GHUMAN
2126 TAFT HWY
BAKERSFIELD CA 93313

PS Form 3800, August 2006

...tions

(c) Periodic testing of secondary containment systems shall be conducted using a test procedure that demonstrates that the system performs at least as well as it did upon installation. For example, if the secondary containment system was tested upon installation by using a test method that applied a pressure of 5 psi, then the periodic test must be conducted using a method that tests the system at an equivalent pressure. These tests shall be performed in accordance with manufacturer's guidelines or standards. If there are no manufacturer's guidelines or standards, secondary containment systems must be tested using an applicable method specified in an industry code or engineering standard. If there are no applicable manufacturers guidelines, industry codes, or engineering standards a test method approved by a state registered professional engineer shall be used.

a. During the Secondary Containment Test conducted on June 19, 2012, Rich Environmental determined that the following equipment failed the test. These included:

i. 87 Octane (Regular) Secondary Piping;
ii. 91 Octane (Supreme) Secondary Piping;
iii. Diesel Secondary Piping;
iv. 87 Octane (Regular) Turbine Sump;
v. 91 Octane (Supreme) Turbine Sump;
vi. Diesel Turbine Sump; and
vii. Under Dispenser Containment (UDC) #3/4.

CORRECTIVE ACTION

The following corrective actions shall be completed by **October 12, 2012**.

1. The owner/operator shall repair or replace the secondary piping, turbine sumps and UDCs described above.

2. The owner/operator shall have a licensed technician re-test all repaired or replaced secondary piping, turbine sumps and UDCs once all repairs have been made. A copy of these test results shall be submitted to the Kern County Environmental Health Division.

Johnny Quik #143
Subject: Notice of Violation
September 28, 2012

Failure to bring your facility into compliance by October 12, 2012, may result in enforcement action, including maximum penalties of up to $25,000 per violation. You may also be responsible for re-inspection fees of $100.00 per hour for time spent by Division staff. You are strongly advised to abate the violations within the timeline provided in order to minimize future oversight costs by this Division and additional fines and penalties.

If you have any questions, please contact my office at (661) 862-8775.

Sincerely,

Jeffrey S. Marshall
Registered Environmental Health Specialist II
Unified Hazardous Materials/Waste Program

cc:
Rich Phillips, Rich Environmental

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT
MATTHEW CONSTANTINE, R.E.H.S., Director
2700 "M" STREET, SUITE 300
BAKERSFIELD, CA 93301-2370
Voice: (661) 862-8700
Fax: (661) 862-8701
TTY Relay: (800) 735-2929
Web: www.co.kern.ca.us/eh
E-Mail: *eh@co.kern.ca.us*

RESOURCE MANAGEMENT AGENCY
ELISSA D. LADD, ACTING RMA DIRECTOR
Animal Control Department
Community and Economic Development Department
Engineering and Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

August 26, 2009

Johnny Quik #143
2126 Taft Hwy
Bakersfield, CA 93313
Attn: Ghuman Singh Kuljit

SUBJECT: SECONDARY CONTAINMENT TESTING REPORT FOR METTLER RENEGADE, 2023 METTLER FRONTAGE RD., BAKERSFIELD, CA
Facility ID: FA0002691

Dear Mr. Ghuman Singh Kuljit:

This Department has received the report for the secondary containment testing of the underground storage tank system at the Johnny Quik #143 which took place on July 7, 2009. The report indicates that several components of the system failed the test or could not be tested. To date, we have not received any information that the repairs to the system have been made and the re-test completed.

Therefore, the repairs of the secondary containment system and re-test of the failed components must be completed within 30 days of receipt of this letter. Failure to bring this facility into compliance could result in civil and administrative penalties.

As always, we are available to assist you. If you have any questions or concerns, please contact (661) 862-8700.

Sincerely,

Lydia V. von Sydow
Waste Management Technician II
Unified Hazardous Materials/Waste Program

USTCO1

From: "Laurel Funk" <LAURELF@co.kern.ca.us>
To: <MChristofferson@waterboards.ca.gov>
Date: 7/28/05 4:04PM
Subject: Re: Johhny Quick, 2126 Taft Highway, Bakersfield, CA 003201

The well on the site, #1503091-001, has been destroyed. I am not aware of any other public drinking water wells with in 1000 feet.

Three other sites also received ELD notification because of this well.

ARCO #81774/JAI Mini Mart, 2051 Taft Hwy, Bakersfield 000243

S and W Chevron, 1999 Taft Hwy, Bakersfield 003290

E-Z Mart Mobil, 2106 Taft Hwy, Bakersfield 001792

If you have any questions, please give me a call.

Laurel Funk
Kern County Environmental Health
Certified Unified Program Agency (CUPA)
2700 "M" Street, Suite 300
Bakersfield, CA 93301
Ph# (661) 862-8763
Fax (661) 862-8701

State Water Resources Control Board

Division of Water Quality

1001 I Street, Sacramento, California 95814 ♦ (916) 341-5594
Mailing Address: P.O. Box 2231, Sacramento, California 95812
FAX (916) 341-5808 ♦ Internet Address: http://www.waterboards.ca.gov

Alan C. Lloyd, Ph.D.
Agency Secretary

Arnold Schwarzenegger
Governor

AUG 5 2005

CERTIFIED MAIL NO. 7002 2410 0002 6857 9991

Mr. Kuljit Ghuman
Johnny Quik #143
2126 Taft Highway
Bakersfield, CA 93313

Dear Mr. Ghuman:

APPROVAL OF REQUEST FOR RECONSIDERATION OF ENHANCED LEAK DETECTION (ELD) TESTING: JOHNNY QUIK #143, 2126 TAFT HIGHWAY, BAKERSFIELD, CA 93313

This letter is in response to your request for reconsideration of the requirement to perform ELD testing. We have reviewed your request and the supporting documents you provided, and we have consulted with the local permitting agency. Based on the enclosed information, your request has been approved for the reason(s) indicated below.

✓ UST system is not located within 1,000 feet of a public drinking water well.

If you have any questions, please contact Marci Christofferson at (916) 341-5594.

Sincerely,

Elizabeth L Haven

Elizabeth L. Haven, Manager
Underground Storage Tank Program

Enclosures (Basis for Decision)

cc: Mr. Joe Canas
Kern County Environmental Health
2700 M Street, Suite 300
Bakersfield, CA 93301

5816 E. Shields Ave., Suite #101 • Fresno, California 93727-8010 • (559) 291-9672 • Fax (559) 291-1656

Fax Transmittal Form

To: Arnold
Name:

From: GEORGE BELL

Phone number:
Fax number: 916-341-5808

Phone: 559-291-9672
Fax: 559-291-1656

- ☐ Urgent
- ☐ For Review
- ☐ Please Comment
- ☐ Please Reply

Date sent: 8/8/03
Time sent:
Number of pages including cover page:

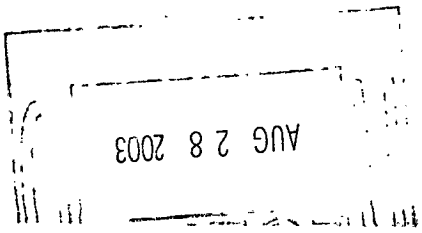
Message:

As per our conversation.
We Are Now Working wells.
The pumpkin center water dist
to hookup to city water
at our location 2126 Taft Hwy
Bakersfield Calif

Thank you
George Bell

[redacted]

TOTAL P.01


AUG 2 8 2003

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

STEVE McCALLEY, R.E.H.S., Director
2700 "M" STREET, SUITE 300
BAKERSFIELD, CA 93301-2370
Voice: (661) 862-8700
Fax: (661) 862-8701
TTY Relay: (800) 735-2929
e-mail: *eh@co.kern.ca.us*

RESOURCE MANAGEMENT AGENCY

DAVID PRICE III, RMA DIRECTOR
Community Development Program Department
Engineering & Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

F A X

TRANSMITTAL SHEET

DATE: 8-29-03

FROM: Laurel Funk (661) 862-8763

TO: George Beal
Name
Beal Properties
Company/Department

FAX # (559) 291-1656

TOTAL # PAGES 2 (including this cover sheet)

COMMENTS: A couple of comments 1. There is no Pumpkin Center Water District.
2. California water serice provides water in that area
3. Will your well remain active? (this is the State's interpretation) You will then have to use ELD testing, water testing and Back flow Prevention.

Any problems questions, please call us at (661) 862-8700

320028

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

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RESOURCE MANAGEMENT AGENCY

DAVID PRICE III, RMA DIRECTOR
Community and Economic Development Department
Engineering & Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

June 24, 2005

Beal Properties
5816 East Shields, #101
Fresno, CA 93727

SUBJECT: Johnny Quick Store #143

Ladies and Gentlemen:

This is to advise you that your domestic well located on APN 514-060-21, under Permit EH-2955, was properly destroyed on June 21, 2005.

This is provided for your records. If you have any further questions, please contact me at (661) 862-8768.

Sincerely,

Steve McCalley, Director

By: Thomas Hardy, R.E.H.S.
Environmental Health Specialist III
Water Quality Program

TH:jrw

(water\hardy\eh2599-w10)

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT
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RESOURCE MANAGEMENT AGENCY
DAVID PRICE III, RMA DIRECTOR
Community and Economic Development Department
Engineering & Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

May 5, 2005

Ghuman Singh Kuljit
Johnny Quik #143
P O Box 137
Pumpkin Center, CA 93383

Subject: Monitoring System Certification
Johnny Quik #143
2126 Taft Hwy

This Department received the Monitoring System Certification for the above-mentioned facility. The Certification indicates that the sensors are not installed in the Under-Dispenser Containment (UDC). State Regulations require that the UDC be equipped with a continuous monitoring system that either activates an audible and visual alarm or stops the flow of product at the dispenser if a leak is detected.

A flow chart is included to explain this requirement. Please provide documentation to this Department that the sensors have been installed. This documentation must be provided by June 10, 2005.

Thank you for your cooperation in this matter. If you have any questions, please contact this Department at (661) 862-8700.

Sincerely,

Steve McCalley, Director

Laurel Funk

By: Laurel Funk
Hazardous Materials Specialist
Unified Hazardous Materials/Waste Program

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

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RESOURCE MANAGEMENT AGENCY

DAVID PRICE III, RMA DIRECTOR
Community and Economic Development Department
Engineering & Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

October 15, 2004

320028
GHUMAN SINGH KULJIT
P O BOX 137
BAKERSFIELD, CA 93383

Subject: Underground Storage Tank Designated Operator Requirements
SECOND NOTICE

All Underground Storage Tank (UST) facilities must notify this Department of the person who will serve as their Designated Operator. This requirement may be found in the California Code of Regulations, Title 23, Chapter 16, Section 2715. The notification is required to be submitted by January 1, 2005. The State is offering an UST Owner/Operator Outreach Session to provide information and answer questions about this new requirement. This session date and location is:

Tuesday, November 2, 2004
9:00 A.M. – 12:00 P.M.
City of Bakersfield, Council Chambers
1501 Truxtun Avenue
Bakersfield, CA 93301

Included with this notice is the form to notify this Department of each facility's Designated Operator. This form is to be completed and returned by January 1, 2005.

Thank you for your cooperation in this matter. If you have any questions, please contact this Department at (661) 862-8700.

Sincerely,

Steve McCalley, Director

By: Joe Canas, REHS
Hazardous Materials Specialist IV
Unified Hazardous Materials/Waste Program

Encl.

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

STEVE McCALLEY, R.E.H.S., Director
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RESOURCE MANAGEMENT AGENCY

DAVID PRICE III, RMA DIRECTOR
Community and Economic Development Department
Engineering & Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

August 26, 2004

320028

GHUMAN SINGH KULJIT
GHUMAN SINGH KULJIT
P O BOX 137
PUMPKIN CENTER, CA 93383

Subject: Underground Storage Tank Requirements

The State of California has established new regulations for Underground Storage Tanks (UST). UST facilities must meet the following requirements to maintain compliance with current regulations.

1. **Designated Operator:** All UST facilities must notify this Department of the person who will serve as their Designated Operator. This notification is required by January 1, 2005. Enclosed is a flyer explaining these requirements. The State is offering several UST Owner/Operator Outreach Sessions to provide information and answer questions about this new requirement. Also included is a notice about those sessions.

2. **Double Walled Pressurized Piping Leak Detection:** The State is requiring line leak detectors that detect a 3.0 gallon per hour release from the primary containment be installed by November 9, 2004. A mechanical or electronic line leak detector may be used to fulfill this requirement. This requirement is in addition to the continuous monitors (sensors) in the piping sumps and under dispenser containments. ***This requirement is only for double walled pressurized piping.*** A flow chart is included to further explain these requirements.

Thank you for your cooperation in this matter. If you have any questions, please contact this Department at (661) 862-8700.

Sincerely,

Steve McCalley, Director

By: Joe Canas, REHS
Hazardous Materials Specialist IV
Unified Hazardous Materials/Waste Program

State Water Resources Control Board

Division of Water Quality
1001 I Street • Sacramento, California 95814 • (916) 341-5752
Mailing Address: P.O. Box 2231 • Sacramento, California • 95812
FAX (916) 341-5808 • Internet Address: http://www.swrcb.ca.gov

Winston H. Hickox
Secretary for Environmental Protection

Gray Davis
Governor

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our website at http://www.swrcb.ca.gov.

AUG 2 2 2003

CERTIFIED MAIL
7002 2410 0001 6010 3591

Mr. Jagdish Patel
Manager/Partner
ARCO #1774 / Jai Mini Mart
7012 Frog Meadow Street
Bakersfield, CA 93313

Dear Mr. Patel:

DENIAL OF REQUEST FOR RECONSIDERATION OF ENHANCED LEAK DETECTION (ELD) TESTING: ARCO #1774 / JAI MINI MART, 2051 TAFT HIGHWAY, BAKERSFIELD, CA

This letter is in response to your Request for Reconsideration of the requirement to perform ELD testing. We have consulted with the Kern County Environmental Health and George Beal (water purveyor) who has confirmed that your facility is within 1,000 feet of a Beal Properties' public drinking water well. This well will be connected to the Pumpkin Center Water District system and thus will remain active. As explained to you by my staff on June 12, 2003, based on this information, we have determined that your underground storage tank (UST) facility is subject to the ELD testing requirement. Your request has been denied for the reason(s) indicated below.

☒ UST system(s) is within 1,000 feet of a public drinking water well.

If you have any questions, please contact Mr. Ahmad Kashkoli at (916) 341-5855.

Sincerely,

for

Elizabeth L. Haven, Manager
Underground Storage Tank Program

Enclosure(s): (basis for the decision)

cc: Ms. Laurel Funk
Kern County Environmental Health
2700 M Street, Suite 300
Bakersfield, CA 93301

5816 E. Shields Ave., Suite #101 • Fresno, California 93727-8010 • (559) 291-3672 • Fax (559) 291-1656

Fax Transmittal Form

To Arnold

Name:

From GEORGE BELL

320028

Phone number:
Fax number: 916-341-5808

Phone: 559-291-3672
Fax: 559-291-1656

☐ Urgent
☐ For Review
☐ Please Comment
☐ Please Reply

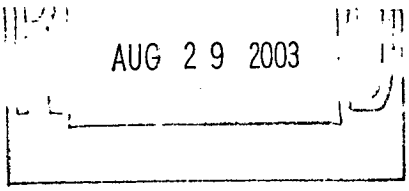
Date sent 8/8/03
Time sent
Number of pages including cover page:

Message:

As per our conversation.
We Are Now Working wells.
The pumpkin Center water dist
to ~~be~~ hookup to city Water
at our Location 2126 Taft Hwy
Bolinfield Calif

Thanks
Geo Bell

TOTAL P.01


AUG 2 9 2003

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

STEVE McCALLEY, R.E.H.S., Director
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RESOURCE MANAGEMENT AGENCY

DAVID PRICE III, RMA DIRECTOR
Community and Economic Development Department
Engineering & Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

April 25, 2003

GHUMAN SINGH KULJIT
P O BOX 137
PUMPKIN CENTER, CA 93383

Subject: Underground Storage Tank (UST) System Requirements

Facility: JOHNNY QUICK #143, 320028
2126 TAFT HWY
BAKERSFIELD

Dear Mr. Kuljit:

This department received the secondary containment test report dated December 3, 2003. This report indicates that the product lines, sumps and Under Dispenser Containment (UDC) failed the testing. The components that failed need to be repaired and retested.

If the repairs can completed without breaking concrete a modification permit may not be required. If a modification permit is required, the current fee is $650. Once all repairs are completed, the secondary c ontainment system is to be tested and the results submitted to this Department.

This facility is currently out of compliance with the UST regulations. Failure to respond within the required time frame may result in enforcement actions by this Department.

Please respond to this department in writing as to the status of the site testing by May 31, 2003. The system must be tested within 60 days of your response. If you wish to discuss these options, please contact Laurel Funk at (661) 862-8763. Thank you for your cooperation in this matter.

Sincerely,

Steve McCalley, Director

By: Joe Canas
Hazardous Materials Specialist IV
Unified Hazardous Materials/Waste Program

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

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RESOURCE MANAGEMENT AGENCY

DAVID PRICE III, RMA DIRECTOR
Community Development Program Department
Engineering & Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

October 25, 2002

GHUMAN SINGH KULJIT
GHUMAN SINGH KULJIT
P O BOX 137
PUMPKIN CENTER, CA 93383

Subject: Secondary Containment Testing for Underground Storage Tank (UST) Systems

Facility: JOHNNY QUICK #143, 320028
2126 TAFT HWY
BAKERSFIELD

Dear Sir or Madam,

This Department has determined that the above mentioned facility is subject to the Secondary Containment Testing Requirements. The deadline for completing the testing is January 1, 2003. As of this date, the results have not been submitted to this Department. Enclosed is information from the State Water Resources Control Board reminding tank owners of this requirement.

If for some reason you feel that this information is incorrect, please contact this Department. The Hazardous Materials staff is available at (661) 862-8700 to answer any questions you may have. Thank you for your prompt attention to this matter.

Sincerely,

Steve McCalley, Director

By: Joe Canas
Hazardous Materials Specialist IV
Unified Hazardous Materials/Waste Program

Enclosures

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

STEVE McCALLEY, R.E.H.S., Director
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RESOURCE MANAGEMENT AGENCY

DAVID PRICE III, RMA DIRECTOR
Community Development Program Department
Engineering & Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

July 15, 2002

320028

GHUMAN SINGH KULJIT
GHUMAN SINGH KULJIT
P O BOX 137
PUMPKIN CENTER, CA 93383

Subject: Updated Underground Storage Tank (UST) Monitoring and Response Plans

Facility: JOHNNY QUICK #143, FA0002691
2126 TAFT HWY
BAKERSFIELD

Dear Sir or Madam:

The Kern County Environmental Health Services Department has recently reviewed the underground storage tank (UST) files. Many facilities do not have current and/or approved monitoring plans, response plans, and plot plans on file with this Department. These plans are to be submitted to and approved by this Department for each facility. Copies of the plans are to be kept at each facility site with the Unified Hazardous Materials/Waste Facility Permit.

If you feel that you have already submitted these plans, please contact this Department to have your file reviewed. The submitted plans will be reviewed for completeness and you will be notified if updated plans are required.

To assist you in completing these plans, the following forms have been enclosed:

- Monitoring Plan Cover Sheet*: This form is to be completed for each facility and attached to the monitoring plan developed for the facility.
- Monitoring Requirement Options*: This is a list of various options that facilities can use to monitor most UST systems. You may develop your monitoring plan(s) by picking and choosing the options that apply to the site. Specific site information is necessary to complete the monitoring plan.
- Samples of Log Forms: Most monitoring plans require the logging of inspections and test results. These forms may be used for that purpose.
- Emergency Response Plan Form*: This form is to be completed for each facility.

In addition to the above information, a plot plan for the facility is to be submitted which shows the location of the tanks, monitoring sensors, buildings, alarm panels, and rectifiers. The plot plan is to be on an 8 1/2 x 11 sheet of paper.

The forms noted with a * are available in Word and Word Perfect format. If you would like to receive the forms electronically, please e-mail your request to laurelf@co.kern.ca.us and the forms will be sent to you.

Copies of the Monitoring, Response, and Plot Plans are to be submitted to this Department within 30 days of the date of this letter. If the facility owner is not contacted within 30 days of submittal, the plans are considered approved by this Department. The permit holder must notify this Department within 30 days of any changes to the monitoring, response, and plot plans.

Thank you for your cooperation in this matter. If you have any questions, please contact the Hazardous Materials staff at (661) 862-8700

Sincerely,

Steve McCalley, Director

By: Joe Canas, REHS
Hazardous Material Specialist IV
Unified Hazardous Materials/Waste Program

JC:lf
Enclosures

320028

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

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RESOURCE MANAGEMENT AGENCY

DAVID PRICE III, RMA DIRECTOR
Community Development Program Department
Engineering & Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

November 30, 2001

GHUMAN SINGH KULJIT
GHUMAN SINGH KULJIT
P O BOX 137
PUMPKIN CENTER, CA 93383

Subject: Underground Storage Tank (UST) Requirements and Deadlines

Facility: JOHNNY QUICK #143, FA0002691
2126 TAFT HWY
BAKERSFIELD

The State of California has established new regulations for underground storage tanks. All UST files have been reviewed by this Department for compliance with both existing and these new regulations. The facility listed above must meet the following requirements to maintain compliance with current regulations.

Secondary Containment Testing

The following systems have at least one component which is secondarily contained (i.e., tank, piping, sump, or dispenser containment). Any tank using hydrostatic or vacuum monitoring is not required to be tested, however; piping, sumps, and dispenser containment still require testing. The secondary containment system is to be tested by the date listed below and every 36 months thereafter. If the date has already passed, the test must be completed within 60 days of this letter. If the system is untestable by an approved method, the system shall be tested by Enhanced Leak Detection (ELD). The facility shall have an ELD program reviewed and approved by this Department by July 1, 2002; implemented by December 31, 2002; and the secondary containment system replaced by July 1, 2005. The testing and ELD requirements are enclosed.

Tank #	Tank Size	Product Stored	Test Due Date
1	10,000	PREMIUM	01/01/2003
2	10,000	UNLEADED	01/01/2003
3	10,000	UNLEADED PLUS	01/01/2003

In addition to the above-mentioned requirements, all monitoring equipment shall be calibrated, operated and maintained in accordance with the manufacturers' instructions. The equipment shall also be certified for proper operating condition and calibration every 12 months.

All testing is to be completed by a licensed or approved tester. Permits may be required for some of the tests. This Department shall be notified at least 48 hours prior to conducting any tests or inspections. The results of the test are to be submitted to this Department within 30 days of completion.

If for some reason the owner or operator of this facility believes that the above information is incorrect, please contact this Department. An inspection and file review can be completed to clarify and/or correct the information.

California Air Resources Board (CARB) has implemented additional requirements for Enhanced Vapor Recovery. While the CARB requirements are separate from the UST requirements, modifications to comply with these requirements may activate the CARB requirements. Please contact the local Air District for assistance prior to making any modifications to this facility.

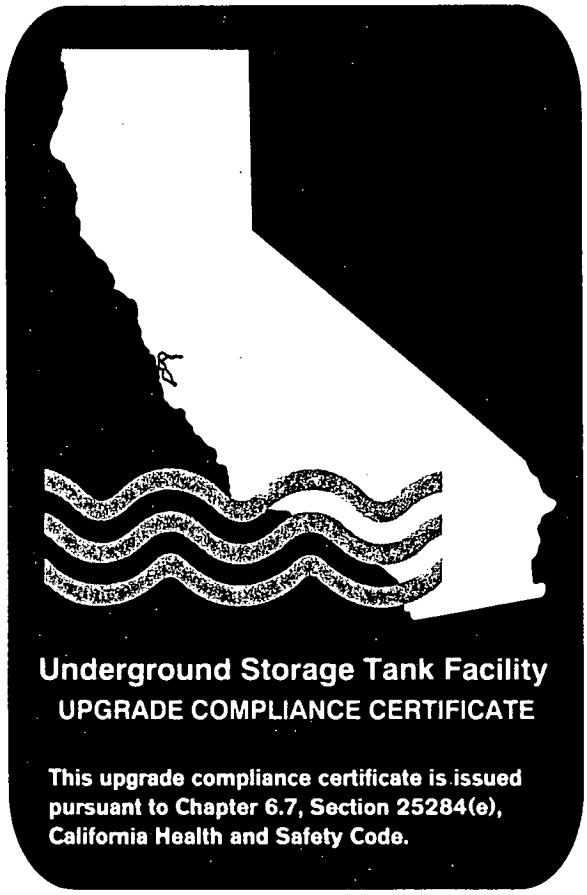
Please contact the Hazardous Materials staff at (661) 862-8700 if you need any assistance.

Sincerely,

Steve McCalley, Director

By: Joe Canas, REHS
Hazardous Material Specialist IV
Unified Hazardous Materials/Waste Program

CA Cert. No. 06292



Underground Storage Tank Facility
UPGRADE COMPLIANCE CERTIFICATE

This upgrade compliance certificate is issued pursuant to Chapter 6.7, Section 25284(e), California Health and Safety Code.

Kern County Environmental
Health Services Department
Steve McCalley, R.E.H.S., Director
2700 M Street, Suite 300
Bakersfield, CA 93301-2370

Voice (805) 862-8700
FAX (805) 862-8701

E-Mail: eh@co.kern.ca.us

An upgrade compliance certificate has been issued in connection with the operating permit for the facility indicated below. The certificate number on this facsimile matches the number on the certificate displayed at the facility.

Instructions to the issuing agency: Use the space below to enter the following information in the format of your choice: name of owner; name of operator; name of facility; street address, city, and zip code of facility; facility identification number (from Form A); name of issuing agency; and date of issue. Other identifying information may be added as deemed necessary by the local agency.

Facility: JOHNNY QUICK #143, 002691

Location: 2126 TAFT HWY
BAKERSFIELD, CA 93313

Owner: GHUMAN SINGH KULJIT
c/o GHUMAN SINGH KULJIT
P O BOX 137
PUMPKIN CENTER, CA 93383

UST Site ID: 320028 BP Site ID: 003201

Issue Date: September 1, 1998

98C-3

10-6-98

Kern County Environmental
Health Services Department
Certified Unified Program Agency
2700 "M" Street, Suite 300, Bakersfield, CA

UNIFIED HAZARDOUS MATERIALS / WASTE FACILITY PERMIT

Phone: (805) 862-8700
FAX: (805) 862-8701

FACILITY NAME: JOHNNY QUICK #143, 002691

LOCATION: 2126 TAFT HWY
BAKERSFIELD, CA

Key Map No.: 123-36D

OWNER'S NAME: GHUMAN SINGH KULJIT
P O BOX 137
PUMPKIN CENTER, CA
93383

ISSUED FOR THE FOLLOWING ACTIVITIES:

Underground Storage Tanks (Permitted)	Haz Material Business Plan/RMPP (Authorized)	Hazardous Waste Generator	Above-Ground Storage Tanks
320028C 10000 GAL., DOUBLE WALLED, PREM UNL/SUPER, PRESSURE 10000 GAL., DOUBLE WALLED, GASOLINE, PRESSURE 10000 GAL., DOUBLE WALLED, GASOLINE, PRESSURE	Site ID #: 003201	NOT AUTHORIZED	NOT AUTHORIZED

THIS PERMIT IS GRANTED SUBJECT TO THE CONDITIONS LISTED ON THE BACK

Issue Date: November 1, 1997

Expiration Date: November 1, 2000

– POST ON PREMISES –
NONTRANSFERABLE

HAZARDOUS MATERIALS / WASTE FACILITY PERMIT

SUMMARY OF CONDITIONS

CONDITIONS:

1. The facility owner and operator must be familiar with all conditions specified by this permit and must meet any additional requirements imposed by the permitting authority.

2. The facility owner and operator shall ensure that the facility has adequate financial responsibility insurance coverage, as mandated for all underground storage tanks containing petroleum, and supply proof of such coverage to the permitting authority.

   The facility will be considered in violation and operating without a permit if annual fees are not received within 30 days of the invoice date.

4. The monitoring/operational requirements shall be implemented within 30 days of the permit issue date.

5. Any inactive underground storage tank which is not being monitored, as approved by the permitting authority, is considered improperly closed. Proper closure is required and must be completed under a permit issued by the permitting authority.

6. The facility owner/operator must obtain a modification permit before:
   a. Uncovering any underground storage tank after failure of a tank integrity test.
   b. Replacement of piping.
   c. Lining the interior of the underground storage tank.

7. The facility owner must advise the Environmental Health Services Department within 30 days of transfer of ownership.

8. The owner and/or operator shall keep a copy of all tank monitoring records at the facility for a minimum of three years, or as specified by the permitting authority. They may be kept off site if they can be obtained within 24 hours of a request made by the local authority.

9. The owner/operator must report any significant unauthorized release from permitted tanks within 24 hours of discovery.

10. The owner and operator must meet all applicable requirements of Chapters 6.5, 6.67, 6.7, 6.75, and 6.95 of the Health and Safety Code and applicable sections of the California Code of Regulations and the Kern County Ordinance Code.

AEG:jrw
hm14-2.p

11. A hazardous materials inventory plan must be prepared and kept current by the owner or the operator of this facility.

12. An annual report shall be submitted to the Kern County Environmental Health Services Department each year after the monitoring has been initiated. The owner or operator shall use the form provided along with the permit or another approved by the Kern County Environmental Health Services Department.

13. All underground storage tanks shall be equipped with a continuous monitoring device within the interstitial space which must be connected to an audible and visual alarm system. All piping sumps shall be monitored manually or by utilizing an electronic monitoring device.

14. All pressurized piping systems shall be equipped with pressurized piping leak detectors. The piping systems shall be tested annually unless the facility has installed a continuous monitoring/automatic shutoff system within the secondary containment.

15. All equipment installed for leak detection shall be operated and maintained in accordance with manufacturer's instructions, including routine maintenance and service checks (at least once per year) for operability or running condition.

16. An underground storage tank monitoring response plan shall be developed, if not currently on file, and submitted to the Department for review and approval within 30 days of the issuance date of this permit.

RMA ACCOUNTS RECEIVABLE INSTRUCTIONS
ADVISORY FORM

PERMIT # 32-002-8C DATE 04-11-95

WORK ORDER # _____ INVOICE # 0110860-FC

CUSTOMER # 20-Johnny7

CUSTOMER NAME Johnny Quick Food Store

ACTION TO BE TAKEN

____	Waive Permit Fee	(State Reason Below)
____	Waive Service Fee	(State Reason Below)
✓	Waive Late Charges	(State Reason Below)
____	Waive Surcharge Fee	(State Reason Below)
____	Send to Collections	
____	Payment Schedule Requested	(See Details Below)
____	Other	(Explain Below)

EXPLANATION/COMMENTS

See attached letter from Customer - original invoice never received - payment in full on 1995 UST permit

APPROVED BY

SPECIALIST Jane M Warren DATE 4-13-95

CHIEF _____ DATE 4-13-95

DIRECTOR _____ DATE 4-17-95

RMA ACCOUNTING

S Knick ACCOUNTANT _____ DATE _____

Comments: _____

ACCTG-POSTED BY _____ DATE _____

Acct Clerk Sharon Knick 4/20/95

REV.7/94

Sir,

Your invoice #0109464 in original was not received for reasons best known to the Postal Authorities. I learnt about the payment on receipt of your invoice # 0110860.FC dated Mar 14, 95 indicating the penalty.

2. I had spoken to Ms Beverly last week and requested her to forward a copy of the same so that I could make the payment.

3. You are requested to waive the penalty of $225.00. Enclosed please find a Check (#5206) for $225 in respect of the permit fee.

Thanking you,

Mr Steve McCalley
Director

Sincerely Yours.
Gary
Apr 04, 95

Dear Sir,

Please refer to my letter dated Apr 0495 addressed to Mr. Steve McCally for waiving of the penalty.

2. Enclosed please find another check # 5209 of $225.00 towards the UST Permit with a view to make a total of $450.00. By mistake I had remitted a check for $225.00 instead of $450.00. The inconvenience caused is regretted.

Thanking you,

Sincerely Yours,

Gary

Apr 05, '95

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

STEVE McCALLEY, R.E.H.S.
DIRECTOR

2700 "M" Street, Suite 300
Bakersfield, CA 93301
(805) 861-3636
(805) 861-3429 FAX

February 24, 1994

JOHNNY QUICK FOOD STORE
P. O. BOX 49408
BAKERSFIELD, CA 93382

SUBJECT: 2126 TAFT HIGHWAY, BAKERSFIELD, CA PERMIT #: 320028C

Dear Sir/Madam:

The permit issued to the facility cited above provided one page of conditions/prohibitions for operation of the underground storage tank system. One of the conditions provided on that page specified that "the owner and operator ensure that the facility have adequate financial responsibility coverage, as mandated for all underground storage tanks containing petroleum, and supply proof of such coverage when requested by the permitting agency." Federal regulations which went into effect in December 1988 required that all underground storage tank facilities obtain financial responsibility coverage, using an approved mechanism to pay for the costs of cleanup and any third party liability, in case of a leak from the tank system, and provide evidence of that coverage to the local implementing agency by deadlines established in law. The amount of coverage required and the mechanisms which could be utilized were also specified in law.

In an attempt to assist underground storage tank facilities comply with the financial responsibility requirements, the state developed a clean up fund, which was approved by the Federal EPA as a mechanism for meeting a portion of the Federal financial responsibility requirements. The state has prepared a summary of the clean up fund, how you pay into the fund, and the financial responsibility requirements. That summary has been enclosed with this letter.

The Certificate of Financial Responsibility enclosed is the proof that this Department needs for the underground storage facility cited above. As shown by the example provided, you can utilize one statement for all underground storage tanks that you own or operate.

Please review all information provided, complete the Certificate of Financial Responsibility enclosed, and return it by March 31, 1994. If you have any questions, feel free to call the Underground Storage Tank Program at (805) 861-3636.

Sincerely,

Steve McCalley, Director

By: Amy E. Green, R.E.H.S.
Hazardous Materials Specialist IV
Hazardous Materials Management Program

AEG:jrw
Enclosures
(block2a)

RESOURCE MANAGEMENT AGENCY

RANDALL L. ABBOTT
DIRECTOR

DAVID PRICE III
ASSISTANT DIRECTOR

Environmental Health Services Department
STEVE McCALLEY, REHS, DIRECTOR

Air Pollution Control District
WILLIAM J. RODDY, APCO

Planning & Development Services Department
TED JAMES, AICP, DIRECTOR

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

PERMIT TO OPERATE UNDERGROUND HAZARDOUS STORAGE FACILITY

Permit No.: 320028C **State ID No.:** 320028

Issued to: JOHNNY QUICK FOOD STORE **No. of Tanks:** 3

Location: 2126 TAFT HIGHWAY
BAKERSFIELD, CA

Owner: JOHNNY QUICK FOOD STORE
P. O. BOX 49408
BAKERSFIELD, CA 93382

Operator: BALBIR SHERGILL
2126 TAFT HIGHWAY
BAKERSFIELD, CA 93313

Facility Profile:

Tank No.	Substance Code	Tank Contents	Tank Capacity	Year Installed	Is piping Pressurized?
1	MVF 6	PREMIUM	10,000	1988	YES
2	MVF 6	UNLEADED	10,000	1988	YES
3	MVF 6	REGULAR	10,000	1988	YES

This permit is granted subject to the conditions and prohibitions listed on the attached summary of conditions/prohibitions

By: Steve McCalley
Steve McCalley

Title: Director, Environmental Health Services Department

Issue Date: September 23, 1991

Expiration Date: September 23, 1996

-- POST ON PREMISES --
NONTRANSFERABLE

HAZARDOUS UNDERGROUND STORAGE FACILITY PERMIT
SUMMARY OF CONDITIONS/PROHIBITIONS

CONDITIONS/PROHIBITIONS:

1. The facility owner and operator must be familiar with all conditions specified within this permit and must meet any additional requirements to monitor, upgrade, or close the tanks and associated piping imposed by the permitting authority.

2. If the operator of the underground storage tank is not the owner, then the owner shall enter into a written contract with the operator, requiring the operator to monitor the underground storage tank; maintain appropriate records; and implement reporting procedures as required by the Department.

3. The facility owner and operator shall ensure that the facility has adequate financial responsibility insurance coverage, as mandated for all underground storage tanks containing petroleum, and supply proof of such coverage when requested by the permitting authority.

4. The facility owner must ensure that the annual permit fee is paid within 30 days of the invoice date.

5. The facility will be considered in violation and operating without a permit if annual permit fees are not received within 60 days of the invoice date.

6. The facility owner and/or operator shall review the leak detection requirements provided within this permit. The monitoring alternative shall be implemented within 60 days of the permit issue date.

7. The facility underground storage tanks must be monitored, utilizing the option approved by the permitting authority, until the tank is closed under a valid, unexpired permit for closure.

8. Any inactive underground storage tank which is not being monitored, as approved by the permitting authority, is considered improperly closed. Proper closure is required and must be completed under a permit issued by the permitting authority.

9. The facility owner/operator must obtain a modification permit before:
   a. Uncovering any underground storage tank after failure of a tank integrity test.
   b. Replacement of piping.
   c. Lining the interior of the underground storage tank.

10. The tank owner must advise the Environmental Health Services Department within 10 days of transfer of ownership.

11. Any change in state law or local ordinance may necessitate a change in permit conditions. The owner/operator will be required to meet new conditions within 60 days of notification.

12. The owner and/or operator shall keep a copy of all monitoring records at the facility for a minimum of three years, or as specified by the permitting authority. They may be kept off site if they can be obtained within 24 hours of a request made by the local authority.

13. The owner/operator must report any unauthorized release which escapes from the secondary containment, or from the primary containment if no secondary containment exists, which increases the hazard of fire or explosion or causes any deterioration of the secondary containment within 24 hours of discovery.

MONITORING REQUIREMENTS: (MVF6 pr)

1. All underground storage tanks designated as MVF 6 on the first page of this permit shall be monitored utilizing the following method:

   a. Each tank shall be equipped with a continuous monitoring device within the interstitial space, which must be connected to an audible and visual alarm system within 60 days of the issue date on page 1 of this permit.

   b. All piping sumps shall be monitored manually or by utilizing an electronic monitoring device.

   c. All pressurized piping systems shall install pressurized piping leak detection systems and ensure that they are capable of functioning as specified by the manufacturer. The mechanical leak detection systems must be capable of alerting the owner/operator of a leak by restricting or shutting off the flow of hazardous substances through the piping, or by triggering an audible or visual alarm, detecting three gallons or more per hour per square inch line pressure within one hour.

   d. All pressurized piping systems shall be tested annually unless the facility has installed the following:

      1. A continuous monitoring system within secondary containment.
      2. The continuous monitor is connected to an audible and visual alarm system and the pumping system.
      3. The continuous monitor shuts down the pump and activates the alarm system when a release is detected.
      4. The pumping system shuts down automatically if the continuous monitor fails or is disconnected.

      The first test shall be completed before December 31, 1991, and subsequent tests completed each calendar year thereafter.

2. All equipment installed for leak detection shall be operated and maintained in accordance with manufacturer's instructions, including routine maintenance and service checks (at least once per year) for operability or running condition.

3. A monitoring response plan shall be developed, and submitted to the department for review and approval within 90 days of the issuance date of this permit.

4. An annual report shall be submitted to the Kern County Environmental Health Services Department each year after monitoring has been initiated. The owner or operator shall use the form provided along with the permit, unless another has received prior approval.

Attn: Alexandra. 8 pages

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK

OPERATING PERMIT APPLICATION – FACILITY INFORMATION

(One form per facility)

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

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 404: 3
FACILITY ID # (Agency Use Only) 1: FA-000-2691
BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3: JOHNNY QUIK #143
BUSINESS SITE ADDRESS 103: 2126 TAFT HWY
CITY 104: BAKERSFIELD
FACILITY TYPE 403: ☑ 1. MOTOR VEHICLE FUELING ☐ 2. FUEL DISTRIBUTION ☐ 3. FARM ☐ 4. PROCESSOR ☐ 6. OTHER
Is the facility located on Indian Reservation or Trust lands? 405: ☐ 1. Yes ☑ 2. No

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407: KULJIT S. GHUMAN
PHONE 408: (661) 834-9113
MAILING ADDRESS 409: 1001 NICKI CT.
CITY 410: BAKERSFIELD
STATE 411: CA
ZIP CODE 412: 93307

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME 428-1: Rich Environmental Services
PHONE 428-2: (661) 326-8402
MAILING ADDRESS 428-3: 5643 Brooks Ct. BAKERSFIELD, CA-93308
CITY 428-4: Bakersfield
STATE 428-5: CA
ZIP CODE 428-6: 93308

IV. TANK OWNER INFORMATION

TANK OWNER NAME 414: KULJIT S. GHUMAN
PHONE 415: (661) 834-9113
MAILING ADDRESS 416: 2126 TAFT HWY
CITY 417: BAKERSFIELD
STATE 418: CA
ZIP CODE 419: 93313
OWNER TYPE: 420: ☐ 4. LOCAL AGENCY/DISTRICT ☐ 5. COUNTY AGENCY ☐ 6. STATE AGENCY ☐ 7. FEDERAL AGENCY ☑ 8. NON-GOVERNMENT

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- 00558 9 421: Call the State Board of Equalization, Fuel Tax Division, if there are questions.

VI. PERMIT HOLDER INFORMATION

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

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.
APPLICANT SIGNATURE: K S Ghuman
DATE 424: 02/13/12
PHONE 425: (661) 834-9113
APPLICANT NAME (print) 426: KULJIT S. GHUMAN
APPLICANT TITLE 427: OWNER

OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES
DEPARTMENT
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8700 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANKS

(one page per tank) Page ___ of ___

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430
☐ 1. NEW PERMIT ☑ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a | DATE EXISTING UST DISCOVERED: 430b

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only): FA - 0000-2691 1

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As): JOHNNY QUIK #143 3

BUSINESS SITE ADDRESS: 2126 Taft HWY 103 | CITY: Bakersfield, CA-93313 104

II. TANK DESCRIPTION

TANK ID # 432 | TANK MANUFACTURER 433 | TANK CONFIGURATION: THIS TANK IS 434
☑ 1. A STAND-ALONE TANK
☐ 2. A COMPARTMENTED UNIT

DATE UST SYSTEM INSTALLED 435: 1988 | TANK CAPACITY IN GALLONS 436: 10,000 | NUMBER OF COMPARTMENTS IN THE UNIT 437: ONE

III. TANK USE AND CONTENTS

TANK USE 439
☑ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(e)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a

CONTENTS
PETROLEUM: 440
☑ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED
☐ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a
NON-PETROLEUM:
☐ 7. USED OIL ☐ 10. ETHANOL
☐ 11. OTHER NON-PETROLEUM (Specify): 440b

IV. TANK CONSTRUCTION

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

PRIMARY CONTAINMENT 444
☐ 1. STEEL ☑ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a

SECONDARY CONTAINMENT 445
☐ 1. STEEL ☑ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445a

OVERFILL PREVENTION 452.
☑ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☐ 3. FILL TUBE SHUT-OFF VALVE
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 460
☐ 1. SINGLE-WALLED ☑ 2. DOUBLE-WALLED ☐ 99. OTHER

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

PRIMARY CONTAINMENT 464
☐ 1. STEEL ☑ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER(Specify): 464a

SECONDARY CONTAINMENT 464b
☐ 1. STEEL ☑ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c

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

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

VENT PRIMARY CONTAINMENT	☑ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464e 464e1
VENT SECONDARY CONTAINMENT	☐ 1. STEEL	☑ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90 NONE	☐ 99. OTHER (Specify)	464f 464f1
VR PRIMARY CONTAINMENT	☐ 1. STEEL	☑ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464g 464g1
VR SECONDARY CONTAINMENT	☐ 1. STEEL	☑ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464h 464h1
VENT PIPING TRANSITION SUMP TYPE	☐ 1. SINGLE WALL		☐ 2. DOUBLE WALL	☑ 90. NONE		464i.
RISER PRIMARY CONTAINMENT	☑ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464j 464j1
RISER SECONDARY CONTAINMENT	☐ 1. STEEL	☑ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464k 464k1
FILL COMPONENTS INSTALLED	☑ 1. SPILL BUCKET	☐ 3. STRIKER PLATE/BOTTOM PROTECTOR	☐ 4. CONTAINMENT SUMP			451a-c

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE	☑ 1. SINGLE WALL	☐ 2. DOUBLE WALL	☐ 3. NO DISPENSERS	☐ 90. NONE	469a
CONSTRUCTION MATERIAL	☐ 1. STEEL	☑ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 99. OTHER (Specify)	469b-c

VIII. CORROSION PROTECTION

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

IX. APPLICANT SIGNATURE

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

APPLICANT SIGNATURE: KSGhuman | DATE: 02/13/12 470.

APPLICANT NAME (print) 471.: KULJIT S. GHUMAN | APPLICANT TITLE 472.: OWNER

OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES
DEPARTMENT
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8700 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANKS

(one page per tank) Page ___ of ___

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430
☐ 1. NEW PERMIT ☑ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a | DATE EXISTING UST DISCOVERED: 430b

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only): FA - 0000 - 26911 1

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As): JOHNNY QUIK #143 3

BUSINESS SITE ADDRESS: 2126 Taft HWY 103 | CITY: Bakersfield, CA-93313 104

II. TANK DESCRIPTION

TANK ID # 432	TANK MANUFACTURER 433	TANK CONFIGURATION: THIS TANK IS 434
		☑ 1. A STAND-ALONE TANK ☐ 2. A COMPARTMENTED UNIT
DATE UST SYSTEM INSTALLED 435: 1988	TANK CAPACITY IN GALLONS 436: 10,000	NUMBER OF COMPARTMENTS IN THE UNIT 437: ONE

III. TANK USE AND CONTENTS

TANK USE: ☑ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING 439
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a

CONTENTS PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☑ 1b. PREMIUM UNLEADED 440
☐ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify):
NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL 440a
☐ 11. OTHER NON-PETROLEUM (Specify): 440b

IV. TANK CONSTRUCTION

TYPE OF TANK: ☐ 1. SINGLE WALL ☑ 2. DOUBLE WALL ☐ 95. UNKNOWN 443
PRIMARY CONTAINMENT: ☐ 1. STEEL ☑ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER 444
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a
SECONDARY CONTAINMENT: ☐ 1. STEEL ☑ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED 445
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445a
OVERFILL PREVENTION: ☑ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☐ 3. FILL TUBE SHUT-OFF VALVE 452
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION: ☐ 1. SINGLE-WALLED ☑ 2. DOUBLE-WALLED ☐ 99. OTHER 460
SYSTEM TYPE: ☑ 1. PRESSURE ☐ 2. GRAVITY ☐ 3. CONVENTIONAL SUCTION ☐ 4. SAFE SUCTION [23 CCR §2636(a)(3)] 458
PRIMARY CONTAINMENT: ☐ 1. STEEL ☑ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC 464
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464a
SECONDARY CONTAINMENT: ☐ 1. STEEL ☑ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC 464b
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c
PIPING/TURBINE CONTAINMENT SUMP TYPE: ☑ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 90. NONE 464d

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

VENT PRIMARY CONTAINMENT	☑ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464e
VENT SECONDARY CONTAINMENT	☐ 1. STEEL	☑ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464e1 464f
VR PRIMARY CONTAINMENT	☐ 1. STEEL	☑ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464f1 464g
VR SECONDARY CONTAINMENT	☐ 1. STEEL	☑ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464g1 464h
VENT PIPING TRANSITION SUMP TYPE	☐ 1. SINGLE WALL		☐ 2. DOUBLE WALL	☑ 90. NONE		464h1
RISER PRIMARY CONTAINMENT	☑ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464i 464j
RISER SECONDARY CONTAINMENT	☐ 1. STEEL	☑ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464j1 464k
FILL COMPONENTS INSTALLED	☑ 1. SPILL BUCKET	☐ 3. STRIKER PLATE/BOTTOM PROTECTOR	☐ 4. CONTAINMENT SUMP			464k1 451a-c

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE: ☑ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 3. NO DISPENSERS ☐ 90. NONE 469a
CONSTRUCTION MATERIAL: ☐ 1. STEEL ☑ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 99. OTHER (Specify) 469b-c

VIII. CORROSION PROTECTION

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

IX. APPLICANT SIGNATURE

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

APPLICANT SIGNATURE: KSGhuman | DATE: 02/13/12 470

APPLICANT NAME (print): KULJIT S. GHUMAN 471 | APPLICANT TITLE: OWNER 472

(05/2008 revised) KC Form B

OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES
DEPARTMENT
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8700 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANKS
(one page per tank) Page ___ of ___

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430
☐ 1. NEW PERMIT ☑ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a | DATE EXISTING UST DISCOVERED: 430b

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only): FA-0000-26911 1

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As): JOHNNY QUIK #143 3

BUSINESS SITE ADDRESS: 2126 Taft HWY 103 | CITY: Bakersfield, CA-93313 104

II. TANK DESCRIPTION

TANK ID # 432 | TANK MANUFACTURER 433 | TANK CONFIGURATION: THIS TANK IS 434
☑ 1. A STAND-ALONE TANK
☐ 2. A COMPARTMENTED UNIT

DATE UST SYSTEM INSTALLED 435: 1988 | TANK CAPACITY IN GALLONS 436: 10,000 | NUMBER OF COMPARTMENTS IN THE UNIT 437: ONE

III. TANK USE AND CONTENTS

TANK USE: ☑ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING 439
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a

CONTENTS: PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED 440
☑ 3. DIESEL ☐ 5 JET FUEL ☐ 6 AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify)
NON-PETROLEUM: ☐ 7. USED OIL ☐ 10 ETHANOL 440a
☐ 11. OTHER NON-PETROLEUM (Specify): 440b

IV. TANK CONSTRUCTION

TYPE OF TANK: ☐ 1. SINGLE WALL ☑ 2. DOUBLE WALL ☐ 95 UNKNOWN
PRIMARY CONTAINMENT: ☐ 1. STEEL ☑ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER 443
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444
SECONDARY CONTAINMENT: ☐ 1. STEEL ☑ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED 444a
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445
OVERFILL PREVENTION: ☑ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☐ 3. FILL TUBE SHUT-OFF VALVE 445a
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT 452

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION: ☐ 1. SINGLE-WALLED ☑ 2. DOUBLE-WALLED ☐ 99. OTHER 460
SYSTEM TYPE: ☑ 1. PRESSURE ☐ 2. GRAVITY ☐ 3. CONVENTIONAL SUCTION ☐ 4. SAFE SUCTION [23 CCR §2636(a)(3)] 458
PRIMARY CONTAINMENT: ☐ 1 STEEL ☑ 4. FIBERGLASS ☐ 8 FLEXIBLE ☐ 10. RIGID PLASTIC 464
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER(Specify): 464a
SECONDARY CONTAINMENT: ☐ 1. STEEL ☑ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC 464b
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c
PIPING/TURBINE CONTAINMENT SUMP TYPE: ☑ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 90. NONE 464d

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

VENT PRIMARY CONTAINMENT: ☑ 1. STEEL ☐ 4. FIBERGLASS ☐ 10 RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464e
VENT SECONDARY CONTAINMENT: ☐ 1. STEEL ☑ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99 OTHER (Specify) 464e1 464f
VR PRIMARY CONTAINMENT: ☐ 1. STEEL ☑ 4. FIBERGLASS ☐ 10 RIGID PLASTIC ☐ 90. NONE ☐ 99 OTHER (Specify) 464f1 464g
VR SECONDARY CONTAINMENT: ☐ 1. STEEL ☑ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99 OTHER (Specify) 464g1 464h
VENT PIPING TRANSITION SUMP TYPE: ☐ 1. SINGLE WALL ☐ 2 DOUBLE WALL ☑ 90. NONE 464h1
RISER PRIMARY CONTAINMENT: ☑ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464i 464j
RISER SECONDARY CONTAINMENT: ☐ 1. STEEL ☑ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99 OTHER (Specify) 464j1 464k
FILL COMPONENTS INSTALLED: ☑ 1. SPILL BUCKET ☐ 3. STRIKER PLATE/BOTTOM PROTECTOR ☐ 4. CONTAINMENT SUMP 464k1 451a-c

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE: ☑ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 3. NO DISPENSERS ☐ 90. NONE 469a
CONSTRUCTION MATERIAL: ☐ 1. STEEL ☑ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 99. OTHER (Specify) 469b-c

VIII. CORROSION PROTECTION

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

IX. APPLICANT SIGNATURE

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

APPLICANT SIGNATURE: KSGhuman | DATE: 02/13/12 470

APPLICANT NAME (print) 471: KULJIT S. GHUMAN | APPLICANT TITLE 472: OWNER

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
MONITORING PLAN – (Page 1 of 2)

TYPE OF ACTION ☐ 1. NEW PLAN ☑ 2. CHANGE OF INFORMATION 490-1

PLAN TYPE (Check one item only) ☑ 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY. 490-2
☐ 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S): _____

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) _____ 1.

BUSINESS NAME (Same as Facility Name or DBA) Johnny Quik #143 3

BUSINESS SITE ADDRESS 2126 Taft Hwy 103 CITY Bakersfield 104

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent. Such work must be performed by qualified personnel. [23 CCR §2632, 2634, 2638, 2641]

MONITORING EQUIPMENT IS SERVICED ☑ 1. ANNUALLY ☐ 99. OTHER (Specify): 490-3a. 490-3b

III. MONITORING LOCATIONS

☐ 1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN ☑ 2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED [23 CCR §2632, 2634] 490-4.

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☑ 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. [23 CCR §2632, 2634] 490-5.
SECONDARY CONTAINMENT IS: ☑ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-6
PANEL MANUFACTURER: _____ 490-7. MODEL #: _____ 490-8.
LEAK SENSOR MANUFACTURER: _____ 490-9. MODEL #(S): _____ 490-10.

☐ 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). [23 CCR §2643] 490-11
PANEL MANUFACTURER: _____ 490-12 MODEL #: _____ 490-13
IN-TANK PROBE MANUFACTURER: _____ 490-14. MODEL #(S): _____ 490-15
LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY 490-16.
☐ d. MONTHLY ☐ e. OTHER (Specify): _____ 490-17.
PROGRAMMED TESTS: ☐ a. 0.1 g.p.h. ☐ b. 0.2 g.p.h. ☐ c. OTHER (Specify): _____ 490-18 490-19

☐ 3. MONTHLY STATISTICAL INVENTORY RECONCILIATION [23 CCR §2646.1] 490-20.

☐ 4. WEEKLY MANUAL TANK GAUGING (MTG) [23 CCR §2645] TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS 490-21 490-22.

☐ 5. TANK INTEGRITY TESTING PER [23 CCR §2643.1] 490-23
TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALLY ☐ c. OTHER (Specify): _____ 490-24 490-25

☐ 99. OTHER (Specify): 490-26 490-27

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☑ 1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE & VISUAL ALARMS. 490-28
[23 CCR §2636] SECONDARY CONTAINMENT IS: ☑ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-29.
PANEL MANUFACTURER: _____ 490-30. MODEL #: _____ 490-31
LEAK SENSOR MANUFACTURER: _____ 490-32. MODEL #(S): _____ 490-33
PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. ☐ a. YES ☐ b. NO 490-34.
FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-35

☑ 2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED. [23 CCR §2636] 490-36.
MLLD MANUFACTURER(S): Red Jacket 490-37 MODEL #(S): SX1V, SX1DV 490-38
490-39

☐ 3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS. [23 CCR §2636] 490-40
ELLD MANUFACTURER(S): _____ MODEL #(S): _____ 490-41.
PROGRAMMED IN LINE LEAK TEST: ☐ a. MINIMUM MONTHLY 0.2 g.p.h. ☐ b. MINIMUM ANNUAL 0.1 g.p.h. 490-42
ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-43
ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-44.

☐ 4. PIPE INTEGRITY TESTING. 490-45.
TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) _____ 490-46. 490-47.

☐ 5. VISUAL PIPE MONITORING 490-48
FREQUENCY: ☐ a. DAILY ☐ b. WEEKLY ☐ c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED* 490-49
* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3) 490-50

☐ 6. SUCTION PIPING MEETS EXEMPTION CRITERIA. [23 CCR §2636(a)(3)] 490-51.

☐ 7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM. 490-52.

☐ 99. OTHER (Specify) 490-53

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
MONITORING PLAN – (Page 2 of 2)

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

(Check all that apply)

UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S)

☑ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBLY ☑ 3. ELECTRONIC STAND-ALONE 490-54a.
☐ 4. NO DISPENSERS ☐ 99. OTHER (Specify) 490-54b

LEAK MONITOR MANUFACTURER: Beudsen 490-55. MODEL #: 406 490-56.
LEAK SENSOR MANUFACTURER: 490-57 MODEL #(S): 490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. ☐ a. YES ☐ b. NO 490-59
UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-60.
FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-61
UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER. ☐ a. YES ☐ b. NO 490-62

UDC CONSTRUCTION IS: ☑ 1. SINGLE WALL ☐ 2. DOUBLE WALL 490-63

IF DOUBLE WALL: 490-64a.
UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ a. LIQUID ☐ b. PRESSURE ☐ c. VACUUM
A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. ☐ a. YES ☐ b. NO 490-64b

VII. PERIODIC SYSTEM TESTING

☐ 1. ELD TESTING: THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. [23 CCR §2644 I] 490-65

☒ 2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS. 490-66.

☒ 3. SPILL BUCKETS ARE TESTED ANNUALLY. 490-67

VIII. RECORD KEEPING

The following monitoring/maintenance records are kept for this facility: 490-68

☒ a. ALARM LOGS ☑ b. VISUAL INSPECTION RECORDS ☐ c. TANK INTEGRITY TESTING RESULTS
☐ d. SIR TESTING RESULTS (and supporting documentation records) ☐ e. TANK GAUGING RESULTS (and supporting documentation records)
☐ f. ATG TESTING RESULTS (and supporting documentation records) ☐ g. CORROSION PROTECTION 60-DAY LOGS
☒ h. EQUIPMENT MAINTENANCE AND CALIBRATION RECORDS

IX. TRAINING

☒ Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties: 490-69a.

REFERENCE DOCUMENTS MAINTAINED AT FACILITY *(Check all that apply)*

☒ THIS UNDERGROUND STORAGE TANK MONITORING PLAN **(Required)** 490-69b
☒ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT **(Required)** 490-69c.
☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d.
☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e.
☐ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" 490-69f.
☐ SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g.
☐ OTHER (Specify): 490-69h. 490-69i

☒ This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following. 490-70

- Operation of the UST systems in a manner consistent with the facility's best management practices.
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan.
- The facility employee's role with regard to spills and overfills as specified in the facility's UST Response Plan.
- Name(s) of contact person(s) for emergencies and monitoring alarms.

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1.) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs; 2.) all conditions that indicate a possible release are investigated; and 3) all monitoring records are maintained properly.

THE FOLLOWING PERSON(S) ARE RESPONSIBLE FOR PERFORMING THE MONITORING AND EQUIPMENT MAINTENANCE:

NAME: KULJIT S. GHUMAN 490-72 TITLE: OWNER 490-73
NAME: 490-74. TITLE: 490-75

The Designated UST Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

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

APPLICANT SIGNATURE: K S Ghuman DATE: 02/13/12 490-77.

REPRESENTING ☐ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner 490-76

APPLICANT NAME (print): KULJIT S. GHUMAN 490-78 APPLICANT TITLE: OWNER 490-79

RESPONSE PLAN – PAGE 1

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES
DEPARTMENT
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8700 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANK
(One form per facility)

TYPE OF ACTION ☐ 1. NEW PLAN ☑ 2. CHANGE OF INFORMATION R01

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* | 1.

BUSINESS NAME (Same as FACILITY NAME) Johnny QUIK #143 | 3

BUSINESS SITE ADDRESS 2126 Taft Hwy | 103. BUSINESS SITE CITY Bakersfield, CA-93313 | 104

II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan (HMBP).

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within a time consistent with the ability of the secondary containment system to contain the hazardous material, but not greater than 30 calendar days, or sooner if required by the local agency. Recovered hazardous materials, unless still suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed of appropriately.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a hazardous waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
  1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
  2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
  3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

PERIODIC MAINTENANCE: Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED: *(Complete only if applicable)*

EQUIPMENT	LOCATION	AVAILABILITY
R10 Cat litter to soak the gas or diesel fuel.	R20 2126 Taft Hwy	R30 All the times.
R11 Siphon pumps	R21	R31
R12.	R22.	R32.
R13 Call Rich Environmental for heavy spill.	R23. 661-326-8402,	R33.
R14	R24 5643 Brooks Ct.	R34.
R15	R25. Bakersfield CA	R35.

IV. RESPONSIBLE PERSONS

THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:

NAME	TITLE
R40 KULJIT S. GHUMAN	R50 OWNER
R41 Rich Environmental	R51 Testing Co.
R42	R52
R43.	R53

V. MONITORING INDICATORS

IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:

☐ 1. ADDITIONAL SYSTEM TESTING OR DATA COLLECTION ☑ 2. INSPECTION BY QUALIFIED PERSONS ☐ 3. RECALIBRATION OF EQUIPMENT R60

☐ 99. OTHER (Specify): R61

RESPONSE PLAN – PAGE 2

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES
DEPARTMENT
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8700 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANK
(One form per facility)

VI. REPORTING AND RECORD KEEPING

We will report/record any overfill, spill, or unauthorized release from a UST system as indicated in this plan.

Recordable Releases: Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:

- The UST operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous substances released;
- A description of the actions taken to control and clean up the release;
- The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

Reportable Releases: Any overfill, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- The UST owner's or operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous materials released;
- The approximate date of the release;
- The date on which the release was discovered;
- The date on which the release was stopped;
- A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water.
- Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;
- A description of additional actions taken to prevent future releases.

We will follow the reporting procedures described above if any of the following conditions occur:

- A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection;
- Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

Record Retention: Monitoring records and written reports of unauthorized releases must be maintained on-site (or off-site at a readily available location, if approved by the local agency) for at least3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

VII. OWNER/OPERATOR SIGNATURE

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

OWNER/OPERATOR SIGNATURE	DATE R70
KSGhuman	02/13/12
OWNER/OPERATOR NAME (print) R71	**OWNER/OPERATOR TITLE R72**
KULJIT S. GHUMAN	OWNER

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

Local Agency Signature: _____ Date: _____

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

(Instructions on reverse side)

For State Use Only

CERTIFICATION OF FINANCIAL RESPONSIBILITY

FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the Required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

☑ 500,000 dollars per occurrence or ☐ 1 million dollars per occurrence

AND

☑ 1 million dollars annual aggregate or ☐ 2 million dollars annual aggregate

B. JOHNNY QUIK #143 *(Name of Tank Owner or Operator)* *hereby certifies that it is in compliance with the requirements of Section 2807, Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.*

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp
State UST Fund	UST Cleanup Fund PO BOX 944212 Sacramento, CA-94244	N/A for UST Cleanup Fund	1 Million per occurrence and Annual Aggregate	State UST Fund Continous	Yes	Yes
Owner/ Operator	Johnny Quik #143 2126 Taft Hwy Bakersfield, CA 93313	N/A for this mechanism	$5000 per occurrence and Annual Aggregate	Annual	Yes	Yes

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance with all conditions for participation in the Fund.

D. Facility Name	Facility Address
Johnny Quik #143	2126 TAFT HWY Bakersfield CA-93313
Facility Name	Facility Address
Facility Name	Facility Address

E. Signature of Tank Owner or Operator	Date	Name and Title of Tank Owner or Operator
K S Ghuman	02/25/08	KULJITS GHUMAN, OWNER
Signature of Witness or Notary	Date	Name of Witness or Notary
E Ghuman		EVANGELINE GHUMAN

CFR (Revised 04/95) FILE: Original - Local Agency Copies - Facility/Site(s)

INSTRUCTIONS

CERTIFICATION OF FINANCIAL RESPONSIBILITY

Please type or print information clearly. All UST sites owned or operated may be listed on one form, therefore, a separate certification is not required for each site.

DOCUMENT INFORMATION

A.	**Coverage Required**	Check the appropriate boxes.
B.	**Name of Tank Owner or Operator**	Full name of either the tank owner or the operator.
C.	**Mechanism Type**	Indicate which approved mechanism(s) are being used to show financial responsibility either as contained in the federal regulations, 40 CFR Part 280 Subpart H, Sections 280.93 through 280.107, or Section 2808.1 Chapter 18, Div. 3, Title 23, CCR (see Financial Responsibility Guide for more information).
	Name of Issuer	List all names and address of companies and/or individuals issuing coverage.
	Mechanism Number	List identifying number for each mechanism used. Example: insurance policy number, Letter of Credit number, etc., etc. If using the State Cleanup Fund, leave blank.
	Coverage Amount	Indicate amount of coverage for each listed mechanism. If more than one mechanism is indicated, total must equal 100% of financial responsibility for each site.
	Coverage Period	Indicate the effective date(s) of all mechanisms. State Cleanup Fund coverage is continuous as long as you maintain compliance and remain eligible to participate in the Fund.
	Corrective Action	Indicate yes or no. Does the specified financial assurance mechanism provide coverage for corrective action? It is a required coverage. If using the State Cleanup Fund, indicate "yes."
	Third Party Compensation	Indicate yes or no. Does the specified financial assurance mechanism provide coverage for corrective action? It is a required coverage. If using the State Cleanup Fund, indicate "yes."
D.	**Facility Information**	Provide all facility and or site names and addresses.
E.	**Signature Block**	Provide signature and date signed by tank owner or operator; printed or typed name and title of tank owner or operator; signature of witness or notary and date signed; and printed or typed name of witness or notary. (If notary signs please attach documentation.)

Where to Mail certification:
Please send original to your local agency(ies) [agency(ies) that issues the UST permits]. Keep a copy of the certification at each listed site.

Questions:
If you have questions about financial responsibility requirements or about the Certification of Financial Responsibility form, please contact the State Water Resources Control Board, Underground Storage Tank Cleanup Fund at (916) 341-5648.

Note: **Penalties for Failure to Comply with Financial Responsibility Requirements:**
Failure to comply may result in: 1) jeopardizing claimant eligibility for the State Cleanup Fund, and 2) liability for civil penalties of up to $10,000 per day, per underground storage tank, for each day of violation as stated in Article 7, Section 25299.76(a) of the California Health and Safety Code.

ACORD™ NOTICE OF INFORMATION PRACTICES (PRIVACY)

AGENCY
Thomco Assoc.Ins.Services,Inc
P.O. Box 9307
4333 North West Avenue
Fresno, CA 93791

Ph: 1-800-713-6342

CODE: 40407-00 SUBCODE: 0001
AGENCY CUSTOMER ID

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)
Kuljit Ghuman
DBA Johnny Quik Foodstore #143
2126 Taft Highway
Bakersfield, CA 93313

TELEPHONE NUMBER
(661) 834-9113

COMPANY
Markel Insurance Company

ACCOUNT NUMBER

POLICY NUMBER	X	NEW	EFFECTIVE DATE	EXPIRATION DATE
MSPQUOTE		RNWL	09/22/06	09/22/07

California Georgia New Jersey Washington
Connecticut Illinois Rhode Island Other:_____
Delaware Nevada Virginia

Privacy Notification.

A credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent amendments and renewals. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing.

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong.

If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent, or, if you have been issued a policy, please write us at the address provided with your policy.

* K Ghuman — APPLICANT/NAMED INSURED'S SIGNATURE
* 09/20/06 — DATE

_____ APPLICANT/NAMED INSURED'S SIGNATURE — DATE

_____ APPLICANT/NAMED INSURED'S SIGNATURE — DATE

_____ APPLICANT/NAMED INSURED'S SIGNATURE — DATE

ACORD 38 (2003/09)

MARKEL INSURANCE COMPANY
SHAND MORAHAN PLAZA
EVANSTON, ILLINOIS 60201

GARAGE COVERAGE PART DECLARATIONS

No. MSP610669

Effective Date: 09/22/06
12:01 A.M., Standard Time

ITEM ONE - Named Insured and Mailing Address/Policy Period - Shown in Policy Declarations.
Form of Business: [X] Individual [ ] Partnership [ ] Corporation [ ] Limited Liab. Co. [ ] Other _____

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to LIABILITY provides coverage for "garage operations".

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Garage Coverage Form shows which autos are covered autos)	LIMIT			PREMIUM
		Each "Accident" "Garage Operations"		Aggregate - "Garage Operations"	
		"Auto" Only	Other Than "Auto" Only	Other Than "Auto" Only	
LIABILITY	29	$ 1,000,000	$ 1,000,000	$ 3,000,000	$ 890
PERSONAL INJURY PROTECTION (P.I.P.)***		SEPARATELY STATED IN EACH P.I.P END. MINUS $ -0- DEDUCTIBLE			$
ADDED P.I.P. (or equivalent added No-Fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P ENDORSEMENT			$
PROPERTY PROTECTION INS. (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS $ DEDUCTIBLE FOR EACH ACCIDENT			$
AUTO MEDICAL PAYMENTS		$			$
MEDICAL PAYMENTS	See CA2505	$ 5,000			$ 8
UNINSURED MOTORISTS (UM)		$			$
UNDERINSURED MOTORISTS (when not included in UM Cov.)		$			$
GARAGEKEEPER'S					
COMPREHENSIVE COVERAGE	30	$ 20,000 EACH LOCATION MINUS $ 1,000 DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO $ 3,000 MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT			$ 109
SPECIFIED CAUSES OF LOSS COVERAGE					$
COLLISION COVERAGE	30	$ 20,000 EACH LOCATION MINUS $ 1,000 DED. FOR EACH COVERED AUTO			$ 99
PHYSICAL DAMAGE					
COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS MINUS { SEE SUPPLEMENTARY SCHEDULE FOR LIMITS AND DEDUCTIBLES }			$
SPECIFIED CAUSES OF LOSS COVERAGE					$
FIRE AND THEFT COVERAGE					$
COLLISION COVERAGE					$
TOWING AND LABOR (Not Available in California)		$ for each disablement of a private passenger auto			$

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE: *

CA0005(07/97), CA0040(02/03), CA0143(02/97), CA0302(12/93), CA2384(01/06)
CA2505(07/97), CA2518(09/98), CA9917(07/97), IL0021(07/02), MCA018(03/00)
MCA023(03/00), MD028(03/99), MIL004(03/00), MIL006(03/00), MIL127(03/00)
MIL140(10/01), PN-CA-TERR(05/04)

PREMIUM FOR ENDORSEMENTS	$
ESTIMATED TOTAL PREMIUM **	$ 1106

THIS DECLARATIONS MUST BE COMPLETED BY THE ATTACHMENT OF SUPPLEMENTARY SCHEDULE

* Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.
** This policy may be subject to final audit.
*** (Or equivalent No-fault coverage.)

Owner Statements of Designated Underground Storage Tank (UST) Operator and Understanding of and Compliance with UST Requirements

Facility Name: Johnny Quik #143	Facility ID #: 3200281003201
Facility Address: 2126 Taft Hwy. Bakersfield, Ca 93313	Reason for Submitting this Form *(Check One)* X Change of Designated Operator
Facility Phone #: (661)834-9113	☐ Update Certificate Expiration Date

Designated UST Operator(s) for this Facility

PRIMARY

Designated Operator's Name: Aaron Koop
Business Name *(If different from above)*: Rich Environmental
Designated Operator's Phone #:(661)392-8687
International Code Council Certification #:5246167-UC

Relation to UST Facility *(Check One)*
☐ Owner ☐ Operator ☐ Employee
X Service Technician ☐ Third-Party
Expiration Date: 11-12-06

ALTERNATE *(Optional)*

Designated Operator's Name: James Rich
Business Name *(If different from above)*: Rich Environmental
Designated Operator's Phone #:(661)392-8687
International Code Council Certification #: 1064166-UC

Relation to UST Facility *(Check One)*
☐ Owner ☐ Operator ☐ Employee
X Service Technician ☐ Third-Party
Expiration Date: 11-12-06

ALTERNATE 2 *(Optional)*

Designated Operator's Name:
Business Name *(If different from above)*:
Designated Operator's Phone #:
International Code Council Certification #:

Relation to UST Facility *(Check One)*
☐ Owner ☐ Operator ☐ Employee
☐ Service Technician ☐ Third-Party
Expiration Date:

NOTE: THE LOCAL REGULATORY AGENCY MUST BE NOTIFIED OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

NAME OF TANK OWNER OR OWNER'S AGENT (Please Print): KULJIT S. GHUMAN

SIGNATURE OF TANK OWNER OR OWNER'S AGENT: KSGhuman

DATE: 12/27/04 OWNER'S PHONE #: 661-834-9113

Designated UST Operator(s) for [redacted]'s Facility

PRIMARY	Relation to UST Facility (*Check One*)
Designated Operator's Name: JAMES RICH	☐ Owner ☐ Operator ☐ Employee
Business Name (*If different from above*): RICH ENVIRONMENTAL	☒ Service Technician ☐ Third-Party
Designated Operator's Phone #: (661)392-8687	Expiration Date: 11-12-06
International Code Council Certification #: 1064166-UC	

ALTERNATE 1 (*Optional*)	Relation to UST Facility (*Check One*)
Designated Operator's Name: AARON KOOP	☐ Owner ☐ Operator ☐ Employee
Business Name (*If different from above*): RICH ENVIRONMENTAL	☒ Service Technician ☐ Third-Party
Designated Operator's Phone #: (661)392-8687	Expiration Date: 11-12-06
International Code Council Certification #: 5246167-UC	

ALTERNATE 2 (*Optional*)	Relation to UST Facility (*Check One*)
Designated Operator's Name: RYAN MASON	☐ Owner ☐ Operator ☐ Employee
Business Name (*If different from above*): RICH ENVIRONMENTAL	☒ Service Technician ☐ Third-Party
Designated Operator's Phone #: (661)392-8687	Expiration Date: 6-13-07
International Code Council Certification #: 5261213-UC	

ALTERNATE 1 (*Optional*)	Relation to UST Facility (*Check One*)
Designated Operator's Name: STEVEN OBERT	☐ Owner ☐ Operator ☐ Employee
Business Name (*If different from above*): RICH ENVIRONMENTAL	☒ Service Technician ☐ Third-Party
Designated Operator's Phone #: (661)392-8687	Expiration Date: 9-7-07
International Code Council Certification #: 5261246-UC	

ALTERNATE 2 (*Optional*)	Relation to UST Facility (*Check One*)
Designated Operator's Name: KEVIN KIRK	☐ Owner ☐ Operator ☐ Employee
Business Name (*If different from above*): RICH ENVIRONMENTAL	☒ Service Technician ☐ Third-Party
Designated Operator's Phone #: (661)392-8687	Expiration Date: 6-18-07
International Code Council Certification #: 5261193-UC	

ALTERNATE 1 (*Optional*)	Relation to UST Facility (*Check One*)
Designated Operator's Name: BRIAN SCOTT	☐ Owner ☐ Operator ☐ Employee
Business Name (*If different from above*): RICH ENVIRONMENTAL	☒ Service Technician ☐ Third-Party
Designated Operator's Phone #: (661)392-8687	Expiration Date: 10-10-07
International Code Council Certification #: 5268644-UC	

ALTERNATE 2 (*Optional*)	Relation to UST Facility (*Check One*)
Designated Operator's Name:	☐ Owner ☐ Operator ☐ Employee
Business Name (*If different from above*):	☐ Service Technician ☐ Third-Party
Designated Operator's Phone #:	Expiration Date:
International Code Council Certification #:	

ALTERNATE 1 (*Optional*)	Relation to UST Facility (*Check One*)
Designated Operator's Name:	☐ Owner ☐ Operator ☐ Employee
Business Name (*If different from above*):	☐ Service Technician ☐ Third-Party
Designated Operator's Phone #:	Expiration Date:
International Code Council Certification #:	

ALTERNATE 2 (*Optional*)	Relation to UST Facility (*Check One*)
Designated Operator's Name:	☐ Owner ☐ Operator ☐ Employee
Business Name (*If different from above*):	☐ Service Technician ☐ Third-Party
Designated Operator's Phone #:	Expiration Date:
International Code Council Certification #:	

Kern County Environmental Health Services Department
2700 M Street, Suite 300
Bakersfield, CA 93301
(661) 862-8700 Fax (661) 862-8701
Certified Unified Program Agency – Underground Storage Tank Program

UST Owner Declaration of Compliance and Identification of Designated UST Operator

Facility and Owner Information

Date:	Facility ID: 320028 / 003201
Tank Owner Name: GHUMAN SINGH KULJIT	Facility Name: JOHNNY QUICK #143
Tank Owner Address: P O BOX 137 PUMPKIN CENTER, CA 93383	Facility Address: 2126 TAFT HWY BAKERSFIELD
Tank Owner Phone: 661-831-9316	**Facility Phone:** 661-834-9113

Designated Operator Information

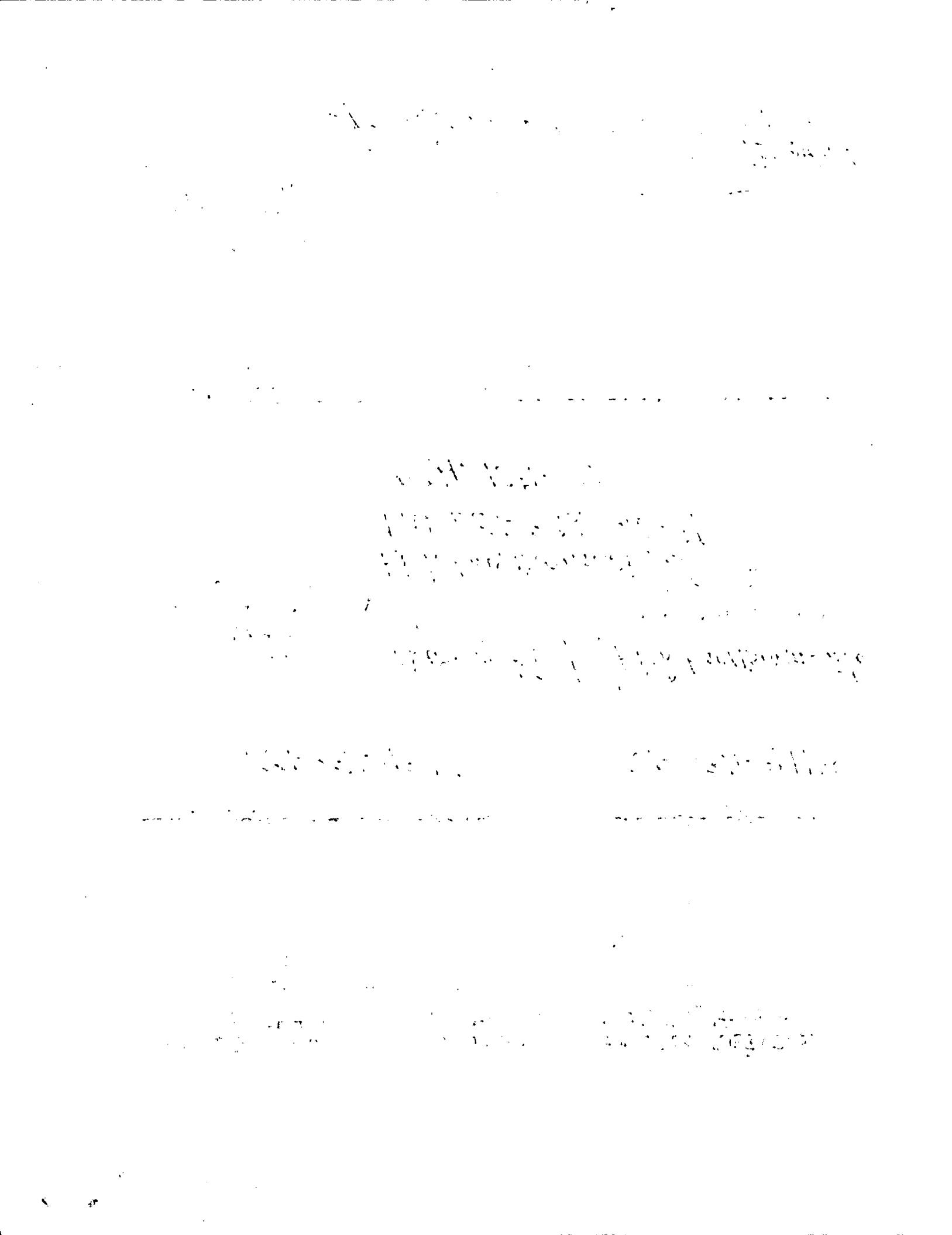
Name of Designated Operator:	Aaron Koop / Rich Environmental
Facility Connection	☐ **Owner** ☐ **Operator** ☐ **Employee** ☑ **Service Tech** ☐ **Other/Third Party**
Business Name / Phone # of Designated Operator (If Service Tech or Third Party)	Rich Environmental Ph: 661-392-8687
California UST Operator Certificate Number, *(issued by ICC):*	5246167-UC

Declaration of Compliance

Owner Declaration: *I hereby designate the above-named individual as the "Designated UST Operator" for this facility. This operator has completed the required certified training and is in possession of the Operator Certificate noted above. This individual will conduct monthly visual inspections of the UST Facility, provide basic on-the-job- training to facility employees every twelve months, and keep records of these activities. It is understood that these tasks must be performed by the Designated Operator and cannot be delegated.*

Furthermore, As the owner of the underground storage tanks at the above-noted facility, I declare, under penalty of perjury, that I understand and am in compliance with all applicable Underground Storage Tank requirements pursuant to the California Health and Safety Code, Chapter 6.7.

Signature of Tank Owner: [signature] 12/27/04



Owner Statements of Designated Underground Storage Tank (UST) Operator and Understanding of and Compliance with UST Requirements

Facility Name: Johnny Quik #143	Facility ID #: 320028/003201
Facility Address: 2126 Taft Hwy. Bakersfield, Ca 93313	Reason for Submitting this Form *(Check One)* X Change of Designated Operator
Facility Phone #: (661)834-9113	☐ Update Certificate Expiration Date

Designated UST Operator(s) for this Facility

PRIMARY

Designated Operator's Name: Aaron Koop
Business Name *(If different from above)*: Rich Environmental
Designated Operator's Phone #:(661)392-8687
International Code Council Certification #:5246167-UC

Relation to UST Facility *(Check One)*
☐ Owner ☐ Operator ☐ Employee
X Service Technician ☐ Third-Party
Expiration Date: 11-12-06

ALTERNATE 1 (Optional)

Designated Operator's Name: James Rich
Business Name *(If different from above)*: Rich Environmental
Designated Operator's Phone #:(661)392-8687
International Code Council Certification #: 1064166-UC

Relation to UST Facility *(Check One)*
☐ Owner ☐ Operator ☐ Employee
X Service Technician ☐ Third-Party
Expiration Date: 11-12-06

ALTERNATE 2 (Optional)

Designated Operator's Name:
Business Name *(If different from above)*:
Designated Operator's Phone #:
International Code Council Certification #:

Relation to UST Facility *(Check One)*
☐ Owner ☐ Operator ☐ Employee
☐ Service Technician ☐ Third-Party
Expiration Date:

NOTE: THE LOCAL REGULATORY AGENCY MUST BE NOTIFIED OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

NAME OF TANK OWNER OR OWNER'S AGENT (Please Print): KULJIT S. GHUMAN

SIGNATURE OF TANK OWNER OR OWNER'S AGENT: KSGhuman

DATE: 12/27/04 OWNER'S PHONE #: 661-834-9113

320028

RECEIVED
AUG - 9 2002

MONITORING PLAN COVER SHEET

FACILITY INFORMATION

Name: JOHNNY QUIK #143

Operator: KULJIT S. GHUMAN Facility ID #: FA0002691

Address: 2126 TAFT HWY

City: BAKERSFIELD State: CA Zip: 93313

TANK OWNER INFORMATION

Name: KULJIT S. GHUMAN

Address: 2126 TAFT HWY

City: BAKERSFIELD State: CA Zip: 93313

** If the tank owner and operator are not the same, an owner/operator agreement form must be completed and submitted to the Kern County Environmental Health Services Department.

PERSON RESPONSIBLE FOR MONITORING

Name: KULJIT S. GHUMAN Title: OWNER

TRAINING

Describe the training necessary for the operation of the UST system, including piping and monitoring equipment:

One or two years College Education.
2 or 3 years work at gas station.
Any technical knowledge will be plus.

SUBMITTED BY

Name: Kuljit S. Ghuman Title: OWNER

Phone: 661-834-9113 Date: 08/7/02

A copy of the monitoring plan is to be kept on site with the Permit to Operate

---

INTERNAL USE ONLY

Approved by: _____ Date: _____

MONITORING REQUIREMENT OPTIONS

TANKS

DOUBLE WALLED (JACKETED) TANKS

The double walled (jacketed) tanks have a continuous leak monitoring system in the annular space. The system is a (EMC) Environmental Management Console Gilbarco EMC (make and model) and is located Inside in office Corner (panel location). The system is connected to an audible and visual alarm. EMC WITH (CBIR) A MAP is attached.

The alarm panel is inspected daily for power and alarm status and is documented on a daily log sheet.

For hydrostatic annular monitoring systems, if monitoring indicates a possible unauthorized release, the presence or absence of hazardous substance in the interstitial space will be determined by _____ (method used).

SINGLE WALLED FIBERGLASS OR CLAD TANKS

The tanks have an automatic tank gauging (ATG) system that is capable of conducting a 0.2 gph leak test. The system is a _____ (make and model) and is located _____ (panel location). The ATG is placed in the test mode at least monthly and after product delivery or when the tank is filled to within 10% of the previous month's highest operating level.

The ATG generates a hard copy (print out) of the test data after each test. The copies are maintained on site or at _____ (an approved location).

SINGLE WALLED INTERIOR LINED AND CATHODICALLY PROTECTED TANKS

The tanks have an automatic tank gauging (ATG) system that is capable of conducting a 0.2 gph leak test. The system is a _____ (make and model) and is located _____ (panel location). The ATG is placed in the test mode at least monthly and after product delivery or when the tank is filled to within 10% of the previous month's highest operating level.

The ATG generates a hard copy (print out) of the test data after each test. The copies are maintained on site or at _____ (an approved location).

The interior lining will be inspected and certified before _____ (ten years from lining date) and every five years there after.

The cathodic protection system will be tested and certified every three years. The rectifier (impressed current systems) is located _____ (panel location). The rectifier is inspected every _____ days (at least every 60 days) for setting, power, and operating hours. The results documented on the inspection log. Records pertaining to the cathodic protection system maintenance are kept for 6 ½ years.

PIPING

DOUBLE WALLED PIPING

The double walled piping has a continuous leak monitoring system in the turbine sump. The system is a Gilbarco EMC with (BIR) (make and model) and is located _____ (panel location). The system is connected to an audible and visual alarm.

The alarm panel is inspected daily for power and alarm status and is documented on a daily log sheet.

- AND -

Positive Shut Down Options for Pressurized Piping

1. The monitoring system does not shut down the turbine when a release is detected. An automatic line leak detector is installed that detects a release equivalent to 3.0 gph. An annual piping integrity test is conducted that detects a release from the primary piping equivalent to 0.1 gph. **OR**

✓ 2. The monitoring system shuts down the turbine when a release is detected. An annual piping integrity test is conducted that detects a release from the primary piping equivalent to 0.1 gph. **OR**

3. The monitoring system shuts down the turbine when a release is detected and if the continuous monitoring system fails or is disconnected.

SINGLE WALLED FIBERGLASS PRESSURIZED PIPING

The single walled pressurized piping has an automatic line leak detector that shuts off the product flow if a release is detected or if the line leak detector fails or is disconnected. The system is a _____ (make and model). The Panel is located _____ (panel location).

- AND -

1. A piping integrity test that is third party certified to detect a release of 0.2 gph is conducted monthly. **OR**

2. A piping integrity test that is third party certified to detect a release of 0.1 gph defined at 150% of normal operating pressure is conducted annually.

SINGLE WALLED METAL PRESSURIZED PIPING CATHODICALLY PROTECTED

The single walled pressurized piping has an automatic line leak detector that shuts off the product flow if a release is detected or if the line leak detector fails or is disconnected. The system is a _____ (make and model). The Panel is located _____ (panel location).

- AND -

3. A piping integrity test that is third party certified to detect a release of 0.2 gph is conducted monthly. **OR**

4. A piping integrity test that is third party certified to detect a release of 0.1 gph defined at 150% of normal operating pressure is conducted annually.

The cathodic protection system will be tested and certified every three years. The rectifier (impressed current systems) is located _____ (panel location). The rectifier is inspected every _____ days (at least every 60 days) for setting, power, and operating hours. The results documented on the inspection log. Records pertaining to the cathodic protection system maintenance are kept for 6 ½ years.

SINGLE WALLED SUCTION PIPING

The single walled suction piping is monitored daily for the presence of air in the line and is documented by completion of the daily inspection log.

- AND -

All check valves and pumps are installed above grade, and an inspection method is provided to readily demonstrate this. **OR**

A check valve is installed below grade, and a piping integrity test, that is third party certified to detect a release of 0.1 gph defined at 150% of normal operating pressure, is conducted at least once every three years.

(Any metal suction piping must also meet the same cathodic protection requirements as pressurized piping)

SINGLE WALLED GRAVITY PIPING

A piping integrity test that is third party certified to detect a release of 0.1 gph defined at 150% of normal operating pressure is conducted at least once every two years.

(Any metal gravity piping must also meet the same cathodic protection requirements as pressurized piping)

DISPENSER PANS

The dispenser pans are monitored using a continuous leak monitoring system. The system is a Gilbarco (EMC) (make and model) and is connected to an audible and visual alarm. The system is located Inside in the office (panel location).

The alarm panel is inspected daily for power and alarm status and is documented on a daily log sheet. **OR**

The dispenser pans are monitored using a continuous leak monitoring system. The system is a _____ (make and model) and stops the flow of product at the dispenser when a leak in detected.

- AND -

Positive Shut Down Options for Dispenser Pans

4. The monitoring system does not shut down the turbine when a release is detected. An automatic line leak detector is installed that detects a release equivalent to 3.0 gph. An annual piping integrity test is conducted that detects a release from the primary piping equivalent to 0.1 gph. **OR**

✓5. The monitoring system shuts down the turbine when a release is detected. An annual piping integrity test is conducted that detects a release from the primary piping equivalent to 0.1 gph. **OR**

6. The monitoring system shuts down the turbine when a release is detected and if the continuous monitoring system fails or is disconnected.

- OR -

Dispenser pans will be installed before December 31, 2003 with an approved monitoring. The monitoring plan will be updated and approved at the time of installation.

OVERFILL AND SPILL PREVENTION

Each tank fill opening is equipped with an approved spill prevention container of minimum five gallon capacity. The container is equipped with a drain valve to permit spilled hazardous material to be drained into the tank primary containment.

- AND -

Each tank fill opening is equipped with an approved overfill prevention device which cannot allow manual override and alerts the transfer operator when the tank is 90% full by restricting the flow into the tank or by triggering an audible and visual alarm. **OR**

Each tank fill opening is equipped with an approved overfill prevention device which cannot allow manual override and restricts the flow to the tank at least 30 minutes prior to tank overfill, the restriction occurs at no more than 95% of the tank capacity and triggers an audible and visual alarm at least five minutes prior to tank overfill. **OR**

Each tank fill opening is equipped with an approved overfill prevention device which cannot allow manual override and provides positive shut-off (100%) of flow to the tank when the tank is no more than 95 % full.

MONITORING EQUIPMENT MAINTENANCE (All facilities)

Equipment and devices used to monitor the UST system will be calibrated, operated, and maintained in accordance with the manufacturer's instructions, including routine maintenance and service checks at least once per calendar year for operability or running condition. The Kern County Environmental Health Services Department will be notified at least two working days prior to the annual certification and the results submitted within 30 days.

SECONDARY CONTAINMENT TESTING

The secondary containment systems (i.e. tanks, piping, turbine (piping) sumps, fill sumps, and dispenser pans) will be tested every 36 months with the first test completed before January 1, 2003.

ENHANCED LEAK DETECTION MONITORING

This facility is located within 1000 feet of a public drinking water well and has at least one component that is single walled (i.e. tank, piping, or no dispenser pan). The tank system will be tested using an approved Enhanced Leak Detection program within 18 months of notification from the State and every 36 months thereafter.

RECORD RETENTION

Written monitoring records will be maintained on site or at 2126 TAFT HWY (an approved location) for the following periods of time:

Three years for monitoring and maintenance records

Five years for written performance claims pertaining to release detection systems and calibration/maintenance records for such systems.

6 ½ years for cathodic protection maintenance records.

RECTIFIER - 60 DAY INSPECTION LOG N/A

Facility Name: _____ Permit #: _____

Address: _____

Rectifier Make & Model: _____

Installer: _____ Installation Date: _____

Inspection Schedule	Date	Inspector	Rectifier Settings		D C Outputs		Clock Hour Readings	Remarks
			Coarse	Fine	Volts	Amps		
Initial								
2 Months								
4 Months								
6 Months								
6 month inspection report is required from a Cathodic Protection Tester								
8 Months								
10 Months								
12 Months								
14 Months								
16 Months								
18 Months								
20 Months								
22 Months								
24 Months								
26 Months								
28 Months								
30 Months								
32 Months								
34 Months								
36 Months								
3 year inspection report required from a Cathodic Protection Tester								
Normal Ranges								

If there appears to be a problem with the system, note the problem under remarks and call for assistance.

Records on cathodic protection are to be maintained for 6 1/2 years

KERN COUNTY
ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

CONTINUOUS MONITORING DEVICE (EMC)
DAILY INSPECTION FORM

Permit #: 014040 Month/Year: 08/01/02

Facility Name: JOHNNY QUIK #143

Date	Time	Initials	Power On/Off	Alarm On/Off	Comments
08/1/02	9:15	K	on	off	Normal
8/2/02	9:10	K	on	off	normal
8/3/02	9:00	K	on	off	Normal
8/4/02	9:30	K	on	off	normal
8/5/02	9:00	K	on	off	Normal
8/6/02	9:30	K	on	off	normal
8/7/02	10:00	K	on	off	Normal

Totals $ 2764.39 $ 0.00 $ 2764.39 $ 0.00

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DAY REPORT

Day # 0918 01/07/02 10:15 TO Current PRINTED: 01/08/02 09:28

JOHNNY QUIK #143
TCR-15 2126 TAFT HWY.
BAKERSFIELD CA 93313

CONSOLE Ver: 30.0.11
SYSTEM Ver: 85.0.19

SALES SUMMARY

Revenue					
Sales					
Fuel Sales	Volume	%-of-Sales		Sales	
UNLEAD	2282.886	81.07%	$	2098.04	
P-PLUS	195.200	8.29%	$	214.53	
P-PREM	229.678	10.64%	$	275.37	
Total Fuel	2707.764	100.00%			$ 2587.94
Net Manual Fuel Sales					0.00
Prepaids					
Prepaids Started			$	1022.43	
Prepaids Completed				1022.43	
Net Prepaids					0.00
Net Department Sales					1795.29
Net Car Wash Sales					29.84
Total Sales					$ 4413.07
Other Revenue					
Taxes Collected on					
$ 678.63	taxable sales		$	48.98	
Paid In				0.00	
Fees on Debit Sales				0.00	
Total Other Revenue					48.98
Total Revenue					$ 4462.05
Expenses					
Paid Out			($	236.07)	
Refunds to Cash				0.00	
Refunds to Credit				0.00	
Refunds to Debit				0.00	
Refunds to Proprietary Fleet				0.00	
Refunds to Local Credit				0.00	
Cash Back on Debit			(	40.00)	
Total Expenses					(236.07)
Total Money Due					$ 4225.98
Fuel Adjustments					
Driveoffs					0.00

EMERGENCY RESPONSE PLAN FORM
UNDERGROUND STORAGE TANK MONITORING PROGRAM

Facility Name: JOHNNY QUIK #143

Facility Address: 2126 TAFT HWY BAKERSFIELD, CA -93313

1. If an unauthorized release occurs, how will the hazardous substance be cleaned up?

Note: If released hazardous substances reach the environment, increase the fire or explosion hazard, are not cleaned up from the secondary containment within 8 hours, or deteriorate the secondary containment, the Kern County Environmental Health Services Department must be notified within 24 hours.

For small spills of gas, we use cat litter or soaking sand. After that, we will sweep it off with broom. For major spill, I'll call a Company, who does this kind of service.

2. Describe the proposed methods and equipment to be used for removing and properly disposing of any hazardous substances.

Suction pumps, sweeping brooms and soaking sand etc.

3. Describe the location and availability of the required cleanup equipment in item 2 above.

2126 TAFT HWY, open 24 hours.

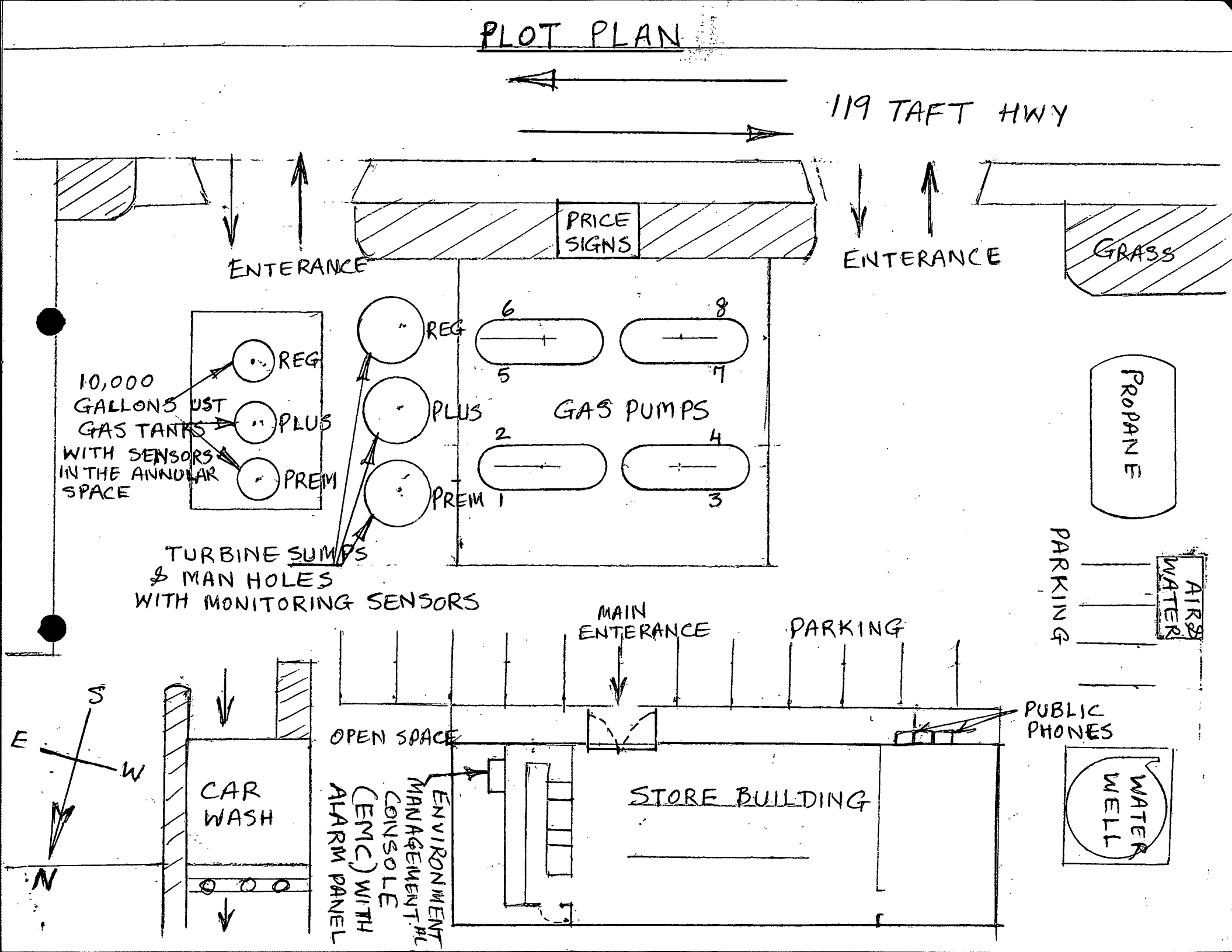
4. Describe the maintenance schedule for the cleanup equipment.

Periodic maintenance is done.

5. List the name(s) and title(s) of the person(s) responsible for authorizing any work necessary under the response plan:

KULJIT S. GHUMAN (OWNER)
SURINDER S. GHUMAN (EMPLOYEE)
JASWINDER SINGH (EMPLOYEE)

PLOT PLAN


119 TAFT HWY
ENTERANCE
PRICE SIGNS
ENTERANCE
GRASS
10,000 GALLONS UST GAS TANKS WITH SENSORS IN THE ANNULAR SPACE
REG
PLUS
PREM
TURBINE SUMPS & MAN HOLES WITH MONITORING SENSORS
REG
PLUS
PREM
6
8
5
7
GAS PUMPS
2
4
1
3
PROPANE
PARKING
AIR & WATER
MAIN ENTERANCE
PARKING
PUBLIC PHONES
OPEN SPACE
S
E
W
N
CAR WASH
ENVIRONMENTAL MANAGEMENT CONSOLE (EMC) WITH ALARM PANEL
STORE BUILDING
WATER WELL

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

STEVE McCALLEY, R.E.H.S., Director
2700 "M" STREET, SUITE 300
Bakersfield, CA 93301-2370
Voice: (805) 862-8700
FAX: (805) 862-8701
TTY Relay: 1-800-735-2929

RESOURCE MANAGMENT AGENCY

DAVID PRICE III, RMA DIRECTOR
Engineering & Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

UGP-3-618 (5) Violations

Date: 2/20/98
Time In: 9:30 AM

CERTIFIED UNIFIED PROGRAM AGENCY INSPECTION FORM

Employee ID: KHO9

Record ID	Prog/Elc	Svc	Result	Action	Insp Min.	Facility Violation
	CA00	110	53	15	15 (1/4hr)	TR01 BP03
	CS00	110	52	01	30 (1/4hr)	TR02
	CB00	110	53	15	15 (1/4hr)	BP01
						BP02

PROGRAM/ELEMENT
CA00 AST CS00 UST
CB00 Business Plan
CG00 Generator/Tiered
CP00 C.U.P.A.

SERVICE CODES
110 Routine Inspection
108 Followup Inspection

RESULT CODES
51 Inspection Refused
52 No Viol/Compl achieved
53 Minor Viol. Observed
54 Major Viol. Observed

ACTION CODES
01 No Action/in compliance
03 Refer to Env Health
15 No Re-inspection required

ENVISION FACILITY ID NO.: 04 3201
FACILITY NAME: Johnny Quick Texaco
FACILITY LOCATION: 2126 Taft Hwy
TEL. NO.(DAY): 834-9113
(24 HR) 834-9113

TYPE OF INSP.: ☒ Routine ☐ Re-insp. ☐ Complaint

INSPECTING AGENCY:
☐ EHSD ☐ KCFD ☐ AG ☒ WAM

PROGRAMS INSPECTED: ☒ Business Plan ☐ HW Generator ☒ UST ☐ AGT

REINSPECTION REQUIRED: ☐ NO ☐ YES ☐ Buniness Plan ☐ HW Generator ☐ UST ☐ AGT

CONSENT: Consent to conduct inspection which may involve obtaining photographs, review and copying of records, and determination of compliance with UST, AGT, and hazardous materials/waste handling requirements.

☒ Granted ☐ Refused By (Name/Title): Owner/Mgr UST Attendant Reason (if refused): _____

GENERAL REQUIREMENTS

YES	NO	N/A	VIOL. #	
				TRAINING
☐	☒	☐	TR01	Facility has appropriate training program (Title 19 CCR 2732 & 22 CCR 66265.16)
☐	☒	☐	TR02	Training documentation is maintained on site for current personnel(Title 19 CCR 2732 & 22 CCR 66265.16)
				CONTINGENCY/EMERGENCY PLAN
☒	☐	☒	ER01	Contingency plan is complete, updated, and maintained on site (HSC 25504, Title 19 CCR 2731 & 22 CCR & 66265.53/54)
☒	☐	☐	ER02	Facility is operated and maintained to prevent/minimize/mitigate fire, explosion, or release of hazardous materials/waste constituents to the environment. Maintains all required or appropriate equipment including an alarm and communications system (Title 19 CCR 2731 & 22 CCR 66265.31-.34)

BUSINESS PLAN

YES	NO	N/A	VIOL. #	
☐	☒	☐	BP01	Business plan is current & available during inspection (HSC 25503.5, Title 19 CCR 2729)
☒	☒	☐	BP02	Inventory of hazardous materials is complete (HSC 25504, Title 19 CCR 2729)

YES NO N/A VIOL. # Hazardous Waste Generator (continued)

WASTE DISCHARGE

☐ ☐ ☐ WD01 Facility has a washrack, drain, or sump. Status: ☐ active ☐ closed

☐ ☐ ☐ WD02 Are above activities in compliance. (closed looped system or connected to sewer)

UNDERGROUND STORAGE TANK (UST)

Permit No. BF 3201

PERMITTED TANKS 3

UNPERMITTED TANKS 0

Owner & operator as indicated on permit: ☒ YES ☐ NO

If no, new owner name & address: _____

MONITORING CODES

1. No monitoring
2. Standard Inventory Control
3. Modified Inventory Control
4. Statistical Inventory Rec.
5. Automatic tank gauge (list type)
6. Continuous monitoring in tank annular space/secondary containment
7. Visual monitoring
8. Manual monitoring annular space
9. Temporarily abandoned under permit
10. Another method

YES NO N/A VIOL. #

PERMITTING

☒ ☐ ☐ UT01 Site has a permit to operate (HSC 25284)

☒ ☐ ☐ UT02 Permit is kept on the premises (KCOC 8.48.080)

☐ ☐ ☒ UT03 Change of ownership is reported to the permitting agency within 30 days (HSC 25284(c))

☒ ☐ ☐ UT04 All UST(s) are properly permitted to operate or properly closed (HSC 25298, KCOC 8.48.270)

MONITORING

☒ ☐ ☐ UT05 UST(s) monitored using method specified on the permit or approved by the permitting agency (HSC 25293, KCOC 8.48.140) **(Designat monitoring code(s) observed** 5 , _____ , _____ **)**

☒ ☐ ☐ UT06 Monitoring records are provided to regulatory agency upon request (KCOC 8.48.035/.140)

☒ ☐ ☐ UT07 Automatic line leak detection system is installed & kept operational for all pressurized piping (HSC 25292)

☒ ☐ ☐ UT08 An annual report is submitted to regulatory agency (KCOC 8.48.130)

☒ ☐ ☐ UT09 Tank tightness test and/or piping test is being performed as required (Title 23 CCR)

☒ ☐ ☐ UT10 Alarm Response Plan submitted for electronically monitored tank system (Title 23 CCR 2632/34)

☒ ☐ ☐ UT11 Facility maintains evidence of Financial Responsibility for corrective action and for compensating third parties for bodily injury/ property damage caused by a release from the tank system (HSC 25292, KCOC 8.48.175)

ABOVEGROUND PETROLEUM STORAGE TANK ACT

No. of Tanks: _____ Product Stored: ☐ Diesel ☐ Gasoline ☐ Crude oil

Total Volume: _____ bbls or gals ☐ Others _____

Note: SPCC required for tanks with total storage capacity of ≥ 10,000 gallons = 240 bbls ; for farms, nurseries, construction sites individual storage capacity of >20,000 gal or total storage capacity of >100,000 gallons.

YES NO N/A VIOL. #

☐ ☐ ☐ AT01 SPCC Plan is prepared and certified by a registered engineer within last 3 yrs.

☐ ☐ ☐ AT02 SPCC Plan is maintained on site or nearest field office.

*Gilbarco G. Site

SUMMARY OF OBSERVATIONS/VIOLATIONS

☐ No violations of underground tank, hazardous materials inventory, and hazardous waste laws, regulations, and requirements were discovered. KCEHSD greatly appreciates your efforts to comply with all the laws and regulations applicable to your facility.

☒ Violations were observed/discovered as listed below. All violations must be corrected by implementing the corrective action listed by each violation. If you disagree with any of the violations or proposed action, please inform KCEHSD in writing.

All minor violations must be corrected within 30 days or as specified. KCEHSD must be informed in writing certifying that compliance has been achieved. A false statement that compliance has been achieved is a violation of the law and punishable by a fine of not less than $2,000 or more than $25,000 for each violation. Your facility may be reinspected at any time.

You may request a meeting with KCEHSD Program Manager to discuss the inspection findings and/or proposed corrective actions. The issuance of this Summary of Violations does not preclude KCEHSD from taking administrative, civil, or criminal action as a result of the violations noted or that have not been corrected within the time specified.

	VIOLATIONS. NO.	MINOR	MAJOR	CORRECTIVE ACTION REQUIRED
TR0	1	✓		Need to do annual training of employees
ER0				
BP0	1		✓	Not available right now/ available at office &
	2	✓		No hard copy available on Inventory; computerized
	3	✓		Available at corporate office.
GT0				
WD0				
UT0				
AT0				

COMMENTS:

Insp. Agency Rep.: Leo Mendez Facility Rep.: K Gutierrez

Date: 2/20/98 Title: owner

g:\hazmat\cupinsp.2 & Beal Properties 5790 E. Kl... (209) 291-8672

ATTACHMENT A

State of California
State Water Resources Control Board

For Regulatory Agency Use Only

320028

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:

[X] 500,000 dollars per occurrence or [ ] 1 million dollars per occurrence

AND

[X] 1 million dollars annual aggregate or [ ] 2 million dollars annual aggregate

6 1994

B. Jeet Sahal hereby certifies that it is in compliance with the requirements of Section 2807, Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.

(Name of Tank Owner or Operator)

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp.
Kern Co. California	Allied Group Robert Lyons Co, P.O. Box 1966 Bakersfield, Ca. 93303	ACPRAS 78000 78468	1 MM	8-23-93 8-23-94	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	Facility Address
Johnny Quik Food Store, #143	2126 Taft Hwy. Bakersfield, CA 93383
Facility Name	Facility Address
Facility Name	Facility Address
Facility Name	Facility Address
Facility Name	Facility Address

E. Signature of Tank Owner or Operator	Date	Name and Title of Tank Owner or Operator
APS Grewal	May 04, 94	APS GREWAL
Signature of Witness or Notary	Date	Name of Witness or Notary
Hossam Khiralla	05-04-94	HOSSAM KHIRALLA

CFR(04/92) FILE: Original – Local Agency Copies – Facility/Site(s)

INSTRUCTIONS

CERTIFICATION OF FINANCIAL RESPONSIBILITY FORM

Please type or print clearly all information on Certification of Financial Responsibility form. All UST facilities and/or sites owned or operated may be listed on one form; therefore a separate certificate is not required for each site.

DOCUMENT INFORMATION

A. **Amount Required** - Check the appropriate boxes.

B. **Name of Tank Owner or Operator** - Full name of either the tank owner or the operator.

C. **Mechanism Type** - Indicate which State approved mechanism(s) are being used to show financial responsibility either as contained in the federal regulations, 40 CFR, Part 280, Subpart H, Sections 280.90 through 280.103 (See Financial Rponsibility Guide, for more information), or Section 2808.1, Chapter 18, Division 3, Title 23, CCR.

Name of Issuer - List all names and addresses of companies and/or individuals issuing coverage.

Mechanism Number - List identifying number for each mechanism used. Example: insurance policy number or file number as indicated on bond or document. (If using State Cleanup Fund (State Fund) leave blank.)

Coverage Amount - Indicate amount of coverage for each type of mechanism(s). If more than one mechanism is indicated, total must equal 100% of financial responsibility for each facility.

Coverage Period - Indicate the effective date(s) of all financial mechanism(s). (State Fund coverage would be continuous as long as you maintain compliance and remain eligible to continue participation in the Fund.)

Corrective Action - Indicate yes or no. Does the specified financial mechanism provide coverage for corrective action? (If using State Fund, indicate "yes".)

Third Party Compensation - Indicate yes or no. Does the specified financial mechanism provide coverage for third party compensation? (If using State Fund, indicate "yes".)

D. **Facility Information** - Provide all facility and/or site names and addresses.

E. **Signature Block** - Provide signature and date signed by tank owner or operator; printed or typed name and title of tank owner or operator; signature of witness or notary and date signed; and printed or typed name of witness or notary (if notary signs as witness, please place notary seal next to notary's signature).

Where to Mail Certification:
Please send original to your local agency (agency who issues your UST permits). Keep a copy of the certification at each facility or site listed on the form.

Questions:
If you have questions on financial responsibility requirements or on the Certification of Financial Responsibility Form, please contact the State UST Cleanup Fund at (916) 227-4307.

Note: Penalties for Failure to Comply with Financial Responsibility Requirements:
Failure to comply may result in: (1) jeopardizing claimant eligibility for the State UST Cleanup Fund, and (2) liability for civil penalties of up to $10,000 dollars per day, per underground storage tank, for each day of violation as stated in Article 7, Section 25299.76(a) of the California Health and Safety Code.

KERN COUNTY RESOURCE MANAGEMENT AGENC

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT
2700 "M" STREET, SUITE 300, BAKERSFIELD, CA. 93301
(805)861-3636

UNDERGROUND HAZARDOUS SUBSTANCE STORAGE FACILITY
* INSPECTION REPORT *

PERMIT# 320028C TIME IN 10:45A TIME OUT _____ NUMBER OF TANKS: 3
PERMIT POSTED? YES _____ NO X INSPECTION DATE: 6-8-92
TYPE OF INSPECTION: ROUTINE X REINSPECTION _____ COMPLAINT _____

FACILITY NAME: JOHNNY QUICK FOOD STORE
FACILITY ADDRESS: 2126 TAFT HIGHWAY
BAKERSFIELD, CA
OWNERS NAME: JOHNNY QUICK FOOD STORE
OPERATORS NAME: JOHNNY QUICK FOOD STORE
COMMENTS: _____

ITEM	VIOLATIONS/OBSERVATIONS
1. PRIMARY CONTAINMENT MONITORING: a. Intercepting an directing system b. Standard Inventory Control c. Modified Inventory Control d. In-tank Level Sensing Device e. Groundwater Monitoring f. Vadose Zone Monitoring	N/A
2. SECONDARY CONTAINMENT MONITORING: a. Liner (b) Double-Walled tank c. Vault	Alarm installed - functioning Properly - Need to be checking daily. left forms.
3. PIPING MONITORING: a. Pressurized b. Suction c. Gravity	Check line leak detector for compliance annually.
4. OVERFILL PROTECTION:	installed - need to be cleaned out
5. TIGHTNESS TESTING	N/A
6. NEW CONSTRUCTION/MODIFICATIONS	None
7. CLOSURE/ABANDONMENT	None
8. UNAUTHORIZED RELEASE	unknown
9. MAINTENANCE, GENERAL SAFETY, AND OPERATING CONDITION OF FACILITY	O.K.

COMMENTS/RECOMMENDATIONS _____

REINSPECTION SCHEDULED? ___ yes X no APPROXIMATE REINSPECTION DATE: _____
INSPECTOR: Laurel Funk REPORT RECEIVED BY: _____

KERN COUNTY AIR POLLUTION CONTROL DISTRICT

2700 "M" Street, Suite 275
Bakersfield, CA. 93301
(805) 861-3682

PHASE I VAPOR RECOVERY INSPECTION FORM

Station Name Johnny Quik Market #43 Location 2126 Taft Hwy. P/O # 81670010-012

Company Mailing Address P.O. Box 78137 City Pumpkin Center

Date 6-8-92 Phone ______ System Type: [✓ Sep. Riser] / Coaxial

Inspector Laurel Funk Notice Rec'd By ______

		TANK #1	TANK #2	TANK #3	TANK #4
1.	PRODUCT (UL, PUL, P, or R)	UL	ULt	PUL	
2.	TANK LOCATION REFERENCE	South	Center	North	
3.	BROKEN OR MISSING VAPOR CAP		✓		
4.	BROKEN OR MISSING FILL CAP				
5.	BROKEN CAM LOCK ON VAPOR CAP				
6.	FILL CAPS NOT PROPERLY SEATED				
7.	VAPOR CAPS NOT PROPERLY SEATED				
8.	GASKET MISSING FROM FILL CAP	X			
9.	GASKET MISSING FROM VAPOR CAP				
10.	FILL ADAPTOR NOT TIGHT				
11.	VAPOR ADAPTOR NOT TIGHT				
12.	GASKET BETWEEN ADAPTOR & FILL TUBE MISSING / IMPROPERLY SEATED				
13.	DRY BREAK GASKETS DETERIORATED		✓		
14.	EXCESSIVE VERTICAL PLAY IN COAXIAL FILL TUBE				
15.	COAXIAL FILL TUBE SPRING MECHANISM DEFECTIVE				
16.	TANK DEPTH MEASUREMENT	147"	146"	145"	
17.	TUBE LENGTH MEASUREMENT	141"	143"	140½"	
18.	DIFFERENCE (SHOULD BE 6" OR LESS)	6"	3"	4½"	
19.	OTHER ______				

20. COMMENTS: ______

☆ **WARNING:** SYSTEMS MARKED WITH A CHECK ABOVE ARE IN VIOLATION OF KERN COUNTY AIR POLLUTION CONTROL DISTRICT RULE(S) 209, 412 AND/OR 412.1. THE CALIFORNIA HEALTH & SAFETY CODE SPECIFIES PENALTIES OF UP TO $1,000.00 PER DAY FOR EACH VIOLATION. TELEPHONE (805) 861-3682 CONCERNING FINAL RESOLUTION OF THE VIOLATION(S) ☆☆☆

APCD FILE

9149-1010

KERN COUNTY AIR POLLUTION CONTROL DISTRICT

2700 "M" Street, Suite 275

Bakersfield, CA. 93301

(805) 861-3682

PHASE II VAPOR RECOVERY INSPECTION FORM

Station Location 2126 Taft Hwy. P/O # 86700010-012

Company Address P.O. Box 73137 City Pumpkin Center Zip 93383

Contact Balram Sandhu Phone _____ System Type: (BA) RJ HI HE GH HA

Inspector Samuel Funk Date 6-8-92 Notice Rec'd By _____

	NOZZLE #	1A	1B	1C	2A	2B	2C	3A	3B	3C	4A	4B	4C	5A	5B	5C	
	GAS GRADE	UL	ULT	PUL	UL	ULT	PUL	UL	ULT	PUL	UL	ULT	PUL	UL	ULT	PUL	
	NOZZLE TYPE	OPW 11VF	EW 4001	RA 4001	EW 4001	EW 4001	EW 4001	4001	4001	RA 4001	RA 4001	A 4001	A 4001	A 4001	OPW 11VF	OPW 11VF	
	Hold open latch	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
NOZZLE	1. CERT. NOZZLE																
	2. CHECK VALVE																
	3. FACE SEAL																
	4. RING, RIVET																
	5. BELLOWS																
	6. SWIVEL(S)																
	7. FLOW LIMITER (EW)																
VAPOR HOSE	1. HOSE CONDITION																
	2. LENGTH																
	3. CONFIGURATION																
	4. SWIVEL																
	5. OVERHEAD RETRACTOR																
	6. POWER/PILOT ON																
	7. SIGNS POSTED	M	M	M	OK	OK	OK M	M	M	M	OK	OK	OK				

Key to system types:
BA=Balance HE=Healey
RJ=Red Jacket GH=Gulf Hasselmann
HI =Hirt HA =Hasstech

Key to deficiencies: NC= not certified, B= broken
M= missing, TO= torn, F= flat, TN= tangled
AD= needs adjustment, L= long, LO= loose,
S= short MA= misaligned, K= kinked, FR= frayed.

** INSPECTION RESULTS **

1A	1B	1C	2A	2B	2C	3A	3B	3C	4A	4B	4C	5A	5B	5C	
7	7	7	OK	OK	OK	7	7	7	OK	OK	OK				

Key to inspection results: Blank= OK, 7= Repair within seven days, T= Tagged (nozzle tagged out-of-order until repaired)
U= Taggable violation but left in use.

COMMENTS: _____

VIOLATIONS: SYSTEMS MARKED WITH A "T OR U" CODE IN INSPECTION RESULTS, ARE IN VIOLATION OF KERN COUNTY AIR POLLUTION CONTROL DISTRICT RULE(S) 412 AND/OR 412.1. THE CALIFORNIA HEALTH & SAFETY CODE SPECIFIES PENALTIES OF UP TO $1,000.00 PER DAY FOR EACH DAY OF VIOLATION. TELEPHONE (805) 861-3682 CONCERNING FINAL RESOLUTION OF THE VIOLATION.

NOTE: CALIFORNIA HEALTH & SAFETY CODE SECTION 41960.2, REQUIRES THAT THE ABOVE LISTED 7-DAY DEFICIENCIES BE CORRECTED WITHIN 7 DAYS. FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION

9149-1015

APCD FILE

KERN COUNTY AIR POLLUTION CONTROL DISTRICT

2700 "M" Street, Suite 275

Bakersfield, CA. 93301

(805) 861-3682

PHASE II VAPOR RECOVERY INSPECTION FORM

Station Location 2126 Taft Hwy P/O # 86700010-012

Company Address _____ City _____ Zip _____

Contact _____ Phone _____ System Type: BA RJ HI HE GH HA

Inspector Laurel Funk Date _____ Notice Rec'd By _____

	NOZZLE #	6A	6B	6C	7A	7B	7C	8A	8B	8C						
	GAS GRADE	UL	ULT	PUL	UL	ULT	PUL	UL	ULT	PUL						
	NOZZLE TYPE	RA HOSE	→							RA HOSE						
	Hold Open Latch	Y	Y	Y	Y	Y	Y	Y	Y	Y						
NOZZLE	1. CERT. NOZZLE															
	2. CHECK VALVE															
	3. FACE SEAL															
	4. RING, RIVET															
	5. BELLOWS															
	6. SWIVEL(S)															
	7. FLOW LIMITER (EW)															
VAPOR HOSE	1. HOSE CONDITION															
	2. LENGTH															
	3. CONFIGURATION															
	4. SWIVEL															
	5. OVERHEAD RETRACTOR															
	6. POWER/PILOT ON															
	7. SIGNS POSTED	M	M	M				M	M	M						

Key to system types:
BA=Balance HE=Healey
RJ=Red Jacket GH=Gulf Hasselmann
HI=Hirt HA=Hasstech

Key to deficiencies: NC= not certified, B= broken
M= missing, TO= torn, F= flat, TN= tangled
AD= needs adjustment, L= long, LO= loose,
S= short MA= misaligned, K= kinked, FR= frayed.

** INSPECTION RESULTS **

7	7	7				7	7	7								

Key to inspection results: Blank= OK, 7= Repair within seven days, T= Tagged (nozzle tagged out-of-order until repaired)
U= Taggable violation but left in use.

COMMENTS: _____

VIOLATIONS: SYSTEMS MARKED WITH A "T OR U" CODE IN INSPECTION RESULTS, ARE IN VIOLATION OF KERN COUNTY AIR POLLUTION CONTROL DISTRICT RULE(S) 412 AND/OR 412.1. THE CALIFORNIA HEALTH & SAFETY CODE SPECIFIES PENALTIES OF UP TO $1,000.00 PER DAY FOR EACH DAY OF VIOLATION. TELEPHONE (805) 861-3682 CONCERNING FINAL RESOLUTION OF THE VIOLATION.

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RESPONSE CHECKLIST

Specialist reviewing the information returned: Laurel Funk

Date questionnaire was returned: 8-14-91

Facility Permit Number: 320028

Tanks located at the facility: 3

Was a reply received for each substance code assigned to the facility?

X Yes _____ No

Does the facility need to provide additional information in order for the monitoring alternative to be acceptable? _____ Yes X No

Describe what information is required:

_____

_____

_____

The monitoring alternative picked by the facility representative is acceptable for the facility tanks. X Yes _____ No

(The monitoring alternative will be viewed as unacceptable if the alternative was not appropriate for the type of tank described on the facility profile or within the facility file. Example: The facility may wish to use the visual alternative for a tank that is not vaulted, or the tank size is not appropriate for the type of inventory monitoring chosen.)

Additional Comments:

_____

_____

_____

_____

_____

Information has been reviewed and placed within the database:

Date entered within the database: 8/20/91

Entered by (name): Jane Warren

AEG:cas
\response.lis

ENCLOSURE CHECKLIST

Facility Johnny Quik #143

Permit # 320028 C

This checklist is provided to ensure that all necessary packet enclosures were received. Please complete this form and return it to the Kern County Environmental Health Services Department, along with the Monitoring Alternatives Questionnaire, within 30 days of receipt.

CHECK

YES	NO	The packet I received contained:
✓		1. Cover letter.
✓		2. Facility Profile Sheet (provides Facility Permit Number and information on the underground storage tanks and piping, as provided on the application). The substance code in Column #2 should be referenced when reviewing the Monitoring Alternatives Fact Sheets and Questionnaires.
✓		3. A Monitoring Alternatives and Upgrade Requirements Fact Sheet for each substance code referenced on the Facility Profile Sheet.
✓		4. A Monitoring Alternatives Questionnaire for each substance code referenced on the Facility Profile Fact Sheet.

Signature of Person Completing the Checklist Steve Carlton

Title RPM

Date 8-14-91

(green\chklst.1)

MONITORING ALTERNATIVES QUESTIONNAIRE FOR MVF 6 FACILITY TANKS

Facility Name: JOHNNY K UNK 143

Facility Address: 2126 TAFT HIGHWAY

Owner's Name: WESTERN CONVENIENCE STORES

Owner's Address: PO BOX 25249 FRESNO CA 93725

Operator's Name: BALBIR SHERGILL

Permit Number (obtained from the facility profile sheet): 320028C

Number of Tanks which have been assigned the MVF6 Code: 3

All information has been received and reviewed and the following summarizes the monitoring alternative which I have picked for the MVF 6 tanks at this facility. I realize that the monitoring alternative must be approved by the local agency before implementation. (Place an X next to the alternative picked).

_____ 1. **VISUAL MONITORING** will be utilized. (I can inspect the exterior of all tanks, without using extraordinary personnel protective equipment).

__X__ 2. **CONTINUOUS MONITORING WITHIN THE INTERSTITIAL SPACE** of each tank. It will be connected to an audible and visual alarm system.

_____ 3. **CONTINUOUS MONITORING WITHIN THE INTERSTITIAL SPACE. The facility has already installed a continuous monitoring device within the annular space, of each tank, which are connected to an audible and visual alarm.**

Provide information on the continuous monitoring device:

System Manufacturer: _____

System Model No.: _____

Date Installed: _____

Name of person completing this form: Steve Carlton

Title: _____ Date: 8-14-91

AEG:ch
greem\question

CR 3201

SWRCB. January 2002 Page ____ of ____

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Shell	Date of Testing:	6/7/2013
Facility Address:	2126 Taft Highway, Bakersfield, CA		
Facility Contact:	Jerry Hale	Phone:	661-864-1023
Date Local Agency Was Notified of Testing :	6/4/2013		
Name of Local Agency Inspector *(if present during testing)*:	None		

2. TESTING CONTRACTOR INFORMATION

Company Name:	Confidence UST Services		
Technician Conducting Test:	Bryan A Self		
Credentials:	x CSLB Licensed Contractor	SWRCB Licensed Tank Tester	
License Type:	CSLB	License Number:804904	

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
UST Installaton/Retrofit		11/22/2013
UST Service technician	ICC	1/28/2015
Star. Smith. Fibercast	Fiber Glass Systems	N.A.

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
87 Annular	X	☐	☐	☐	UDC 7-8	X	☐	☐	☐
91 Annular	X	☐	☐	☐	87 Fill Spill Bucket	X	☐	☐	☐
Diesel Annular	X	☐	☐	☐	87 Vapor Spill Bucket	X	☐	☐	☐
87 Secondary Line	X	☐	☐	☐	91 Fill Spill Bucket	X	☐	☐	☐
91 Secondary Line	X	☐	☐	☐	91 Vapor Spill Bucket	X	☐	☐	☐
Diesel Secondary Line	X	☐	☐	☐	Diesel Fill Spill Bucket	X	☐	☐	☐
87 STP	X	☐	☐	☐		☐	☐	☐	☐
91 STP	X	☐	☐	☐		☐	☐	☐	☐
Diesel STP	X	☐	☐	☐		☐	☐	☐	☐
UDC 1-2	X	☐	☐	☐		☐	☐	☐	☐
UDC 3-4	X	☐	☐	☐		☐	☐	☐	☐
UDC 5-6	X	☐	☐	☐		☐	☐	☐	☐

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

Water was put back into test trailer and waste drum

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: Bryan A Self Date: 6/7/2013

4. TANK ANNULAR TESTING

Test Method Developed By:	☐ Tank Manufacturer ☐ Other *(Specify)*	x Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	x Vacuum	☐ Hydrostatic
Test Equipment Used: Calibrated Gages		Equipment Resolution:0.0625"	

	Tank # 87	Tank # 91	Tank # Diesel	Tank #
Is Tank Exempt From Testing?[1]	☐ Yes X No	☐ Yes X No	☐ Yes X No	☐ Yes ☐ No
Tank Capacity:	10,000	10,000	10,000	
Tank Material:	Steel	Steel	Steel	
Tank Manufacturer:	Modern Welding	Modern Welding	Modern Welding	
Product Stored:	87	91	Diesel	
Wait time between applying pressure/vacuum/water and starting test:	5 min.	5 min.	5 min.	
Test Start Time:	9:00am	9:00am	9:00am	
Initial Reading (R_I):	-10 Hg	-10 Hg	-10 Hg	
Test End Time:	10:00am	10:00am	10:00am	
Final Reading (R_F):	-10 Hg	-10 Hg	-10 Hg	
Test Duration:	1 Hour	1 Hour	1 Hour	
Change in Reading (R_F-R_I):	0.00"	0.00"	0.00"	
Pass/Fail Threshold or Criteria:	0.00"	0.00"	0.00"	
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**
Was sensor removed for testing?	X Yes ☐ No ☐ NA	X Yes ☐ No ☐ NA	X Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No X NA	☐ Yes ☐ No X NA	☐ Yes ☐ No X NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer ☐ Other *(Specify)*	x Industry Standard	☐ Professional Engineer
Test Method Used:	x Pressure ☐ Other *(Specify)*	☐ Vacuum	☐ Hydrostatic
Test Equipment Used: Calibrated Gages		Equipment Resolution:0.0625"	

	Piping Run # 87	**Piping Run # 91**	**Piping Run # Diesel**	**Piping Run #**
Piping Material:	FRP	FRP	FRP	
Piping Manufacturer:	Smith	Smith	Smith	
Piping Diameter:	3.00"	3.00"	3.00"	
Length of Piping Run:	100'	100'	100'	
Product Stored:	87	91	Diesel	
Method and location of piping-run isolation:	Test Boot	Test Boot	Test Boot	
Wait time between applying pressure/vacuum/water and starting test:	5 min.	5 min.	5 min.	
Test Start Time:	9:10am	9:10am	9:10am	
Initial Reading (R_I):	5.00" psi	5.00" psi	5.00" psi	
Test End Time:	10:10am	10:10am	10:10am	
Final Reading (R_F):	5.00" psi	5.00" psi	5.00" psi	
Test Duration:	1 Hour	1 Hour	1 Hour	
Change in Reading (R_F-R_I):	0.00"	0.00"	0.00"	
Pass/Fail Threshold or Criteria:	0.00"	0.00"	0.00"	
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

6. PIPING SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer ☐ Other *(Specify)*	x Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	x Hydrostatic
Test Equipment Used: Ts-sts		Equipment Resolution:	

	Sump # 87	Sump # 91	Sump # Diesel	Sump #
Sump Diameter:	37.00"	37.00"	37.00"	
Sump Depth:	51.00"	55.00"	53.00"	
Sump Material:	FRP	FRP	FRP	
Height from Tank Top to Top of Highest Piping Penetration:	15.00"	10.00"	10.00"	
Height from Tank Top to Lowest Electrical Penetration:	19.00"	17.00"	18.00"	
Condition of sump prior to testing:	Clean & Dry	Clean & Dry	Clean & Dry	
Portion of Sump Tested[1]	High Penetration	High Penetration	High Penetration	
Does turbine shut down when sump sensor detects liquid (both product and water)?*	☐ Yes ☐ No XNA	☐ Yes ☐ No XNA	☐ Yes ☐ No XNA	☐ Yes ☐ No ☐ NA
Turbine shutdown response time	N/A	N/A	N/A	
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No XNA	☐ Yes ☐ No XNA	☐ Yes ☐ No XNA	☐ Yes ☐ No ☐ NA
Was fail-safe verified to be operational?*	☐ Yes ☐ No XNA	☐ Yes ☐ No XNA	☐ Yes ☐ No XNA	☐ Yes ☐ No ☐ NA
Wait time between applying pressure/vacuum/water and starting test:	5 Min	5 Min	5 Min	
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	X Pass ☐ Fail	X Pass ☐ Fail	X Pass ☐ Fail	☐ Pass ☐ Fail
Was sensor removed for testing?	☐ Yes ☐ No X NA	☐ Yes ☐ No X NA	☐ Yes ☐ No X NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No X NA	☐ Yes ☐ No X NA	☐ Yes ☐ No X NA	☐ Yes ☐ No ☐ NA

See INCON Results

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer ☐ Other *(Specify)*	x Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	x Hydrostatic
Test Equipment Used: Ts-sts		Equipment Resolution:	

	UDC # 1-2	UDC # 3-4	UDC # 5-6	UDC # 7-8
UDC Manufacturer:	Western	Western	Western	Western
UDC Material:	FRP	FRP	FRP	FRP
UDC Depth:	27.00"	27.00"	27.00"	27.00"
Height from UDC Bottom to Top of Highest Piping Penetration:	10.00"	10.00"	10.00"	10.00"
Height from UDC Bottom to Lowest Electrical Penetration:	13.00"	13.00"	13.00"	13.00"
Condition of UDC prior to testing:	Clean & Dry	Clean & Dry	Clean & Dry	Clean & Dry
Portion of UDC Tested[1]	High Penetration	High Penetration	High Penetration	High Penetration
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	☐Yes ☐No XNA	☐Yes ☐No XNA	☐Yes ☐No XNA	☐Yes ☐No XNA
Turbine shutdown response time	N/A	N/A	N/A	N/A
Is system programmed for fail-safe shutdown?*	☐Yes ☐No XNA	☐Yes ☐No XNA	☐Yes ☐No XNA	☐Yes ☐No XNA
Was fail-safe verified to be operational?*	☐Yes ☐No XNA	☐Yes ☐No XNA	☐Yes ☐No XNA	☐Yes ☐No XNA
Wait time between applying pressure/vacuum/water and starting test	5 Min	5 Min	5 Min	5 Min
Test Start Time:				
Initial Reading (R_I):		**See INCON Results**		
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	**X Pass ☐Fail**	**X Pass ☐Fail**	**X Pass ☐Fail**	**X Pass ☐Fail**
Was sensor removed for testing?	X Yes ☐No ☐NA	X Yes ☐No ☐NA	X Yes ☐No ☐NA	X Yes ☐No ☐NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐No XNA	☐ Yes ☐No XNA	☐ Yes ☐No XNA	☐ Yes ☐No XNA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps X			
Fill Riser Containment Sumps are Present, but were Not Tested ☐			
Test Method Developed By:	☐ Sump Manufacturer	☐ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Fill Sump #	**Fill Sump #**	**Fill Sump #**	**Fill Sump #**
Sump Diameter:				
Sump Depth:				
Height from Tank Top to Top of Highest Piping Penetration:				
Height from Tank Top to Lowest Electrical Penetration:				
Condition of sump prior to testing:				
Portion of Sump Tested				
Sump Material:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Is there a sensor in the sump?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes ☐			
Spill/Overfill Containment Boxes are Present, but were Not Tested ☐			
Test Method Developed By:	☐ Spill Bucket Manufacturer	x Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	x Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: Ts-sts		Equipment Resolution:	

	Spill Box # 87 Fill	Spill Box # 87 Vapor	Spill Box # 91 Fill	Spill Box #91 Vapor
Bucket Diameter:	16.00"	16.00"	16.00"	16.00"
Bucket Depth:	13.50"	17.00"	16.00"	17.00"
Wait time between applying pressure/vacuum/water and starting test:	5 min.	5 min.	5 min.	5 min.
Test Start Time:	11:00am	11:00am	11:00am	11:00am
Initial Reading (R_I):	10.50"	10.50"	10.50"	10.25"
Test End Time:	12:00pm	12:00pm	12:00pm	12:00pm
Final Reading (R_F):	10.50"	10.50"	10.50"	10.25"
Test Duration:	1 Hour	1 Hour	1 Hour	1 Hour
Change in Reading (R_F-R_I):	0.00"	0.00"	0.00"	0.00"
Pass/Fail Threshold or Criteria:	0.0625"	0.0625"	0.0625"	0.0625"
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes ☐			
Spill/Overfill Containment Boxes are Present, but were Not Tested ☐			
Test Method Developed By:	☐ Spill Bucket Manufacturer ☐ Other *(Specify)*	x Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	x Hydrostatic
Test Equipment Used: Ts-sts		Equipment Resolution:	

	Spill Box # Diesel	**Spill Box #**	**Spill Box #**	**Spill Box #**
Bucket Diameter:	15.00"			
Bucket Depth:	14.00"			
Wait time between applying pressure/vacuum/water and starting test:	5 min.			
Test Start Time:	11:00am			
Initial Reading (R_I):	10.25"			
Test End Time:	12:00pm			
Final Reading (R_F):	10.25"			
Test Duration:	1 Hour			
Change in Reading (R_F-R_I):	0.00"			
Pass/Fail Threshold or Criteria:	0.0625"			
Test Result:	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**	**☐ Pass ☐ Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

SHELL
2126 TAFT HWY
BAKERSFIELD CA
661-846-1023
WO-30969

06/07/2013 8:49 AM

SUMP LEVEL REPORT

SUMP DSL-STP	4.764 IN
SUMP 91-STP	3.096 IN
SUMP 87-STP	2.801 IN

SHELL
2126 TAFT HWY
BAKERSFIELD CA
661-846-1023
WO-30969

06/07/2013 9:04 AM

SUMP LEAK TEST REPORT

DSL-STP

TEST STARTED	8:49 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	4.7640 IN
END TIME	9:04 AM
END DATE	06/07/2013
END LEVEL	4.7617 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

91-STP

TEST STARTED	8:49 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	3.0964 IN
END TIME	9:04 AM
END DATE	06/07/2013
END LEVEL	3.0962 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

87-STP

TEST STARTED	8:49 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	2.8014 IN
END TIME	9:04 AM
END DATE	06/07/2013
END LEVEL	2.8013 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SHELL
2126 TAFT HWY
BAKERSFIELD CA
661-846-1023
WO-30969

06/07/2013 9:21 AM

SUMP LEAK TEST REPORT

DSL-STP

TEST STARTED	9:06 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	4.7616 IN
END TIME	9:21 AM
END DATE	06/07/2013
END LEVEL	4.7603 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91-STP

TEST STARTED	9:06 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	3.0962 IN
END TIME	9:21 AM
END DATE	06/07/2013
END LEVEL	3.0958 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

87-STP

TEST STARTED	9:06 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	2.8014 IN
END TIME	9:21 AM
END DATE	06/07/2013
END LEVEL	2.8022 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SHELL
2126 TAFT HWY
BAKERSFIELD CA
661-846-1023
WO-30969

06/07/2013 9:45 AM

SUMP LEAK TEST REPORT

DSL-STP

TEST STARTED	9:30 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	4.7606 IN
END TIME	9:45 AM
END DATE	06/07/2013
END LEVEL	4.7595 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91-STP

TEST STARTED	9:30 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	3.0961 IN
END TIME	9:45 AM
END DATE	06/07/2013
END LEVEL	3.0955 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

87-STP

TEST STARTED	9:30 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	2.8054 IN
END TIME	9:45 AM
END DATE	06/07/2013
END LEVEL	2.7631 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

SHELL
2126 TAFT HWY
BAKERSFIELD CA
661-846-1023
WO-30969

06/07/2013 10:43 AM

SUMP LEAK TEST REPORT

UDC 1-2

TEST STARTED	10:27 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	3.4849 IN
END TIME	10:43 AM
END DATE	06/07/2013
END LEVEL	3.4845 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 3-4

TEST STARTED	10:27 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	1.5781 IN
END TIME	10:43 AM
END DATE	06/07/2013
END LEVEL	1.5773 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 5-6

TEST STARTED	10:27 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	1.9582 IN
END TIME	10:43 AM
END DATE	06/07/2013
END LEVEL	1.9591 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 7-8

TEST STARTED	10:27 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	3.3804 IN
END TIME	10:43 AM
END DATE	06/07/2013
END LEVEL	3.3804 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SHELL
2126 TAFT HWY
BAKERSFIELD CA
661-846-1023
WO-30969

06/07/2013 11:02 AM

SUMP LEAK TEST REPORT

UDC 1-2

TEST STARTED	10:47 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	3.4843 IN
END TIME	11:02 AM
END DATE	06/07/2013
END LEVEL	3.4842 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 3-4

TEST STARTED	10:47 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	1.5774 IN
END TIME	11:02 AM
END DATE	06/07/2013
END LEVEL	1.5774 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 5-6

TEST STARTED	10:47 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	1.9591 IN
END TIME	11:02 AM
END DATE	06/07/2013
END LEVEL	1.9593 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 7-8

TEST STARTED	10:47 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	3.3807 IN
END TIME	11:02 AM
END DATE	06/07/2013
END LEVEL	3.3778 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

SHELL
2126 TAFT HWY
BAKERSFIELD CA
661-846-1023
WO-30969

06/07/2013 11:18 AM

SUMP LEAK TEST REPORT

UDC 1-2

TEST STARTED	11:03 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	3.4842 IN
END TIME	11:18 AM
END DATE	06/07/2013
END LEVEL	3.4845 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 3-4

TEST STARTED	11:03 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	1.5774 IN
END TIME	11:18 AM
END DATE	06/07/2013
END LEVEL	1.5769 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 5-6

TEST STARTED	11:03 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	1.9593 IN
END TIME	11:18 AM
END DATE	06/07/2013
END LEVEL	1.9592 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 7-8

TEST STARTED	11:03 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	3.3788 IN
END TIME	11:18 AM
END DATE	06/07/2013
END LEVEL	3.3710 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

SHELL
2126 TAFT HWY
BAKERSFIELD CA
661-846-1023
WO-30969

06/07/2013 11:37 AM

SUMP LEAK TEST REPORT

UDC 1-2

TEST STARTED	11:21 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	3.4843 IN
END TIME	11:37 AM
END DATE	06/07/2013
END LEVEL	3.4842 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 3-4

TEST STARTED	11:21 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	1.5770 IN
END TIME	11:37 AM
END DATE	06/07/2013
END LEVEL	1.5766 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 5-6

TEST STARTED	11:21 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	1.9587 IN
END TIME	11:37 AM
END DATE	06/07/2013
END LEVEL	1.9591 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC 7-8

TEST STARTED	11:21 AM
TEST STARTED	06/07/2013
BEGIN LEVEL	3.4254 IN
END TIME	11:37 AM
END DATE	06/07/2013
END LEVEL	3.4248 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

49605

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

3201

Facility Name: JOHNNY QUICK Bldg. No.:

Site Address: 2126 TAFT HWY. City: BAKERSFIELD Zip: 93313

Facility Contact Person: MR. KOOL Contact Phone No.: (661) 834-9113

Make/Model of Monitoring System: TLS-350 Date of Testing/Servicing: 2/14/2013

B. Inventory of Equipment Tested/Certified

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

Tank ID: REGULAR 87

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: PREMIUM 91

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: DIESEL

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:

- ☐ In-Tank Gauging Probe. Model:
- ☐ Annular Space or Vault Sensor. Model:
- ☐ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1/2

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3/4

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5/6

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7/8

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ 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): STEVEN OBERT Signature:

Certification No.: A28531 / 8029980-UC License. No.: C61/ D40 A HAZ 809850

Testing Company Name: RICH ENVIRONMENTAL Phone No.: (661) 392-8687

Testing Company Address: 5643 BROOKS CT. BAKERSFIELD, CA. 93308 Date of Testing/Servicing: 2/14/2013

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D. Results of Testing/Servicing

Software Version Installed: 332.00

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☒ Yes	☐ No* ☐ 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)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ 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? %
☐ Yes*	☒ 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.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section E below, describe how and when these deficiencies were or will be corrected.**

E. Comments:

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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:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In 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:

☒ Yes	☐ No* ☐ 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: ☒ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☒ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

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I. Results of Vacuum/Pressure Monitoring Equipment Testing

This page should be used to document testing and servicing of vacuum and pressure interstitial sensors. A copy of this form must be included with the Monitoring System Certification Form, which must be provided to the tank system owner/operator. The owner/operator must submit a copy of the Monitoring System Certification Form to the local agency regulating UST systems within 30 days of test date.

Manufacturer: N/A	Model:	System Type: ☐ Pressure; ☐ Vacuum

Sensor ID	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail

How was interstitial communication verified?
☐ Leak Introduced at Far End of Interstitial Space;[1] ☐ Gauge; ☐ Visual Inspection; ☐ Other *(Describe in Sec. J, below)*

Was vacuum/pressure restored to operating levels in all interstitial spaces? ☐ Yes ☐ No *(If no, describe in Sec. J, below)*

J. Comments: N/A

[1] If the sensor successfully detects a simulated vacuum/pressure leak introduced in the interstitial space at the furthest point from the sensor, vacuum/pressure has been demonstrated to be communicating throughout the interstice.

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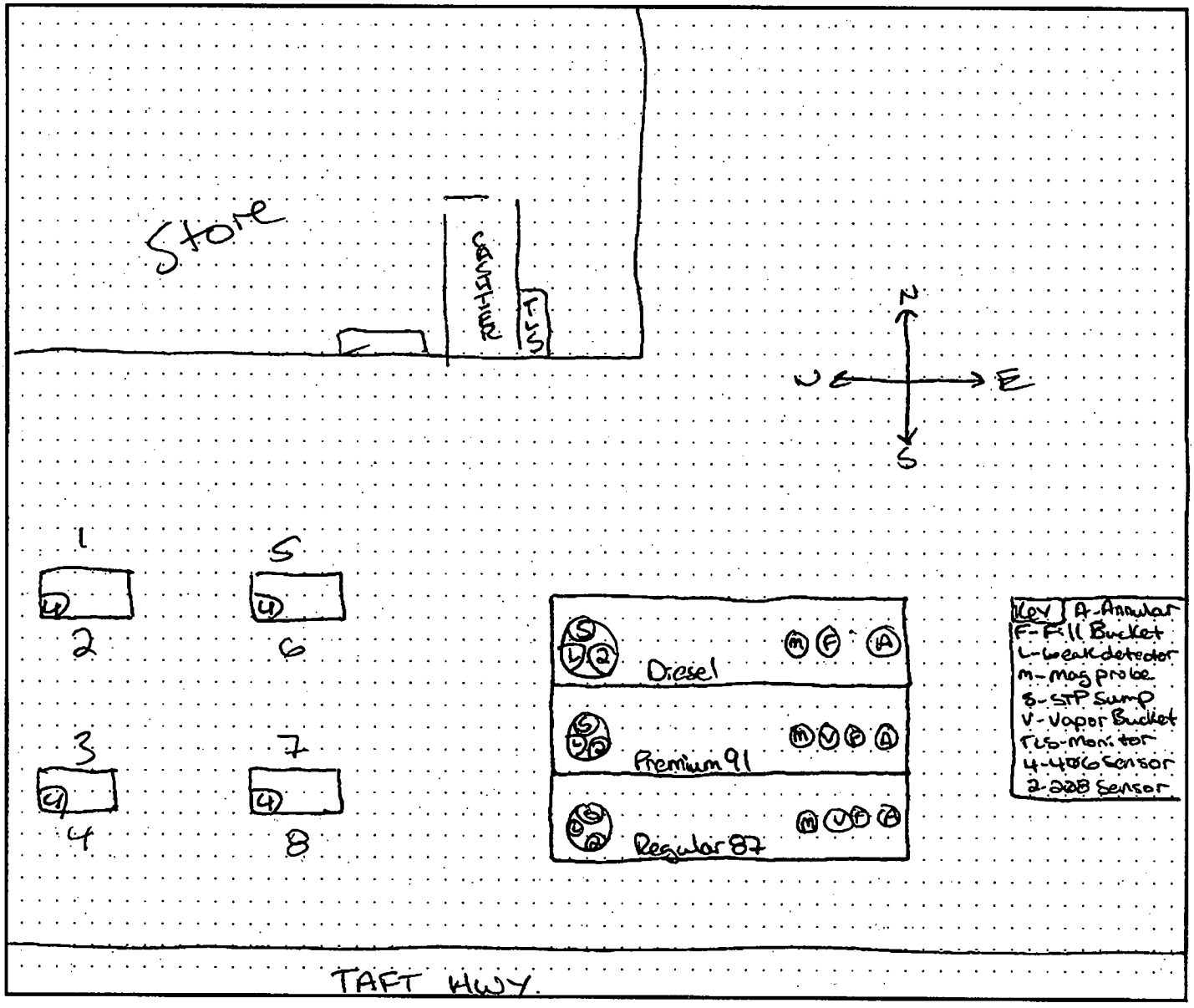
UST Monitoring Site Plan

Site Address: **2126 TAFT HWY. BAKERSFIELD, CA.**



Date map was drawn: 2/14/2013.

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.

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RICH ENVIRONMENTAL
5643 BROOKS CT. BAKERSFIELD, CA. 93308
OFFICE (661)392-8687 FAX (661)392-0621

PRODUCT LINE LEAK DETECTOR TEST

WORK SHEET

W/0#: _____

FACILITY NAME: JOHNNY QUICK

FACILITY ADDRESS: 2126 TAFT HWY. BAKERSFIELD

PRODUCT LINE TYPE: PRESSURE

PRODUCT	LEAK DETECTOR TYPE SERIAL NUMBER	TEST BELOW 3 G.P.H.	TRIP P.S.I.	PASS OR FAIL
REG87	L/D TYPE : RED JACKET SERIAL # 2347	YES	10	PASS
PREM91	L/D TYPE : RED JACKET SERIAL # 1262	YES	10	PASS
DIESEL	L/D TYPE : RED JACKET SERIAL # 3246	YES	10	PASS
	L/D TYPE : __ SERIAL # __	YES NO		PASS FAIL

I CERTIFY THE ABOVE TESTS WERE CONDUCTED ON THIS DATE ACCORDING TO RED JACKET PUMPS FIELD TEST APPARATUS TESTING PROCEDURE AND LIMITATIONS. THE MECHANICAL LEAK DETECTOR TEST PASS / FAIL IS DETERMINED BY USING A LOW FLOW THRESHOLD TRIP RATE OF 3 GALLONS PER HOUR OR LESS AT 10 P.S.I. I ACKNOWLEDGE THAT ALL DATA COLLECTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TECHNICIAN: STEVEN OBERT

SIGNATURE: _____ **DATE:** 02/14/13

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SWRCB, January 2006

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:	JOHHNY QUICK	Date of Testing:	2/14/13
Facility Address:	2126 TAFT HWY. BAKERSFIELD		
Facility Contact:	MR. KOOL	Phone:	(661) 834-9113
Date Local Agency Was Notified of Testing :	1/11/13		
Name of Local Agency Inspector *(if present during testing)*:	JEFFREY MARSHAL		

2. TESTING CONTRACTOR INFORMATION

Company Name:	RICH ENVIRONMENTAL
Technician Conducting Test:	STEVEN OBERT
Credentials[1]:	☐ CSLB Contractor X ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)* _____
License Number(s):	8029980-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	X Hydrostatic	☐ Vacuum	☐ Other	
Test Equipment Used: VISUAL			Equipment Resolution: 0.00	
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	**1 REG 87-FILL**	**2 PREM91-FILL**	**3 DIESEL**	**4**
Bucket Installation Type:	X Direct Bury ☐ Contained in Sump	X Direct Bury ☐ Contained in Sump	X 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:	30 MIN	30 MIN	30 MIN	
Test Start Time (T_I):	0900	0900	0900	
Initial Reading (R_I):	10"	10"	10"	
Test End Time (T_F):	1000	1000	1000	
Final Reading (R_F):	10"	10"	10"	
Test Duration ($T_F - T_I$):	1-HOUR	1-HOUR	1-HOUR	
Change in Reading ($R_F - R_I$):	0	0	0	
Pass/Fail Threshold or Criteria:	+/- 0.00	+/- 0.00	+/- 0.00	
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ 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: 02/14/13

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

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:87 ANNULAR
ANNULAR SPACE

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:91 ANNULAR
ANNULAR SPACE

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:DSL ANNULAR
ANNULAR SPACE

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:87 STP
STP SUMP

ALARM HISTORY REPORT

-- SENSOR ALARM -----
L
OTHER SENSORS

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 8:
OTHER SENSORS

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:91 STP
STP SUMP
FUEL ALARM
JUN 19, 2012 8:05 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:DSL STP
STP SUMP
FUEL ALARM
JUN 19, 2012 7:53 AM

* * * * * END * * * * *

ARCHIVE UTILITY
- - - - - - - - - - - - -
SAVE SETUP DATA:
END TIME:
FEB 14, 2013 9:05:49 AM
BYTES : 12160

----- SENSOR ALARM -----
L 4:87 STP
STP SUMP
FUEL ALARM
FEB 14, 2013 9:14 AM

ARCHIVE UTILITY
- - - - - - - - - - - - -
SAVE SETUP DATA:
START TIME:
FEB 14, 2013 9:04:14 AM

----- SENSOR ALARM -----
L 5:91 STP
STP SUMP
FUEL ALARM
FEB 14, 2013 9:15 AM

----- SENSOR ALARM -----
L 6:DSL STP
STP SUMP
FUEL ALARM
FEB 14, 2013 9:16 AM

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----- SENSOR ALARM -----
L 1:87 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 14, 2013 9:1

----- SENSOR ALARM -----
L 2:91 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 14, 2013 9:1

----- SENSOR ALARM -----
L 3:DSL ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 14, 2013 9:1

JOHNNY QUICK 143
2126 TAFT HWY
BAKERSFIELD CA 93
661-834-9113

FEB 14, 2013 9:2

SYSTEM STATUS R
- - - - - - - - -
L 1:FUEL ALARM

L 2:FUEL ALARM

L 3:FUEL ALARM

JOHNNY QUICK 143
2126 TAFT HWY
BAKERSFIELD CA 9
661-834-9113

FEB 14, 2013 9:

SYSTEM STATUS
- - - - - - - - -
L 1:FUEL ALARM

L 2:FUEL ALARM

LEAK TEST METHOD

TEST ON DATE : ALL TANK
MAY 27, 2011
START TIME : DISABLED
TEST RATE :0.20 GAL/HR
DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
NORMAL

LIQUID SENSOR SETUP

L 1:87 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:91 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 3:DSL ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 4:87 STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 5:91 STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 6:DSL STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

[redacted]:87
[redacted]E:
STANDARD
NORMALLY CLOSED

TANK #: 1

LIQUID SENSOR ALMS
L 1:FUEL ALARM
L 4:FUEL ALARM
L 1:SENSOR OUT ALARM
L 4:SENSOR OUT ALARM

ISD SITE ALARMS
ISD GROSS PRES FAIL
ISD DEGRD PRES FAIL
ISD VAPOR LEAK FAIL
ISD VP PRES FAIL
ISD VP STATUS FAIL

ISD HOSE ALARMS
ALL:FLOW COLLECT FAIL

R 2:91
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 2

LIQUID SENSOR ALMS
L 2:FUEL ALARM
L 5:FUEL ALARM
L 2:SENSOR OUT ALARM
L 5:SENSOR OUT ALARM

ISD SITE ALARMS
ISD GROSS PRES FAIL
ISD VAPOR LEAK FAIL
ISD VP PRES FAIL
ISD VP STATUS FAIL

ISD HOSE ALARMS
ALL:FLOW COLLECT FAIL

R 3:DSL
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 3

LIQUID SENSOR ALMS
L 3:FUEL ALARM
L 6:FUEL ALARM
L 3:SENSOR OUT ALARM
[redacted]:SENSOR OUT ALARM

SMARTSENSOR SETUP

s 1:CARBON CANISTOR
CATEGORY VAPOR VALVE

s 2:VAPOR PRESSURE
CATEGORY VAPOR PRESSURI

s 3:DISP 1-2 AFM
CATEGORY AIR FLOW METEF

s 4:DISP 3-4 AFM
CATEGORY AIR FLOW METER

s 5:DISP 5-6 AFM
CATEGORY AIR FLOW METER

s 6:DISP 7-8 AFM
CATEGORY AIR FLOW METER

s 8:ATM
[redacted]

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EVR/ISD[redacted]TUP

EVR TYPE: BALANCE

BALANCE NOZZLE TYPE
VST

VAPOR PROCESSOR TYPE
VEEDER-ROOT POLISHER

ANALYSIS TIMES
TIME: 10:00 AM
DELAY MINUTES: 1

ACCEPT HIGH ORVR:
DISABLED

ISD HOSE TABLE

ID	FP	FL	HL	AA	RI
01	01	01	02	01	0:
02	02	02	02	01	0:
03	03	03	02	02	0:
04	04	04	02	02	0:
05	05	05	02	03	0:
06	06	06	02	03	0:
07	07	07	02	04	0:
08	08	08	02	04	0:

ISD AIRFLOW METER MAP

ID	SERIAL NUM	LABEL
1	54188	DISP 1-
2	54184	DISP 3-
3	54186	DISP 5-
4	54207	DISP 7-

ISD FUEL GRADE HOSE M

	1	2	3	4		
FP	MHH	MHH	MHH	MHH	AA	
01	201	101	901	3	U	1
02	202	102	902	3	U	1
03	203	103	903	3	U	2
04	204	104	904	3	U	2
05	305	105	205	U	U	3
06	306	106	206	U	U	3
07	307	107	207	U	U	4
08	308	108	208	U	U	4

LABEL TABLE

1: UNASSIGNED
2: BLEND3
3: REGULAR
4: MID GRADE
5: PREMIUM
6: GOLD
7: BRONZE
8: SILVER
9: BLEND2
10: BLEND4

SOFTWARE REVISION
VERSION 332.00
SOFTWARE# 346332-1
CREATED - 11.05.27

S-MODULE# 330160-0
SYSTEM FEATURES:
PERIODIC IN-TANK
ANNUAL IN-TANK T
ISD/APM

ALARM HISTORY REPO

---- IN-TANK ALARM

T 1:UNL87

OVERFILL ALARM
DEC 24, 2012 5:56
DEC 5, 2012 5:06
OCT 21, 2012 4:44

LOW PRODUCT ALARM
JUN 6, 2012 5:12
JUN 1, 2012 10:07
MAY 29, 2012 4:52

DELIVERY NEEDED
JUN 6, 2012 5:12
JUN 1, 2012 10:07
MAY 29, 2012 4:52

* * * * * END * *

ALARM HISTORY REPO

---- IN-TANK ALARM

T 2:PREM91

LOW PRODUCT ALARM
APR 29, 2012 2:42

DELIVERY NEEDED
APR 29, 2012 2:42

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (EDIM)
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 2 (RS-232)
BAUD RATE : 1200
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 3 (RS-232)
BAUD RATE : 1200
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RS-232 END OF MESSAGE
DISABLED

IN-T[illegible] SETUP

T 1:UNL87
PRODUCT CODE : 1
THERMAL COEFF : .000700
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0
WATER ALARM FILTER: LOW

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

T 2:PREM91
PRODUCT COD : 2
THERMAL COE : .000700
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0
WATER ALARM FILTER: LOW

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

49603

T 3:DIESEL
PRODUCT CODE
THERMAL COEFF : .
TANK DIAMETER :
TANK PROFILE :
FULL VOL :
72.0 INCH VOL :
48.0 INCH VOL :
24.0 INCH VOL :

FLOAT SIZE: 4

WATER WARNING :
HIGH WATER LIMIT:
WATER ALARM FILTER

MAX OR LABEL VOL:
OVERFILL LIMIT :
:
HIGH PRODUCT :
:
DELIVERY LIMIT :
:

LOW PRODUCT :
LEAK ALARM LIMIT:
SUDDEN LOSS LIMIT
TANK TILT :
PROBE OFFSET :

SIPHON MANIFOLDED
T#: NONE
LINE MANIFOLDED T
T#: NONE

LEAK MIN PERIODIC
:

LEAK MIN ANNUAL

PERIODIC TEST TYI
:

ANNUAL TEST FAIL
ALARM

PERIODIC TEST FA
ALARM

GROSS TEST FAIL
ALARM

ANN TEST AVERAGI
PER TEST AVERAGI

TANK TEST NOTIF\

TNK TST SIPHON I

DELIVERY DELAY
PUMP THRESHOLD

49605

----- SENSOR ALARM -----
L 4:87 STP
STP SUMP
SENSOR OUT ALARM
FEB 14, 2013 9:30 AM

FUEL ALARM
FEB 14, 2013 9:14 AM

* * * * * END * * * * *

L 1:87 ANNULAR
ANNU[redacted] SPACE
FUEL [redacted]ARM
FEB 14, 2013 9:30 AM

FUEL ALARM
FEB 14, 2013 9:18 AM

* * * * * END * * * * *

[redacted] SECURITY
CODE : 0000[redacted]

MAINTENANCE HISTORY
DISABLED

TANK CHART SECURITY
DISABLED

CUSTOM ALARMS
DISABLED

SERVICE NOTICE
DISABLED

ISO 3166 COUNTRY
CODE:

VAPOR MONITORING TYPE
CARB ISD

MASS/DENSITY
DISABLED

FISCAL HEIGHT SECURITY
DISABLED

SYSTEM SETUP
FEB 14, 2013 9:02

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FO
MON DD YYYY HH:MM:S

JOHNNY QUICK 143
2126 TAFT HWY
BAKERSFIELD CA 9331
661-834-9113

SHIFT TIME 1 : 8:0
SHIFT TIME 2 : DISA
SHIFT TIME 3 : DISA
SHIFT TIME 4 : DISA

TANK PER TST NEEDED
DISABLED
TANK ANN TST NEEDED
DISABLED

LINE RE-ENABLE METH
PASS LINE TEST

LINE PER TST NEEDED
DISABLED
LINE ANN TST NEEDED
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 6
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%

H-PROTOCOL DATA FOR
HEIGHT
DAYLIGHT SAVING TIM
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRI
DISABLED

EURO PROTOCOL PREFI
S

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:91 STP
STP SUMP
SENSOR OUT ALARM
FEB 14, 2013 9:29 AM

FUEL ALARM
FEB 14, 2013 9:15 AM

FUEL ALARM
JUN 19, 2012 8:05 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:91 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 14, 2013 9:30 AM

FUEL ALARM
FEB 14, 2013 9:18 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:DSL STP
STP SUMP
SENSOR OUT ALARM
FEB 14, 2013 9:30 AM

FUEL ALARM
FEB 14, 2013 9:16 AM

FUEL ALARM
JUN 19, 2012 7:53 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:DSL ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 14, 2013 9:30 AM

FUEL ALARM
FEB 14, 2013 9:19 AM

49605

MONITOR CERT. FAILURE REPORT

SITE NAME: JOHNNY QUICK DATE: 2/14/13

ADDRESS: 2126 TAFT HWY. TECHNICIAN: STEVEN OBERT

CITY: BAKERSFIELD SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS: NONE

LABOR: NONE

PARTS INSTALLED: NONE

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

48744 V

3200

RICH ENVIRONMENTAL

5643 BROOKS CT. - BAKERSFIELD, CA 93308
OFF.(661)392-8687 FAX(661)588-7808

ACURITE TM PIPELINE TESTER
PRECISION PRODUCT LINE TEST
TEST RESULTS

DATE: 12/04/12

BILLING: JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD, CA

SITE: JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD, CA

PRODUCT PRODUCTS	PRODUCT LINE TEST	MECHANICAL LEAK DETECTORS
UNL-87	-.005-PASS	N/A
PREM-91	-.000-PASS	N/A
DIESEL	-.000-PASS	N/A

COMMENTS

A PRECISION TEST WAS PERFORMED ON PRODUCT LINES AT THE ABOVE LOCATION USING THE ACURITE TM PIPELINE TESTER. I HAVE REVIEWED THE DATA PRODUCED IN CONJUNCTION WITH AES PROTOCOL, AND THEREFORE SATISFIES ALL REQUIREMENTS FOR SUCH TESTING AS SET FORTH BY NFPA-329-92 AND USE 40 CFR PART 280.

THE RESULTS OF TESTING ARE SHOWN ON THE FOLLOWING PAGE. INCLUDED WITH THE REPORT ARE REPRODUCTION OF DATA COMPLIED DURING THE TEST WHICH FORMED THE BASIS FOR THESE CONCLUSION. THIS INFORMATION IS STORED IN A PERMANENT FILE IF FUTURE VERIFICATION OF TEST RESULTS IS NEEDED.

I DECLARE UNDER PENALTY OF PERJURY THAT I AM A LICENSED TANK TESTER IN THE STATE OF CALIFONIA AND THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TEST CERTIFIED BY:

JAMES J. RICH
MFG# LTN-2245
CERT# 90-1072

48144

RICH ENVIRONMENTAL

5643 BROOKS CT. BAKERSFIELD, CA. 93308
OFFICE (661)392-8687 FAX (661)392-0621
ACURITE TM PIPELINE TESTER

TEST RESULTS WORK SHEET

DATE: 12/4/12 W/O #: _____

FACILITY NAME: JOHNNY QUICK

FACILITY ADDRESS: 2126 TAFT HWY
BAKERSFIELD, CA

PRODUCT LINE TYPE: FIBERGLASS STEEL PLASTIC (CIRCLE ONE)

SYSTEM TYPE: PRESSURE SUCTION GRAVITY (CIRCLE ONE)

TURBINE MANUFACTURER:

PRODUCT GRADE	START TIME INITIAL READING 00:00/GPH	END TIME FINAL READING 00:00/GPH	TEST PRESSURE (P.S.I.)	VOLUME RATE (G.P.H.)	RESULTS PASS OR FAIL
UNL-87	10:10 AM .085	10:40 AM .080	50	-.005	PASS
PREM-91	11:00 AM .055	11:30 AM .055	50	-.000	PASS
DIESEL	9:30 AM .035	10:00 AM .035	50	-.000	PASS

I CERTIFY THAT THE ABOVE LINE TESTS WERE CONDUCTED ACCORDING TO THE EQUIPMENT MANUFACTURERS PROCEDURES. THE TEST RESULTS AS LISTED IS TRUE AND ACCURITE TO THE BEST OF MY KNOWLEDGE.

THE TEST PASS/FAIL STATUS IS DETERMINED USING A THRESHOLD OF 190 ML PER HOUR, (0.05 G.P.H.), RATE AT 1 ½ TIMES OPERATING PRESSURE, OR 50 P.S.I. WHICH EVER IS GREATER.

TECHNICIAN: JAMES T RICH STATE LICENSE #: 90-10072

SIGNATURE: _____ MFG. CERTIFICATION #: 2245

FA 0002864

CR# 003201 46845

CRE#2126

SWRCB, January 2002

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	JOHNNY QUICK	Date of Testing:	6/19/12
Facility Address:	2126 TAFT HWY, BAKERSFIELD		
Facility Contact:	MR. KOOL	Phone:	
Date Local Agency Was Notified of Testing :	5/1/12		
Name of Local Agency Inspector *(if present during testing)*:			

2. TESTING CONTRACTOR INFORMATION

Company Name:	Rich Environmental		
Technician Conducting Test:	RICH PHILLIPS		
Credentials:	X CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester	
License Type:	C61/D40 A HAZ	License Number: 809850	

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
INCON	TS-STS	6/11/2014

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
87 ANNULAR	X	☐	☐	☐	UDC #7/8	X	☐	☐	☐
91 ANNULAR	X	☐	☐	☐	87 VAPOR BUCKET	X	☐	☐	☐
DIESEL ANNULAR	X	☐	☐	☐	91 VAPOR BUCKET	X	☐	☐	☐
87 SECONDARY PIPE	☐	X	☐	☐	DIESEL EXTRA BUCKET	X	☐	☐	☐
91 SECONDARY PIPE	☐	X	☐	☐		☐	☐	☐	☐
DIESEL SEC PIPE	☐	X	☐	☐		☐	☐	☐	☐
87 STP	☐	X	☐	☐		☐	☐	☐	☐
91 STP	☐	X	☐	☐		☐	☐	☐	☐
DIESEL STP	☐	X	☐	☐		☐	☐	☐	☐
UDC #1/2	X	☐	☐	☐		☐	☐	☐	☐
UDC #3/4	☐	X	☐	☐		☐	☐	☐	☐
UDC #5/6	X	☐	☐	☐		☐	☐	☐	☐

RECEIVED

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

AUG 20 2012

KERN COUNTY
ENVIRONMENTAL HEALTH SERVICES

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: _____ Date: 6/19/12

ENTERED 8/25/2012

4. TANK ANNULAR TESTING

Test Method Developed By:	☐ Tank Manufacturer ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	X Vacuum	☐ Hydrostatic
Test Equipment Used: 4" DIAL GAUGE		Equipment Resolution:	

	Tank #87	Tank #91	Tank #DSL	Tank #
Is Tank Exempt From Testing?[1]	☐ Yes X No	☐ Yes X No	☐ Yes X No	☐ Yes ☐ No
Tank Capacity:	10K	10K	10K	
Tank Material:	STEEL	STEEL	STEEL	
Tank Manufacturer:	UNKNOWN	UNKNOWN	UNKNOWN	
Product Stored:	UNL87	UNL91	DIESEL	
Wait time between applying pressure/vacuum/water and starting test:	30MIN	30MIN	30MIN	
Test Start Time:	8:30	8:30	10:00	
Initial Reading (R_I):	10.5	10.4	10.3	
Test End Time:	9:30	9:30	11:00	
Final Reading (R_F):	10.5	10.4	10.3	
Test Duration:	60 MIN	60 MIN	60 MIN	
Change in Reading (R_F-R_I):	0	0	0	
Pass/Fail Threshold or Criteria:	0	0	0	
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**
Was sensor removed for testing?	X Yes ☐ No ☐ NA	X Yes ☐ No ☐ NA	X Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	X Yes ☐ No ☐ NA	X Yes ☐ No ☐ NA	X Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer	X Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	X Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: 4" DIAL GAUGE		Equipment Resolution: .5%	

	Piping Run # 87	**Piping Run # 91**	**Piping Run # DSL**	**Piping Run #**
Piping Material:	PLASTIC	PLASTIC	PLASTIC	
Piping Manufacturer:	UNKNOWN	UNKNOWN	UNKNOWN	
Piping Diameter:	3"	3"	3"	
Length of Piping Run:	50'	50'	50'	
Product Stored:	UNL87	UNL91	DIESEL	
Method and location of piping-run isolation:	TEST BOOT IN SUMP	TEST BOOT IN SUMP	TEST BOOT IN SUMP	
Wait time between applying pressure/vacuum/water and starting test:	30 MIN	30 MIN	30 MIN	
Test Start Time:	NO	VISUAL	LEAKS	
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:	60 MIN	60 MIN	60 MIN	60 MIN
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:	0 PSI	0 PSI	0 PSI	0 PSI
Test Result:	☐ **Pass** **X Fail**	☐ **Pass** **X Fail**	**X Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

PRESSURE DROPS OFF TO ZERO AS SOON AS YOU STOP FLOWING NITROGEN. UNABLE TO FIND LEAKS. PLASTIC SECONDARY BOOTS UNDERGROUND, THOUGHT TO BE THE PROBLEM ON ALL GRADES

6. PIPING SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer	X Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	X Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: INCON TS-STS		Equipment Resolution:	

	Sump #87		Sump #91		Sump #DSL		Sump #	
Sump Diameter:	40"		40"		40"			
Sump Depth:	43"		43"		43"			
Sump Material:	PLASTIC		PLASTIC		PLASTIC			
Height from Tank Top to Top of Highest Piping Penetration:	12"		12"		12"			
Height from Tank Top to Lowest Electrical Penetration:	30"		30"		30"			
Condition of sump prior to testing:	GOOD		GOOD		GOOD			
Portion of Sump Tested[1]	14"		14"		14"			
Does turbine shut down when sump sensor detects liquid (both product and water)?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No ☐ NA	
Turbine shutdown response time								
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No ☐ NA	
Was fail-safe verified to be operational?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No ☐ NA	
Wait time between applying pressure/vacuum/water and starting test:	30 MIN		30 MIN		30 MIN			
Test Start Time:	8:46	9:10	9:37	10:00	9:37	10:00		
Initial Reading (R_I):	3.379	3.305	3.416	2.413	3.492	3.437		
Test End Time:	9:01	9:25	9:52	10:15	9:52	10:15		
Final Reading (R_F):	3.338	3.271	2.411	2.407	3.457	3.413		
Test Duration:	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN		
Change in Reading (R_F-R_I):	.041	.037	-.002	.005	-.035	-.024		
Pass/Fail Threshold or Criteria:	.002	-.002	-.002	-.002	-.002	-.002		
Test Result:	☐ Pass X Fail		☐ Pass X Fail		☐ Pass X Fail		☐ Pass ☐ Fail	
Was sensor removed for testing?	X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA	
Was sensor properly replaced and verified functional after testing?	X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA	

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer	X Industry Standard	☐ Professional Engineer	
	☐ Other *(Specify)*			
Test Method Used:	☐ Pressure	☐ Vacuum	X Hydrostatic	
	☐ Other *(Specify)*			
Test Equipment Used: INCON TS-STS			Equipment Resolution:	

	UDC # 1/2		UDC #3/4		UDC #5/6		UDC #7/8	
UDC Manufacturer:	UNKNOWN		UNKNOWN		UNKNOWN		UNKNOWN	
UDC Material:	FIBERGLASS		FIBERGLASS		FIBERGLASS		FIBERGLASS	
UDC Depth:	26"		26"		26"		26"	
Height from UDC Bottom to Top of Highest Piping Penetration:	8"		8"		8"		8"	
Height from UDC Bottom to Lowest Electrical Penetration:	14"		14"		114"		14"	
Condition of UDC prior to testing:	GOOD		GOOD		GOOD		GOOD	
Portion of UDC Tested[1]	10"		10"		10"		10"	
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA	
Turbine shutdown response time								
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA	
Was fail-safe verified to be operational?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA	
Wait time between applying pressure/vacuum/water and starting test	30MIN		30MIN		30MIN		30MIN	
Test Start Time:	9:37	10:00	10:42	11:05	1:05	1:26	12:39	1:05
Initial Reading (R_I):	2.062	2.002	2.498	2.479	4.681	4.682	1.911	1.911
Test End Time:	9:52	10:15	10:57	11:20	1:20	1:40	12:54	1:20
Final Reading (R_F):	2.062	2.062	2.489	2.461	4.681	4.682	1.911	1.911
Test Duration:	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN
Change in Reading (R_F-R_I):	-.000	-.000	-.009	-.018	-.000	-.000	-.000	-.000
Pass/Fail Threshold or Criteria:	-.002	-.002	-.002	-.002	-.002	-.002	-.002	-.002
Test Result:	**X Pass**	**☐ Fail**	**☐ Pass**	**X Fail**	**X Pass**	**☐ Fail**	**X Pass**	**☐ Fail**
Was sensor removed for testing?	X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA	
Was sensor properly replaced and verified functional after testing?	X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA	

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps ☐			
Fill Riser Containment Sumps are Present, but were Not Tested ☐			
Test Method Developed By:	☐ Sump Manufacturer	X Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	X Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: INCON TS-STS		Equipment Resolution:	

	Fill Sump #		**Fill Sump #**		**Fill Sump #**		**Fill Sump #**	
Sump Diameter:								
Sump Depth:								
Height from Tank Top to Top of Highest Piping Penetration:								
Height from Tank Top to Lowest Electrical Penetration:								
Condition of sump prior to testing:								
Portion of Sump Tested								
Sump Material:								
Wait time between applying pressure/vacuum/water and starting test:	30MIN		30MIN		30MIN		30MIN	
Test Start Time:								
Initial Reading (R_I):								
Test End Time:								
Final Reading (R_F):								
Test Duration:	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN
Change in Reading (R_F-R_I):								
Pass/Fail Threshold or Criteria:								
Test Result:	☐ **Pass** ☐ **Fail**		☐ **Pass** ☐ **Fail**		☐ **Pass** ☐ **Fail**		☐ **Pass** ☐ **Fail**	
Is there a sensor in the sump?	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
Does the sensor alarm when either product or water is detected?	☐ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA	
Was sensor removed for testing?	☐ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA	
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA	

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

NO FILL SUMPS AT THIS SITE

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes ☐								
Spill/Overfill Containment Boxes are Present, but were Not Tested ☐								
Test Method Developed By:	☐ Spill Bucket Manufacturer X Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*							
Test Method Used:	☐ Pressure ☐ Vacuum X Hydrostatic ☐ Other *(Specify)*							
Test Equipment Used: INCON TS-STS					Equipment Resolution:			
	Spill Box #87 VPR		**Spill Box #91 VPR**		**Spill Box #EX BOX**		**Spill Box #**	
Bucket Diameter:	12"		12"		12"			
Bucket Depth:	16"		16"		16"			
Wait time between applying pressure/vacuum/water and starting test:	30MIN		30MIN		30MIN			
Test Start Time:	8:46	9:10	8:46	9:10	8:46	9:10		
Initial Reading (R_I):	2.071	2.071	2.414	2.664	2.414	2.412		
Test End Time:	9:01	9:25	9:01	9:25	9:01	9:25		
Final Reading (R_F):	2.071	2.071	2.413	2.664	2.413	2.412		
Test Duration:	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN		
Change in Reading (R_F-R_I):	-.000	-.000	-.001	-.000	-.001	-.000		
Pass/Fail Threshold or Criteria:	-.002	-.002	-.002	-.002	-.002	-.002		
Test Result:	**X Pass**	**☐ Fail**	**X Pass**	**☐ Fail**	**X Pass**	**☐ Fail**	**☐ Pass**	**☐ Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

OPW BUCKETS

46893

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD CA

06/19/2012 10:15 AM

SUMP LEAK TEST REPORT

UDC1-2

TEST STARTED	10:00 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	2.0629 IN
END TIME	10:15 AM
END DATE	06/19/2012
END LEVEL	2.0629 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91 STP

TEST STARTED	10:00 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	2.4130 IN
END TIME	10:15 AM
END DATE	06/19/2012
END LEVEL	2.4089 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

DSLSTP

TEST STARTED	10:00 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	3.4379 IN
END TIME	10:15 AM
END DATE	06/19/2012
END LEVEL	3.4130 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

87STP

TEST STARTED	10:00 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	3.2058 IN
END TIME	10:15 AM
END DATE	06/19/2012
END LEVEL	3.1838 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD CA

06/19/2012 10:57 AM

SUMP LEAK TEST REPORT

UDC3-4

TEST STARTED	10:42 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	2.4987 IN
END TIME	10:57 AM
END DATE	06/19/2012
END LEVEL	2.4896 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

UDC7-8

TEST STARTED	12:39 PM
TEST STARTED	06/19/2012
BEGIN LEVEL	1.9112 IN
END TIME	12:54 PM
END DATE	06/19/2012
END LEVEL	1.9118 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC5-6

TEST STARTED	12:39 PM
TEST STARTED	06/19/2012
BEGIN LEVEL	1.6140 IN
END TIME	12:54 PM
END DATE	06/19/2012
END LEVEL	1.6055 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

UDC7-8

TEST STARTED	1:05 PM
TEST STARTED	06/19/2012
BEGIN LEVEL	1.9117 IN
END TIME	1:20 PM
END DATE	06/19/2012
END LEVEL	1.9118 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC5-6

TEST STARTED	1:05 PM
TEST STARTED	06/19/2012
BEGIN LEVEL	4.6819 IN
END TIME	1:20 PM
END DATE	06/19/2012
END LEVEL	4.6820 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD CA

06/19/2012 11:20 AM

SUMP LEAK TEST REPORT

UDC3-4

TEST STARTED	11:05 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	2.4796 IN
END TIME	11:20 AM
END DATE	06/19/2012
END LEVEL	2.4614 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

UDC5-6

TEST STARTED	1:25 PM
TEST STARTED	06/19/2012
BEGIN LEVEL	4.6820 IN
END TIME	1:40 PM
END DATE	06/19/2012
END LEVEL	4.6821 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

46893

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD CA

06/19/2012 9:02 AM

SUMP LEAK TEST REPORT

87 VPR

TEST STARTED	8:46 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	2.0713 IN
END TIME	9:01 AM
END DATE	06/19/2012
END LEVEL	2.0716 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91 VPR

TEST STARTED	8:46 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	2.6658 IN
END TIME	9:01 AM
END DATE	06/19/2012
END LEVEL	2.6651 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

EXBX

TEST STARTED	8:46 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	2.4142 IN
END TIME	9:01 AM
END DATE	06/19/2012
END LEVEL	2.4136 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

87STP

TEST STARTED	8:46 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	3.3796 IN
END TIME	9:01 AM
END DATE	06/19/2012
END LEVEL	3.3384 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD CA

06/19/2012 9:25 AM

SUMP LEAK TEST REPORT

87 VPR

TEST STARTED	9:10 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	2.0717 IN
END TIME	9:25 AM
END DATE	06/19/2012
END LEVEL	2.0711 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91 VPR

TEST STARTED	9:10 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	2.6646 IN
END TIME	9:25 AM
END DATE	06/19/2012
END LEVEL	2.6643 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

EXBX

TEST STARTED	9:10 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	2.4129 IN
END TIME	9:25 AM
END DATE	06/19/2012
END LEVEL	2.4125 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

87STP

TEST STARTED	9:10 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	3.3053 IN
END TIME	9:25 AM
END DATE	06/19/2012
END LEVEL	3.2711 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD CA

06/19/2012 9:52 AM

SUMP LEAK TEST REPORT

UDC1-2

TEST STARTED	9:37 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	2.0623 IN
END TIME	9:52 AM
END DATE	06/19/2012
END LEVEL	2.0629 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91 STP

TEST STARTED	9:37 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	2.4169 IN
END TIME	9:52 AM
END DATE	06/19/2012
END LEVEL	2.4143 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

DSLSTP

TEST STARTED	9:37 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	3.4923 IN
END TIME	9:52 AM
END DATE	06/19/2012
END LEVEL	3.4578 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

87STP

TEST STARTED	9:37 AM
TEST STARTED	06/19/2012
BEGIN LEVEL	3.2440 IN
END TIME	9:52 AM
END DATE	06/19/2012
END LEVEL	3.2242 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

46893

SB989 TESTING FAILURE REPORT

SITE NAME: JOHNNY O'S DATE: 6-19-12

ADDRESS: 2126 TAFT HWY TECHNICIAN: RICH PHILLIPS

CITY: BAKERSFIELD CA SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS:

All stps failed, Disp 3/4 failed - (3) Sec Pipingp failed, plastic sec. fiberglass primaries. Pressure Drops off to zero

LABOR: as soon as you stop flowing nitrogen unable to find leak. Plastic Sec. Boots underground throughout to be the problem with all grades

PARTS INSTALLED:

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

45546

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: **JOHNNY QUICK** Bldg. No.: _____
Site Address: **2126 TAFT HWY.** City: **BAKERSFIELD** Zip: **93313**
Facility Contact Person: **MR. KOOL** Contact Phone No.: **(661) 834-9113**
Make/Model of Monitoring System: **TLS-350** Date of Testing/Servicing: **2/13/2012**

B. Inventory of Equipment Tested/Certified

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

Tank ID: REGULAR 87
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: PREMIUM 91
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: DIESEL
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:
- ☐ In-Tank Gauging Probe. Model:
- ☐ Annular Space or Vault Sensor. Model:
- ☐ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1/2
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3/4
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5/6
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7/8
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ 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): **RICH PHILLIPS** Signature:
Certification No.: **A29084 / 1035169-UT** License. No.: **C61/ D40 A HAZ 809850**
Testing Company Name: **RICH ENVIRONMENTAL** Phone No.: **(661) 392-8687**
Testing Company Address: **5643 BROOKS CT. BAKERSFIELD, CA. 93308** Date of Testing/Servicing: **2/13/2012**

MAR - 9 2012

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES

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D. Results of Testing/Servicing

Software Version Installed: 329.01

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☒ Yes	☐ No* ☐ 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)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ 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? %
☐ Yes*	☒ 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.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section E below, describe how and when these deficiencies were or will be corrected.**

E. Comments:

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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:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In 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:

☒ Yes	☐ No* ☐ 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: ☒ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☒ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

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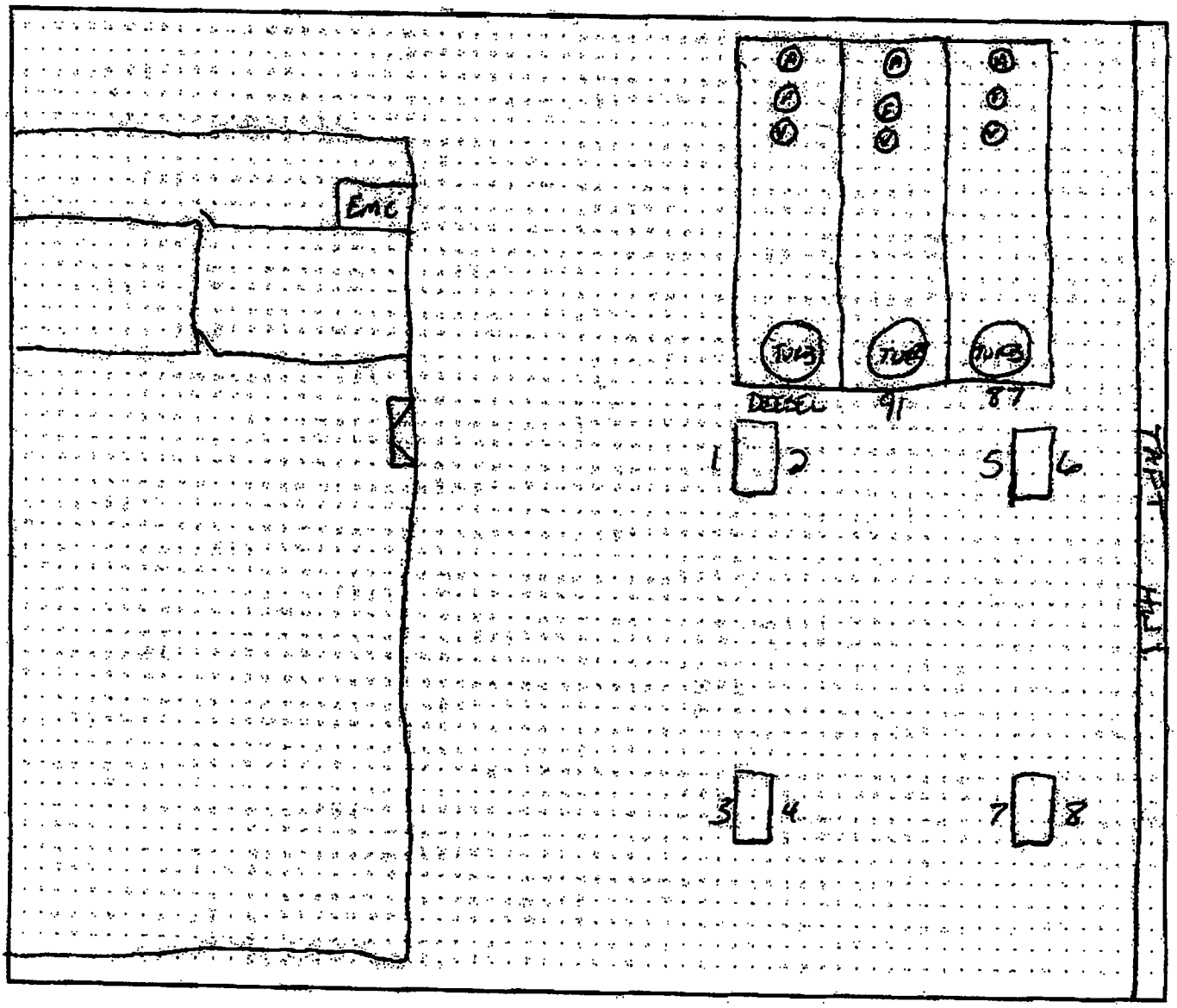
UST Monitoring Site Plan

Site Address: 2126 TAFT HWY. BAKERSFIELD, CA. 93313



Date map was drawn: 2/23/10

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.

45398 1

RICH ENVIRONMENTAL
5643 BROOKS CT. BAKERSFIELD, CA. 93308
OFFICE (661)392-8687 FAX (661)392-0621

PRODUCT LINE LEAK DETECTOR TEST

WORK SHEET

W/0#: _____

FACILITY NAME: JOHNNY QUICK

FACILITY ADDRESS: 2126 TAFT HWY. BAKERSFIELD

PRODUCT LINE TYPE: PRESSURE

PRODUCT	LEAK DETECTOR TYPE SERIAL NUMBER	TEST BELOW 3 G.P.H.	TRIP P.S.I.	PASS OR FAIL
REG87	L/D TYPE : RED JACKET SERIAL # MECHANICAL	YES	10	PASS
PREM91	L/D TYPE : RED JACKET SERIAL # MECHANICAL	YES	10	PASS
DIESEL	L/D TYPE : RED JACKET SERIAL # MECHANICAL	YES	10	PASS
	L/D TYPE : _ SERIAL # _	YES NO		PASS FAIL

I CERTIFY THE ABOVE TESTS WERE CONDUCTED ON THIS DATE ACCORDING TO RED JACKET PUMPS FIELD TEST APPARATUS TESTING PROCEDURE AND LIMITATIONS. THE MECHANICAL LEAK DETECTOR TEST PASS / FAIL IS DETERMINED BY USING A LOW FLOW THRESHOLD TRIP RATE OF 3 GALLONS PER HOUR OR LESS AT 10 P.S.I. I ACKNOWLEDGE THAT ALL DATA COLLECTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TECHNICIAN: RICH PHILLIPS

SIGNATURE: _____ **DATE:** 02/13/12

45348

SWRCB, January 2006

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:	JOHHNY QUICK	Date of Testing:	2/13/12
Facility Address:	2126 TAFT HWY. BAKERSFIELD		
Facility Contact:	MR. KOOL	Phone:	(661) 834-9113
Date Local Agency Was Notified of Testing :	2/8/12		
Name of Local Agency Inspector *(if present during testing)*:			

2. TESTING CONTRACTOR INFORMATION

Company Name:	RICH ENVIRONMENTAL
Technician Conducting Test:	RICH PHILLIPS
Credentials[1]:	☐ CSLB Contractor X ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)* _____
License Number(s):	1035169-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	X Hydrostatic	☐ Vacuum	☐ Other	
Test Equipment Used: VISUAL			Equipment Resolution: 0.00	
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	**1 REG 87-FILL**	**2 PREM91-FILL**	**3 DIESEL**	**4**
Bucket Installation Type:	X Direct Bury ☐ Contained in Sump	X Direct Bury ☐ Contained in Sump	X 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:	30 MIN	30 MIN	30 MIN	
Test Start Time (T_I):	0900	0900	0900	
Initial Reading (R_I):	10"	10"	10"	
Test End Time (T_F):	1000	1000	1000	
Final Reading (R_F):	10"	10"	10"	
Test Duration ($T_F - T_I$):	1-HOUR	1-HOUR	1-HOUR	
Change in Reading ($R_F - R_I$):	0	0	0	
Pass/Fail Threshold or Criteria:	+/- 0.00	+/- 0.00	+/- 0.00	
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ 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: 02/13/12

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

45278

SOFTWARE REVISION LEVEL
VERSION 329.01
SOFTWARE# 346329-100-B
CREATED - 09.01.29.15.44

NO SOFTWARE MODULE
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS

SYSTEM SETUP
- - - - - - - - - - - - - -
FEB 13, 2012 8:39 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

JOHNNY QUIK 143
2126 TAFT HWY
BAKERSFIELD CA 93313
661-834-9113

SHIFT TIME 1 : 8:00 AM
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

SYSTEM SECURITY
CODE : 000000

MAINTENANCE HISTORY
DISABLED

TANK CHART SECURITY
DISABLED

CUSTOM ALARMS
DISABLED

SERVICE NOTICE
DISABLED

ISO 3166 COUNTRY
CODE:

MASS/DENSITY
DISABLED

COMMUNICATIONS SETUP
- - - - - - - - - - - - - -

PORT SETTINGS:

COMM BOARD : 1 (RS-232)
BAUD RATE : 9600
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 3 (RS-232)
BAUD RATE : 1200
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RS-232 END OF MESSAGE
DISABLED

IN-TANK SETUP

T 1:UNL87

PRODUCT CODE	1
THERMAL COEFF	.000700
TANK DIAMETER	96.00
TANK PROFILE	4 PTS
FULL VOL	10000
72.0 INCH VOL	8192
48.0 INCH VOL	5091
24.0 INCH VOL	1991

FLOAT SIZE: 4.0 IN.

WATER WARNING	2.0
HIGH WATER LIMIT	3.0
MAX OR LABEL VOL	10000
OVERFILL LIMIT	90%
	9000
HIGH PRODUCT	95%
	9500
DELIVERY LIMIT	10%
	1000
LOW PRODUCT	1000
LEAK ALARM LIMIT	99
SUDDEN LOSS LIMIT	99
TANK TILT	0.00
PROBE OFFSET	0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC	10%
	1000
LEAK MIN ANNUAL	10%
	1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING	OFF
PER TEST AVERAGING	OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY	1 MIN
PUMP THRESHOLD	10.00%

2:PREM91

PRODUCT CODE	2
THERMAL COEFF	.000700
TANK DIAMETER	96.00
TANK PROFILE	4 PTS
FULL VOL	10000
72.0 INCH VOL	8192
48.0 INCH VOL	5091
24.0 INCH VOL	1991

FLOAT SIZE: 4.0 IN.

WATER WARNING	2.0
HIGH WATER LIMIT	3.0
MAX OR LABEL VOL	10000
OVERFILL LIMIT	90%
	9000
HIGH PRODUCT	95%
	9500
DELIVERY LIMIT	10%
	1000
LOW PRODUCT	1000
LEAK ALARM LIMIT	99
SUDDEN LOSS LIMIT	99
TANK TILT	0.00
PROBE OFFSET	0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC	10%
	1000
LEAK MIN ANNUAL	10%
	1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING	OFF
PER TEST AVERAGING	OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY	1 MIN
PUMP THRESHOLD	10.00%

45348

T [redacted]IESEL

PRODUCT CODE	3
THERMAL COEFF	.000450
TANK DIAMETER	96.00
TANK PROFILE	4 PTS
FULL VOL	10000
72.0 INCH VOL	8192
48.0 INCH VOL	5091
24.0 INCH VOL	1991

FLOAT SIZE: 4.0 IN.

WATER WARNING	2.0
HIGH WATER LIMIT	3.0
MAX OR LABEL VOL	10000
OVERFILL LIMIT	90%
	9000
HIGH PRODUCT	95%
	9500
DELIVERY LIMIT	10%
	1000
LOW PRODUCT	1000
LEAK ALARM LIMIT	99
SUDDEN LOSS LIMIT	99
TANK TILT	0.00
PROBE OFFSET	0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC	10%
	1000
LEAK MIN ANNUAL	10%
	1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING	OFF
PER TEST AVERAGING	OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY	1 MIN
PUMP THRESHOLD	10.00%

LEAK TEST METHOD

TEST ON DATE : ALL TANK
JAN 29, 2009
START TIME : DISABLED
TEST RATE :0.20 GAL/HR
DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
NORMAL

LIQUID SENSOR SETUP

L 1:87 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:91 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 3:DIESEL ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 4:87 STP SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 5:91 STP SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 6:DIESEL STP SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:DIESEL STP SUMP
STP SUMP
SENSOR OUT ALARM
FEB 13, 2012 9:12 AM

FUEL ALARM
FEB 13, 2012 9:05 AM

SENSOR OUT ALARM
FEB 24, 2011 10:34 AM

OUTPUT RELAY SETUP

R 1:87
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 1:FUEL ALARM
L 4:FUEL ALARM
L 1:SENSOR OUT ALARM
L 4:SENSOR OUT ALARM

R 2:91
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 2:FUEL ALARM
L 5:FUEL ALARM
L 2:SENSOR OUT ALARM
L 5:SENSOR OUT ALARM

R 3:DSL
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 3:FUEL ALARM
L 6:FUEL ALARM
L 3:SENSOR OUT ALARM
L 6:SENSOR OUT ALARM

SMARTSENSOR SETUP

s 1:CARBON CANISTOR
CATEGORY VAPOR VALVE

s 2:VAPOR PRESSURE
CATEGORY VAPOR PRESSURE

s 8:ATM
CATEGORY ATM P SENSOR

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:91 STP SUMP
STP SUMP
SENSOR OUT ALARM
FEB 13, 2012 9:12 AM

FUEL ALARM
FEB 13, 2012 9:04 AM

SENSOR OUT ALARM
FEB 24, 2011 10:34 AM

PMC SETUP

PMC VERSION: 01.02

VAPOR PROCESSOR TYPE
VEEDER-ROOT POLISHER

ANALYSIS TIMES
TIME: 10:00 AM
DELAY MINUTES: 1

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:87 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 13, 2012 9:12 AM

FUEL ALARM
FEB 13, 2012 9:03 AM

FUEL ALARM
FEB 24, 2011 10:34 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:91 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 13, 2012 9:12 AM

FUEL ALARM
FEB 13, 2012 9:02 AM

FUEL ALARM
FEB 24, 2011 10:34 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:DIESEL ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 13, 2012 9:12 AM

FUEL ALARM
FEB 13, 2012 9:02 AM

FUEL ALARM
FEB 24, 2011 10:34 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:87 STP SUMP
STP SUMP
SENSOR OUT ALARM
FEB 13, 2012 9:12 AM

FUEL ALARM
FEB 13, 2012 9:04 AM

SENSOR OUT ALARM
AUG 26, 2011 3:06 AM

45398

MONITOR CERT. FAILURE REPORT

SITE NAME: JOHNNY QUICK DATE: 2/13/12

ADDRESS: 2126 TAFT HWY. TECHNICIAN: RICH PHILLIPS

CITY: BAKERSFIELD SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS: NONE

LABOR: NONE

PARTS INSTALLED: NONE

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

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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: JOHNNY QUICK Bldg. No.:

Site Address: 2126 TAFT HWY. City: BAKERSFIELD Zip: 93313

Facility Contact Person: MR. KOOL Contact Phone No.: (661) 834-9113

Make/Model of Monitoring System: TLS-350 Date of Testing/Servicing: 2/24/2011

CL-301

B. Inventory of Equipment Tested/Certified

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

Tank ID: REGULAR 87

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: PREMIUM 91

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: DIESEL

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:

- ☐ In-Tank Gauging Probe. Model:
- ☐ Annular Space or Vault Sensor. Model:
- ☐ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1/2

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3/4

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5/6

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7/8

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ 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): RYAN MASON Signature:

Certification No.: A27367/ 8029371-UT License No.: C61/ D40 A HAZ 809850

Testing Company Name: RICH ENVIRONMENTAL Phone No.: (661) 392-8687

Testing Company Address: 5643 BROOKS CT. BAKERSFIELD, CA. 93308 Date of Testing/Servicing: 2/24/2011

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D. Results of Testing/Servicing

Software Version Installed: 329.01

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☒ Yes	☐ No* ☐ 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)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ 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? %
☐ Yes*	☒ 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.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section E below, describe how and when these deficiencies were or will be corrected.**

E. Comments:

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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:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In 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:

☒ Yes	☐ No* ☐ 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: ☒ 3 g.p.h.; ☐ 0.1 g.p.h.; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☒ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

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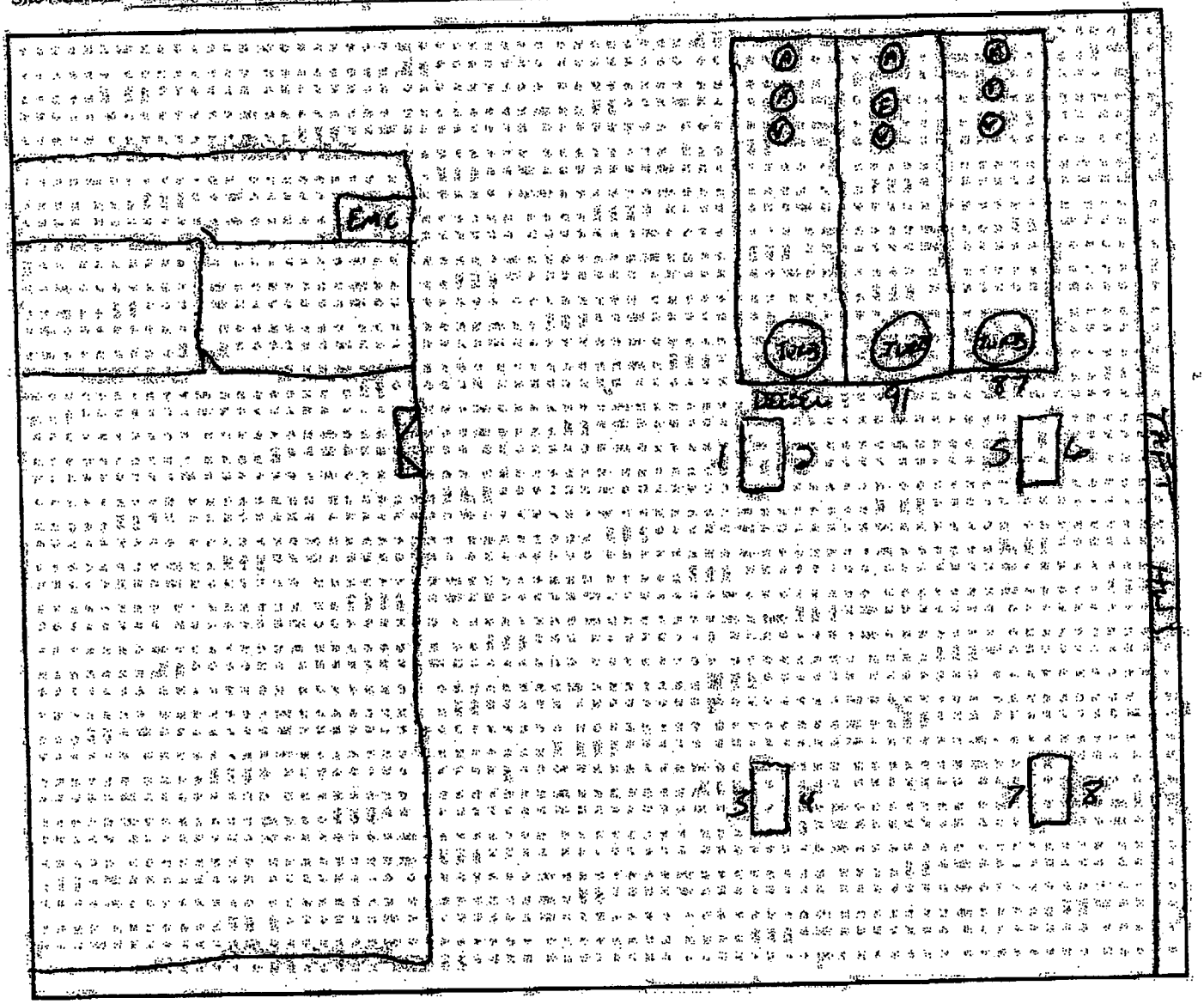
UST Monitoring Site Plan

Site Address: 2126 TAFT HWY, BAKERSFIELD, CA. 93313



Date map was drawn: 2/13/2008

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.

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RICH ENVIRONMENTAL
5643 BROOKS CT. BAKERSFIELD, CA. 93308
OFFICE (661)392-8687 FAX (661)392-0621

PRODUCT LINE LEAK DETECTOR TEST

WORK SHEET

W/0#: _____

FACILITY NAME: JOHNNY QUICK

FACILITY ADDRESS: 2126 TAFT HWY. BAKERSFIELD, CA. 93313

PRODUCT LINE TYPE: PRESSURE

PRODUCT	LEAK DETECTOR TYPE SERIAL NUMBER	TEST BELOW 3 G.P.H.	TRIP P.S.I.	PASS OR FAIL
REGULAR 87	L/D TYPE : RED JACKET SERIAL # MECHANICAL	YES	10 PSI	PASS
PREMIUM 91	L/D TYPE : RED JACKET SERIAL # MECHANICAL	YES	10 PSI	PASS
DIESEL	L/D TYPE : RED JACKET SERIAL # MECHANICAL	YES	10 PSI	PASS
	L/D TYPE : __ SERIAL # __	YES NO		PASS FAIL

I CERTIFY THE ABOVE TESTS WERE CONDUCTED ON THIS DATE ACCORDING TO RED JACKET PUMPS FIELD TEST APPARATUS TESTING PROCEDURE AND LIMITATIONS. THE MECHANICAL LEAK DETECTOR TEST PASS / FAIL IS DETERMINED BY USING A LOW FLOW THRESHOLD TRIP RATE OF 3 GALLONS PER HOUR OR LESS AT 10 P.S.I. I ACKNOWLEDGE THAT ALL DATA COLLECTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TECHNICIAN: RYAN MASON

SIGNATURE: _____ DATE: 02/24/11

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SWRCB, January 2006

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:	JOHHNY QUICK	Date of Testing:	02/24/11
Facility Address:	2126 TAFT HWY. BAKERSFIELD, CA. 93313		
Facility Contact:	MR. KOOL	Phone:	(661) 834-9113
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector *(if present during testing)*:			

2. TESTING CONTRACTOR INFORMATION

Company Name:	RICH ENVIRONMENTAL
Technician Conducting Test:	RYAN MASON
Credentials[1]:	☐ CSLB Contractor X ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)* _____
License Number(s):	8029371-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	X Hydrostatic	☐ Vacuum	☐ Other	
Test Equipment Used: VISUAL			Equipment Resolution: 0.00	
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 **REGULAR 87-FILL**	2 **PREMIUM 91-FILL**	3 **DIESEL**	4
Bucket Installation Type:	X Direct Bury ☐ Contained in Sump	X Direct Bury ☐ Contained in Sump	X 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:	30 MIN	30 MIN	30 MIN	
Test Start Time (T_I):	0900	0900	0900	
Initial Reading (R_I):	10"	10"	10"	
Test End Time (T_F):	1000	1000	1000	
Final Reading (R_F):	10"	10"	10"	
Test Duration ($T_F - T_I$):	1-HOUR	1-HOUR	1-HOUR	
Change in Reading ($R_F - R_I$):	0	0	0	
Pass/Fail Threshold or Criteria:	+/- 0.00	+/- 0.00	+/- 0.00	

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: 02/24/11

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

SOFTWARE REVISION LEVEL
VERSION 329.01
SOFTWARE# 346329-100-B
CREATED - 09.01.29.15.44

NO SOFTWARE MODULE
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS

SYSTEM SETUP

FEB 24, 2011 10:35 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

JOHNNY QUIK 143
2126 TAFT HWY
BAKERSFIELD CA 93313
661-834-9113

SHIFT TIME 1 : 8:00 AM
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (RS-232)
BAUD RATE : 9600
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 3 (RS-232)
BAUD RATE : 1200
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RS-232 END OF MESSAGE
DISABLED

IN-TANK SETUP 40232

T 1:UNL87
PRODUCT CODE : 1
THERMAL COEFF : .000700
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

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T 2:PREM91
PRODUCT CODE : 2
THERMAL COEFF : .000700
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

T 3:DIESEL
PRODUCT CODE : 3
THERMAL COEFF : .000450
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

LEAK TEST METHOD
- - - - - - - - - - - - - -
TEST ON DATE : ALL TANK
JAN 29, 2009
START TIME : DISABLED
TEST RATE :0.20 GAL/HR
DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
NORMAL

LIQUID SENSOR SETUP
- - - - - - - - - - - - - -

L 1:87 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:91 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 3:DIESEL ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 4:87 STP SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 5:91 STP SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 6:DIESEL STP SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

OUTPUT RELAY SETUP

R 1:87
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 1:FUEL ALARM
L 4:FUEL ALARM
L 1:SENSOR OUT ALARM
L 4:SENSOR OUT ALARM

R 2:91
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 2:FUEL ALARM
L 5:FUEL ALARM
L 2:SENSOR OUT ALARM
L 5:SENSOR OUT ALARM

R 3:DSL
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 3:FUEL ALARM
L 6:FUEL ALARM
L 3:SENSOR OUT ALARM
L 6:SENSOR OUT ALARM

PMC SETUP

PMC VERSION: 01.02

VAPOR PROCESSOR TYPE
VEEDER-ROOT POLISHER

ANALYSIS TIMES
TIME: 10:00 AM
DELAY MINUTES: 1

ALARM HISTORY REPORT

----- SYSTEM ALARM -----
PAPER OUT
DEC 28, 2010 2:43 PM
PRINTER ERROR
DEC 28, 2010 2:43 PM

* * * * * END * * * * *

SMARTSENSOR SETUP

s 1:CARBON CANISTOR
CATEGORY VAPOR VALVE

s 2:VAPOR PRESSURE
CATEGORY VAPOR PRESSURE

s 8:ATM
CATEGORY ATM P SENSOR

ALARM HISTORY REPORT

---- IN-TANK ALARM -----

T 1:UNL87

OVERFILL ALARM
FEB 10, 2011 7:55 AM
AUG 19, 2010 12:47 PM
JUN 12, 2010 5:57 AM

HIGH PRODUCT ALARM
FEB 10, 2011 7:57 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

---- IN-TANK ALARM -----

T 2:PREM91

* * * * * END * * * * *

ALARM HISTORY REPORT

---- IN-TANK ALARM -----

T 3:DIESEL

LOW PRODUCT ALARM
NOV 5, 2010 2:27 PM
DEC 3, 2009 9:08 AM
NOV 25, 2009 4:53 AM

DELIVERY NEEDED
NOV 5, 2010 2:27 PM
DEC 3, 2009 9:08 AM
NOV 25, 2009 4:53 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:87 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 24, 2011 10:34 AM

FUEL ALARM
FEB 24, 2011 9:09 AM

FUEL ALARM
FEB 23, 2010 9:40 AM

40238

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:91 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 24, 2011 10:34 AM

FUEL ALARM
FEB 24, 2011 9:08 AM

FUEL ALARM
FEB 23, 2010 9:40 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:87 STP SUMP
STP SUMP
SENSOR OUT ALARM
FEB 24, 2011 10:34 AM

FUEL ALARM
FEB 24, 2011 9:06 AM

FUEL ALARM
FEB 24, 2011 9:01 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:DIESEL STP SUMP
STP SUMP
SENSOR OUT ALARM
FEB 24, 2011 10:34 AM

FUEL ALARM
FEB 24, 2011 9:07 AM

SENSOR OUT ALARM
APR 12, 2010 9:31 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:DIESEL ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 24, 2011 10:34 AM

FUEL ALARM
FEB 24, 2011 9:08 AM

FUEL ALARM
FEB 23, 2010 9:40 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:91 STP SUMP
STP SUMP
SENSOR OUT ALARM
FEB 24, 2011 10:34 AM

FUEL ALARM
FEB 24, 2011 9:07 AM

FUEL ALARM
APR 12, 2010 9:37 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
9 1:
OTHER SENSORS

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
9 1:
OTHER SENSORS

* * * * * END * * * * *

40232

MONITOR CERT. FAILURE REPORT

SITE NAME: JOHHNY QUICK DATE: 02/24/11

ADDRESS: 2126 TAFT HWY. TECHNICIAN: RYAN MASON

CITY: BAKERSFIELD SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS: NONE

LABOR: NONE

PARTS INTALLED: NONE

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

34726

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.

CR-3201

A. General Information

Facility Name: JOHNNY QUICK Bldg. No.:

Site Address: 2126 TAFT HWY. City: BAKERSFIELD Zip: 93313

Facility Contact Person: MR. KOOL Contact Phone No.: (661) 834-9113

Make/Model of Monitoring System: TLS-350 Date of Testing/Servicing: 2/23/2010

B. Inventory of Equipment Tested/Certified

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

Tank ID: REGULAR 87

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: PREMIUM 91

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: DIESEL

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:

- ☐ In-Tank Gauging Probe. Model:
- ☐ Annular Space or Vault Sensor. Model:
- ☐ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1/2

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3/4

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5/6

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7/8

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ 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): BRANDON MASON Signature:

Certification No.: B34335 License No.: 5284980-UT

Testing Company Name: RICH ENVIRONMENTAL Phone No.: (661) 392-8687

Testing Company Address: 5643 BROOKS CT. BAKERSFIELD, CA. 93308 Date of Testing/Servicing: 2/23/2010

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D. Results of Testing/Servicing

Software Version Installed: 329.01

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☒ Yes	☐ No* ☐ 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)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ 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? %
☐ Yes*	☒ 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.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ 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:

54'120 60

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:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In 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:

☒ Yes	☐ No* ☐ 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: ☒ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☒ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

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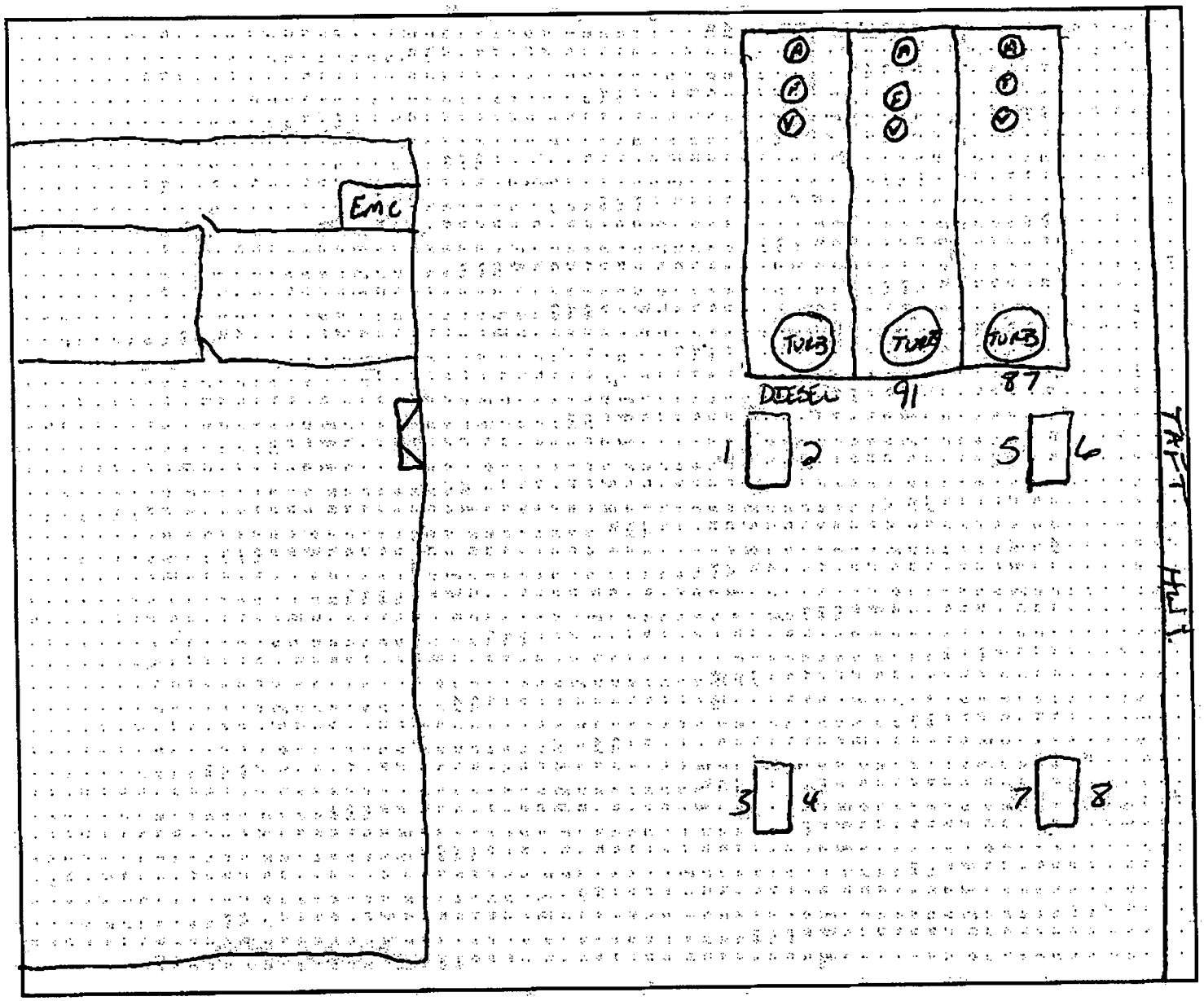
UST Monitoring Site Plan

Site Address: 2126 TAFT HWY. BAKERSFIELD, CA. 93313



Date map was drawn: 2/13/2009

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.

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RICH ENVIRONMENTAL

5643 BROOKS CT. BAKERSFIELD, CA. 93308
OFFICE (661)392-8687 FAX (661)392-0621

PRODUCT LINE LEAK DETECTOR TEST

WORK SHEET

W/O#: _____

FACILITY NAME: JOHNNY QUICK

FACILITY ADDRESS: 2126 TAFT HWY. BAKERSFIELD, CA. 93313

PRODUCT LINE TYPE: PRESSURE

PRODUCT	LEAK DETECTOR TYPE SERIAL NUMBER	TEST BELOW 3 G.P.H.	TRIP P.S.I.	PASS OR FAIL
REGULAR 87	L/D TYPE: RED JACKET SERIAL # MECHANICAL	YES	10 PSI	PASS
PREMIUM 91	L/D TYPE: RED JACKET SERIAL # MECHANICAL	YES	10 PSI	PASS
DIESEL	L/D TYPE: RED JACKET SERIAL # MECHANICAL	YES	10 PSI	PASS
	L/D TYPE: __ SERIAL # __	YES NO		PASS FAIL

I CERTIFY THE ABOVE TESTS WERE CONDUCTED ON THIS DATE ACCORDING TO RED JACKET PUMPS FIELD TEST APPARATUS TESTING PROCEDURE AND LIMITATIONS. THE MECHANICAL LEAK DETECTOR TEST PASS / FAIL IS DETERMINED BY USING A LOW FLOW THRESHOLD TRIP RATE OF 3 GALLONS PER HOUR OR LESS AT 10 P.S.I. I ACKNOWLEDGE THAT ALL DATA COLLECTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TECHNICIAN: BRANDON MASON

SIGNATURE: _____ DATE: 02/23/10

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:	JOHNNY QUICK	Date of Testing:	02/23/10
Facility Address:	2126 TAFT HWY, BAKERSFIELD, CA. 93313		
Facility Contact:	MR. KOOL	Phone:	(661) 834-9113
Date Local Agency Was Notified of Testing:	02/12/10		
Name of Local Agency Inspector *(if present during testing)*:	LAUREL FUNK		

2. TESTING CONTRACTOR INFORMATION

Company Name:	RICH ENVIRONMENTAL
Technician Conducting Test:	STEVEN OBERT
Credentials[1]:	☐ CSLB Contractor ☒ ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s):	5261246-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	☒ Hydrostatic	☐ Vacuum	☐ Other	
Test Equipment Used: VISUAL			Equipment Resolution: 0.00	
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 REGULAR 87 FILL	2 PREMIUM 91 FILL	3 DIESEL	4
Bucket Installation Type:	☒ Direct Bury ☐ Contained in Sump	☒ Direct Bury ☐ Contained in Sump	☒ 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:	30 MIN	30 MIN	30 MIN	
Test Start Time (T_i):	0900	0900	0900	
Initial Reading (R_i):	10"	10"	10"	
Test End Time (T_F):	1000	1000	1000	
Final Reading (R_F):	10"	10"	10"	
Test Duration ($T_F - T_i$):	1-HOUR	1-HOUR	1-HOUR	
Change in Reading ($R_F - R_i$):	0	0	0	
Pass/Fail Threshold or Criteria:	+/- 0.00	+/- 0.00	+/- 0.00	
Test Result:	[redacted] ☒ Pass ☐ Fail	☒ Pass ☐ Fail	[redacted] Pass ☐ Fail	[redacted] Pass ☐ 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: [redacted] Date: 02/23/10

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

SOFTWARE REVISION LEVEL
VERSION 329.01
SOFTWARE# 346329-100-B
CREATED - 09.01.29.15.44

NO SOFTWARE MODULE
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS

SYSTEM SETUP
- - - - - - - - - - - - - -
FEB 23, 2010 10:44 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

JOHNNY QUIK 143
2126 TAFT HWY
BAKERSFIELD CA 93313
661-834-9113

SHIFT TIME 1 : 8:00 AM
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

COMMUNICATIONS SETUP
- - - - - - - - - - - - - -

PORT SETTINGS:

COMM BOARD : 1 (RS-232)
BAUD RATE : 9600
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 3 (RS-232)
BAUD RATE : 1200
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RS-232 END OF MESSAGE
DISABLED

IN-TANK SETUP
- - - - - - - - - - - - - -

T 1:UNL87
PRODUCT CODE : 1
THERMAL COEFF : .000700
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

T 2:PREM91
PRODUCT CODE : 1
THERMAL COEFF : .000700
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 6091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

T 3:DIESEL
PRODUCT CODE : 3
THERMAL COEFF : .000450
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 6091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

AK TEST METHOD
- - - - - - - - - - -
TEST ON DATE : ALL TANK
JAN 29, 2009
START TIME : DISABLED
TEST RATE : 0.20 GAL/HR
DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
NORMAL

LIQUID SENSOR SETUP
- - - - - - - - - - - -

L 1:87 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:91 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 3:DIESEL ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 4:87 STP SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 5:91 STP SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 6:DIESEL STP SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

34126

OUTPUT RELAY SETUP

R 1:87
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 1:FUEL ALARM
L 4:FUEL ALARM
L 1:SENSOR OUT ALARM
L 4:SENSOR OUT ALARM

R 2:91
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 2:FUEL ALARM
L 5:FUEL ALARM
L 2:SENSOR OUT ALARM
L 5:SENSOR OUT ALARM

R 3:DSL
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 3:FUEL ALARM
L 6:FUEL ALARM
L 3:SENSOR OUT ALARM
L 6:SENSOR OUT ALARM

SMARTSENSOR SETUP

S 1:CARBON CANISTOR
CATEGORY VAPOR VALVE

S 2:VAPOR PRESSURE
CATEGORY VAPOR PRESSURE

S 8:ATM
CATEGORY ATM P SENSOR

PMC SETUP

PMC VERSION: 0[illegible]02

VAPOR PROCESSOR TYPE
VEEDER-ROOT POLISHER

ANALYSIS TIMES
TIME: 10:00 AM
DELAY MINUTES: 1

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:87 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 23, 2010 9:40 AM

FUEL ALARM
FEB 23, 2010 9:29 AM

SETUP DATA WARNING
OCT 16, 2009 1:38 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:91 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 23, 2010 9:40 AM

FUEL ALARM
FEB 23, 2010 9:29 AM

SETUP DATA WARNING
OCT 16, 2009 1:38 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:DIESEL ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 23. 2010 9:40 AM

FUEL ALARM
FEB 23. 2010 9:30 AM

SETUP DATA WARNING
OCT 16. 2009 1:38 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:91 STP SUMP
STP SUMP
SENSOR OUT ALARM
FEB 23. 2010 9:40 AM

FUEL ALARM
FEB 23. 2010 9:29 AM

SETUP DATA WARNING
OCT 16. 2009 1:38 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:87 STP SUMP
STP SUMP
SENSOR OUT ALARM
FEB 23. 2010 9:40 AM

FUEL ALARM
FEB 23. 2010 9:29 AM

SENSOR OUT ALARM
JAN 6. 2010 11:05 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:DIESEL STP SUMP
STP SUMP
SENSOR OUT ALARM
FEB 23. 2010 9:40 AM

FUEL ALARM
FEB 23. 2010 9:30 AM

SETUP DATA WARNING
OCT 16. 2009 1:38 PM

* * * * * END * * * * *

34136 ED

MONITOR CERT. FAILURE REPORT

SITE NAME: JOHHNY QUICK DATE: 02/23/10

ADDRESS: 2126 TAFT HWY. TECHNICIAN: BRANDON MASON

CITY: BAKERSFIELD SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS: NONE

LABOR: NONE

PARTS INTALLED: NONE

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

Secondary Containment Testing Report Form

3201

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	JOHNNY QUICK	Date of Testing:	9-28-09
Facility Address:	2126 TAFT HWY BAKERSFIELD, CA		
Facility Contact:		Phone:	
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector *(if present during testing)*:	NONE		

2. TESTING CONTRACTOR INFORMATION

Company Name:	Rich Environmental		
Technician Conducting Test:	RYAN MASON		
Credentials:	X CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester	
License Type:	C61/D40 A HAZ	License Number: 809850	

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
UNL87 SEC. PIPE	X	☐	☐	☐		☐	☐	☐	☐
PREM91 SEC.PIPE	X	☐	☐	☐		☐	☐	☐	☐
DIESEL SEC. PIPE	X	☐	☐	☐		☐	☐	☐	☐
UDC 1-2	X	☐	☐	☐		☐	☐	☐	☐
UDC 3-4	X	☐	☐	☐		☐	☐	☐	☐
UDC 5-6	X	☐	☐	☐		☐	☐	☐	☐
UDC 7-8	X	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: _____ Date: 9-28-09

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer ☐ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*		
Test Method Used:	☐ Pressure ☐ Vacuum ☐ Hydrostatic ☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Piping Run # 87	**Piping Run # 91**	**Piping Run # DSL**	**Piping Run #**
Piping Material:	FIBERGLAS	FIBERGLASS	FIBERGLASS	
Piping Manufacturer:	UNKNOWN	UNKNOWN	UNKNOWN	
Piping Diameter:	3"	3"	3"	
Length of Piping Run:	100'	100'	100'	
Product Stored:	UNL87	PREM91	DIESEL	
Method and location of piping-run isolation:	BOOT IN SUMP	BOOT IN SUMP	BOOT IN SUMP	BOOT IN SUMP
Wait time between applying pressure/vacuum/water and starting test:	30 MIN	30 MIN	30 MIN	30 MIN
Test Start Time:	3:00PM	3:00PM	3:00PM	
Initial Reading (R_I):	5 PSI	5 PSI	5 PSI	
Test End Time:	4:00PM	4:00PM	4:00PM	
Final Reading (R_F):	5 PSI	5 PSI	5 PSI	
Test Duration:	60 MIN	60 MIN	60 MIN	60 MIN
Change in Reading (R_F-R_I):	0 PSI	0 PSI	0 PSI	
Pass/Fail Threshold or Criteria:	0 PSI	0 PSI	0 PSI	0 PSI
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

INSTALLED TEST BOOTS AS NEEDED

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer ☐ Other *(Specify)*	☐ Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☐ Hydrostatic
Test Equipment Used:		Equipment Resolution:	

	UDC # 1-2		UDC # 3-4		UDC # 5-6		UDC # 7-8	
UDC Manufacturer:	UNKNOWN		UNKNOWN		UNKNOWN		UNKNOWN	
UDC Material:	FIBERGLASS		FIBERGLASS		FIBERGLASS		FIBERGLASS	
UDC Depth:	30"		30"		30"		30"	
Height from UDC Bottom to Top of Highest Piping Penetration:	12"		12"		12"		12"	
Height from UDC Bottom to Lowest Electrical Penetration:	12"		12"		12"		12"	
Condition of UDC prior to testing:	CLEAN		CLEAN		CLEAN		CLEAN	
Portion of UDC Tested[1]	14"		14"		14"		14"	
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA	
Turbine shutdown response time	N/A		N/A		N/A		N/A	
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA	
Was fail-safe verified to be operational?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA	
Wait time between applying pressure/vacuum/water and starting test	30MIN		30MIN		30MIN		30MIN	
Test Start Time:	3:21PM	3:38PM	3:21PM	3:38PM	3:21PM	3:38PM	3:21PM	3:38PM
Initial Reading (R_I):	3.026IN	3.025IN	3.931IN	3.931IN	5.348IN	5.348IN	4.444IN	4.444IN
Test End Time:	3:37PM	3:53PM	3:37PM	3:53PM	3:37PM	3:53PM	3:37PM	3:53PM
Final Reading (R_F):	3.025IN	3.025IN	3.931IN	3.931IN	5.348IN	5.348IN	4.444IN	4.444IN
Test Duration:	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN
Change in Reading (R_F–R_I):	.000IN	.000IN	.000IN	.000IN	.000IN	.000IN	.000IN	.000IN
Pass/Fail Threshold or Criteria:	.002IN	.002IN	.002IN	.002IN	.002IN	.002IN	.002IN	.002IN
Test Result:	**X Pass ☐ Fail**		**X Pass ☐ Fail**		**X Pass ☐ Fail**		**X Pass ☐ Fail**	
Was sensor removed for testing?	X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA	
Was sensor properly replaced and verified functional after testing?	X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA	

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

INSTALLED TEST BOOTS AND RESEALED PENETRATIONS AS NEEDED

[1] If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD CA

09/28/2009 3:37 PM

SUMP LEAK TEST REPORT

UDC1-2

TEST STARTED	3:21 PM
TEST STARTED	09/28/2009
BEGIN LEVEL	3.0260 IN
END TIME	3:37 PM
END DATE	09/28/2009
END LEVEL	3.0259 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC3-4

TEST STARTED	3:21 PM
TEST STARTED	09/28/2009
BEGIN LEVEL	3.9310 IN
END TIME	3:37 PM
END DATE	09/28/2009
END LEVEL	3.9313 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC5-6

TEST STARTED	3:21 PM
TEST STARTED	09/28/2009
BEGIN LEVEL	5.3487 IN
END TIME	3:37 PM
END DATE	09/28/2009
END LEVEL	5.3484 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC7-8

TEST STARTED	3:21 PM
TEST STARTED	09/28/2009
BEGIN LEVEL	4.4442 IN
END TIME	3:37 PM
END DATE	09/28/2009
END LEVEL	4.4441 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD CA

09/28/2009 3:53 PM

SUMP LEAK TEST REPORT

UDC1-2

TEST STARTED	3:38 PM
TEST STARTED	09/28/2009
BEGIN LEVEL	3.0258 IN
END TIME	3:53 PM
END DATE	09/28/2009
END LEVEL	3.0259 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC3-4

TEST STARTED	3:38 PM
TEST STARTED	09/28/2009
BEGIN LEVEL	3.9313 IN
END TIME	3:53 PM
END DATE	09/28/2009
END LEVEL	3.9313 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC5-6

TEST STARTED	3:38 PM
TEST STARTED	09/28/2009
BEGIN LEVEL	5.3484 IN
END TIME	3:53 PM
END DATE	09/28/2009
END LEVEL	5.3483 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

UDC7-8

TEST STARTED	3:38 PM
TEST STARTED	09/28/2009
BEGIN LEVEL	4.4441 IN
END TIME	3:53 PM
END DATE	09/28/2009
END LEVEL	4.4440 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SB989 TESTING FAILURE REPORT

SITE NAME: JOHNNY QUICK DATE: 9-28-09

ADDRESS: 2126 TAFT HWY TECHNICIAN: RYAN MASON

CITY: BAKERSFIELD SIGNATURE:

REPAIRS:

-INSTALLED TEST BOOT AS NEEDED

- RESEALED PENETRATIONS IN UDC'S AS NEEDED

PARTS INSTALLED:

-MULTIPLE TEST BOOTS

- 4 PARASEAL 626

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: JOHNNY QUICK	Date of Testing: 9-28-05
Facility Address: 2126 TAFT HWY BAKERSFIELD, CA	
Facility Contact:	Phone:
Date Local Agency Was Notified of Testing :	
Name of Local Agency Inspector *(if present during testing)*: NONE	

2. TESTING CONTRACTOR INFORMATION

Company Name: RICH ENVIRONMENTAL	
Technician Conducting Test: RYAN MASON	
Credentials: ☒ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester
License Type: C61/D40 A HAZ	License Number: 809850

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
UNL87 STP	☒	☐	☐	☐		☐	☐	☐	☐
PREM91 STP	☒	☐	☐	☐		☐	☐	☐	☐
DIESEL STP	☒	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: [signature] Date: 9-28-05

6. PIPING SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer	☐ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Sump # 87		Sump # 91		Sump # DSL		Sump #
Sump Diameter:	36.~		36.~		36.~		
Sump Depth:	42.~		42.~		42.~		
Sump Material:	PLASTIC		PLASTIC		PLASTIC		
Height from Tank Top to Top of Highest Piping Penetration:	6.~		7.~		6.~		
Height from Tank Top to Lowest Electrical Penetration:	17.~		17.~		17.~		
Condition of sump prior to testing:	CLEAN		CLEAN		CLEAN		
Portion of Sump Tested[1]	8.~		8.~		8.~		
Does turbine shut down when sump sensor detects liquid (both product and water)?*	☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA
Turbine shutdown response time	5SEC		5SEC		5SEC		
Is system programmed for fail-safe shutdown?*	☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA
Was fail-safe verified to be operational?*	☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA
Wait time between applying pressure/vacuum/water and starting test:	30 m.~		30 m.~		30 m.~		
Test Start Time:	2:24pm	2:40pm	2:24pm	2:40pm	12:10pm	12:42pm	
Initial Reading (R_I):	4.868.~	4.868.~	5.088.~	5.088.~	4.141.~	4.131.~	
Test End Time:	2:39pm	2:55pm	2:39pm	2:55pm	12:25pm	12:57pm	
Final Reading (R_F):	4.868.~	4.868.~	5.088.~	5.087.~	4.140.~	4.131.~	
Test Duration:	15m.~	15m.~	15m.~	15m.~	15m.~	15m.~	
Change in Reading (R_F-R_I):	.000.~	.000.~	.000.~		.001.~	.000.~	
Pass/Fail Threshold or Criteria:	.002.~	.002.~	.002.~	.002.~	.002.~	.002.~	
Test Result:	☒ Pass	☐ Fail	☒ Pass	☐ Fail	☒ Pass	☐ Fail	☐ Pass ☐ Fail
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

- INSTALLED NEW TEST BOOTS ON SEC. PIPING IN STP SUMP.

- RESEALED PIPING PENETRATION IN ALL STP SUMPS

[1] If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

33237

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD

09/28/2009 2:40 PM

SUMP LEAK TEST REPORT

91STP

TEST STARTED	2:24 PM
TEST STARTED	09/28/2009
BEGIN LEVEL	5.0885 IN
END TIME	2:39 PM
END DATE	09/28/2009
END LEVEL	5.0882 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

87STP

TEST STARTED	2:24 PM
TEST STARTED	09/28/2009
BEGIN LEVEL	4.8686 IN
END TIME	2:39 PM
END DATE	09/28/2009
END LEVEL	4.8685 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD

09/28/2009 12:25 PM

SUMP LEAK TEST REPORT

DSLSTP

TEST STARTED	12:10 PM
TEST STARTED	09/28/2009
BEGIN LEVEL	4.1412 IN
END TIME	12:25 PM
END DATE	09/28/2009
END LEVEL	4.1403 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD

09/28/2009 2:55 PM

SUMP LEAK TEST REPORT

91STP

TEST STARTED	2:40 PM
TEST STARTED	09/28/2009
BEGIN LEVEL	5.0881 IN
END TIME	2:55 PM
END DATE	09/28/2009
END LEVEL	5.0879 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

87STP

TEST STARTED	2:40 PM
TEST STARTED	09/28/2009
BEGIN LEVEL	4.8683 IN
END TIME	2:55 PM
END DATE	09/28/2009
END LEVEL	4.8684 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD

09/28/2009 12:57 PM

SUMP LEAK TEST REPORT

DSLSTP

TEST STARTED	12:42 PM
TEST STARTED	09/28/2009
BEGIN LEVEL	4.1316 IN
END TIME	12:57 PM
END DATE	09/28/2009
END LEVEL	4.1314 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

33237

SB989 TESTING FAILURE REPORT

SITE NAME: JOHNNY QUICK DATE: 9-28-09

ADDRESS: 2216 TAFT HWY TECHNICIAN: RYAN MASON

CITY: BAKERSFIELD SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS:

-INSTALLED TEST BOOTS ON ALL SEC. PIPES IN STP SUMPS

LABOR:

PARTS INTALLED:

3- 3.9x2.4A TEST BOOTS

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: JOHNNY QUICK	Date of Testing: 7-7-09
Facility Address: 2126 TAFT HWY	
Facility Contact: MR KOOL	Phone: 834-9113
Date Local Agency Was Notified of Testing: 6-12-09	
Name of Local Agency Inspector *(if present during testing)*: NONE	

RECEIVED AUG 4 2009 KERN COUNTY ENVIRONMENTAL HEALTH SERVICES

2. TESTING CONTRACTOR INFORMATION

Company Name: RICH ENVIRONMENTAL	
Technician Conducting Test: BRANDON MASON	
Credentials: ☐ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester
License Type:	License Number:

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
INCON	TS-STS	4-10-2010

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
87 ANNULAR	☒	☐	☐	☐	UDC 7-8	☐	☒	☐	☐
91 ANNULAR	☒	☐	☐	☐	87 VAPOR	☒	☐	☐	☐
DIESEL ANNULAR	☒	☐	☐	☐	91 VAPOR	☒	☐	☐	☐
87 SECONDARY	☐	☒	☐	☐	DIESEL VAPOR	☒	☐	☐	☐
91 SECONDARY	☐	☒	☐	☐		☐	☐	☐	☐
DIESEL SECONDARY	☐	☒	☐	☐		☐	☐	☐	☐
87 STP	☐	☒	☐	☐		☐	☐	☐	☐
91 STP	☐	☒	☐	☐		☐	☐	☐	☐
DIESEL STP	☐	☒	☐	☐		☐	☐	☐	☐
UDC 1-2	☐	☒	☐	☐		☐	☐	☐	☐
UDC 3-4	☐	☒	☐	☐		☐	☐	☐	☐
UDC 5-6	☐	☒	☐	☐		☐	☐	☐	☐

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: _____ Date: 7-7-09

4. TANK ANNULAR TESTING

Test Method Developed By:	☐ Tank Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*		
Test Method Used:	☐ Pressure ☒ Vacuum ☐ Hydrostatic ☐ Other *(Specify)*		
Test Equipment Used: GAUGE		Equipment Resolution:	

	Tank # 87	Tank # 91	Tank # DIESEL	Tank #
Is Tank Exempt From Testing?[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Tank Capacity:	10,000	10,000	10,000	
Tank Material:	STEEL	STEEL	STEEL	
Tank Manufacturer:	UNKNOWN	UNKNOWN	UNKNOWN	
Product Stored:	GASOLENE	GASOLINE		
Wait time between applying pressure/vacuum/water and starting test:	30 MIN	30 MIN	30 MIN	
Test Start Time:	11:30AM	11:30AM	12:00 PM	
Initial Reading (R_I):	-10 HG	-10 HG	-10 HG	
Test End Time:	12:30 PM	12:30 PM	1:00 PM	
Final Reading (R_F):	-10 HG	-10 HG	-10 HG	
Test Duration:	1 HR	1 HR	1 HR	
Change in Reading (R_F-R_I):	-0 HG	-0 HG	-0 HG	
Pass/Fail Threshold or Criteria:	-0 HG	-0 HG	-0 HG	
Sensor Functional Test	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☐ Pass ☐ Fail
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Piping Run # 87	Piping Run # 91	Piping Run # DESE	Piping Run #
Piping Material:				
Piping Manufacturer:				
Piping Diameter:				
Length of Piping Run:				
Product Stored:				
Method and location of piping-run isolation:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F–R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

SECONDARY'S WERE NOT TESTED BECAUSE THERE ARE NO BOOTS ON THE SECONDARYS IN THE SUMPS. BOOTS WILL BE ORDERED AND INSTALLED AS SOON AS POSSIBLE. WHEN REPAIRS ARE MADE THE SITE WILL BE RETESTED.

6. PIPING SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*		
Test Method Used:	☐ Pressure ☐ Vacuum ☒ Hydrostatic ☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Sump # 87	Sump # 91	Sump # DIESEL	Sump #
Sump Diameter:				
Sump Depth:				
Sump Material:				
Height from Tank Top to Top of Highest Piping Penetration:				
Height from Tank Top to Lowest Electrical Penetration:				
Condition of sump prior to testing:				
Portion of Sump Tested[1]				
Does turbine shut down when sump sensor detects liquid (both product and water)?*	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Turbine shutdown response time				
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was fail-safe verified to be operational?*	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Was sensor removed for testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

SUMPS WERE NOT TESTED AND FAIL BECAUSE THERE ARE NO BOOTS IN THE TURBIN SUMPS TO ISOLATE THAT COMPONENT TO BE TESTED.

[1] If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer	☒ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☒ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	UDC # 1-2	UDC # 3-4	UDC # 5-6	UDC # 7-8
UDC Manufacturer:				
UDC Material:				
UDC Depth:				
Height from UDC Bottom to Top of Highest Piping Penetration:				
Height from UDC Bottom to Lowest Electrical Penetration:				
Condition of UDC prior to testing:				
Portion of UDC Tested[1]				
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Turbine shutdown response time				
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Was fail-safe verified to be operational?*	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Wait time between applying pressure/vacuum/water and starting test				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Was sensor removed for testing?	☐ Yes ☒ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

UDC'S WERE NOT TESTED BECAUSE BOOTS HAVE TO BE INSTALLED ON SECONDARYS TO ISOLATE THE UDC'S FOR TESTING.

[1] If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps ☒			
Fill Riser Containment Sumps are Present, but were Not Tested ☐			
Test Method Developed By:	☐ Sump Manufacturer	☐ Industry Standard	☐ Professional Engineer
	☒ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Fill Sump #	Fill Sump #	Fill Sump #	Fill Sump #
Sump Diameter:				
Sump Depth:				
Height from Tank Top to Top of Highest Piping Penetration:				
Height from Tank Top to Lowest Electrical Penetration:				
Condition of sump prior to testing:				
Portion of Sump Tested				
Sump Material:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Is there a sensor in the sump?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

N/A NONE INSTALLED

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes ☐			
Spill/Overfill Containment Boxes are Present, but were Not Tested ☐			
Test Method Developed By:	☐ Spill Bucket Manufacturer ☐ Other *(Specify)*	☑ Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☑ Hydrostatic
Test Equipment Used: INCON		Equipment Resolution: 0.002	

	Spill Box # 87 VAP		Spill Box # 9 VAP		Spill Box # DIESEL VAP		Spill Box #
Bucket Diameter:	12 IN		12 IN		12 IN		
Bucket Depth:	16 IN		16 IN		16 IN		
Wait time between applying pressure/vacuum/water and starting test:	30 MIN		30 MIN		30 MIN		
Test Start Time:	11:10 A	11:37A	12:11P	12:38P	11:10A	11:37A	
Initial Reading (R_I):	7.461	7.460	5.845	5.844	7.013	7.012	
Test End Time:	11:25A	11:52A	12:26P	12:53P	11:25A	11:52	
Final Reading (R_F):	7.460	7.460	5.845	5.845	7.012	7.011	
Test Duration:	15 MIN	15 MIN	15 MIN	15 MIN	15 MIN	15 MIN	
Change in Reading (R_F-R_I):	0.001	0.000	0.000	0.001	0.001	0.001	
Pass/Fail Threshold or Criteria:	0.002	0.002	0.002	0.002	0.002	0.002	
Test Results:	Pass ☐ Fail		Pass ☐ Fail		Pass ☐ Fail		Pass ☐ Fail

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

30862

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD

07/07/2009 11:37 AM

SUMP LEAK TEST REPORT

87 UPR

TEST STARTED	11:10 AM
TEST STARTED	07/07/2009
BEGIN LEVEL	7.4610 IN
END TIME	11:25 AM
END DATE	07/07/2009
END LEVEL	7.4601 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD

07/07/2009 11:53 AM

SUMP LEAK TEST REPORT

87 UPR

TEST STARTED	11:37 AM
TEST STARTED	07/07/2009
BEGIN LEVEL	7.4600 IN
END TIME	11:52 AM
END DATE	07/07/2009
END LEVEL	7.4600 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD

07/07/2009 12:26 PM

SUMP LEAK TEST REPORT

91UPR

TEST STARTED	12:11 PM
TEST STARTED	07/07/2009
BEGIN LEVEL	5.8458 IN
END TIME	12:26 PM
END DATE	07/07/2009
END LEVEL	5.8450 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

JOHNNY QUICK
2126 TAFT HWY
BAKERSFIELD

07/07/2009 12:53 PM

SUMP LEAK TEST REPORT

91UPR

TEST STARTED	12:38 PM
TEST STARTED	07/07/2009
BEGIN LEVEL	5.8449 IN
END TIME	12:53 PM
END DATE	07/07/2009
END LEVEL	5.8451 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSL UPR

TEST STARTED	11:10 AM
TEST STARTED	07/07/2009
BEGIN LEVEL	7.0131 IN
END TIME	11:25 AM
END DATE	07/07/2009
END LEVEL	7.0122 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSL UPR

TEST STARTED	11:37 AM
TEST STARTED	07/07/2009
BEGIN LEVEL	7.0121 IN
END TIME	11:52 AM
END DATE	07/07/2009
END LEVEL	7.0118 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

30862

SB989 TESTING FAILURE REPORT

SITE NAME: JOHNNY QUICK DATE: 7-7-09

ADDRESS: 2126 TAFT HWY TECHNICIAN: BRANDON MASON

CITY: BAKERSFIELD SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS: VDC'S, SECONDARY'S, AND TURBIN SUMPS WERE NOT TESTED AND FAIL BECAUSE THERE ARE NO SECONDARY BOOTS TO ISOLATE THE COMPONENTS TO BE TESTED.

LABOR: NONE

PARTS INTALLED: NONE

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

23386 50

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

MAR 13 2009

Facility Name: JOHNNY QUICK Bldg. No.:
Site Address: 2126 TAFT HWY. City: BAKERSFIELD Zip: 93313
Facility Contact Person: MR. KOOL Contact Phone No.: (661) 834-9113
Make/Model of Monitoring System: TLS-350 Date of Testing/Servicing: 2/13/2009

ENVIRONMENTAL HEALTH SERVICES

CL-3201

B. Inventory of Equipment Tested/Certified

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

Tank ID: REGULAR 87

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model
- ☒ Mechanical Line Leak Detector Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: PREMIUM 91

- ☐ In-Tank Gauging Probe Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s) Model: 208
- ☐ Fill Sump Sensor(s) Model
- ☒ Mechanical Line Leak Detector Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model
- ☐ Tank Overfill / High-Level Sensor Model
- ☐ Other (specify equipment type and model in Section E on Page 2)

Tank ID: DIESEL

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:

- ☐ In-Tank Gauging Probe. Model:
- ☐ Annular Space or Vault Sensor. Model:
- ☐ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector Model:
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1/2

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s)
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3/4

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5/6

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7/8

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s)
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s) Model
- ☐ Shear Valve(s)
- ☐ 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): BRANDON MASON Signature:
Certification No.: B34335 License. No.: 5284980-UT
Testing Company Name: RICH ENVIRONMENTAL Phone No.: (661) 392-8687
Testing Company Address: 5643 BROOKS CT. BAKERSFIELD, CA. 93308 Date of Testing/Servicing.

D. Results of Testing/Servicing

Software Version Installed: 18.01

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☒ Yes	☐ No* ☐ 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)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ 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? %
☐ Yes*	☒ 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.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ 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:

23386 80

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:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In 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:

☒ Yes	☐ No* ☐ 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: ☒ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☒ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

23386 60

I. Results of Vacuum/Pressure Monitoring Equipment Testing

This page should be used to document testing and servicing of vacuum and pressure interstitial sensors. A copy of this form must be included with the Monitoring System Certification Form, which must be provided to the tank system owner/operator. The owner/operator must submit a copy of the Monitoring System Certification Form to the local agency regulating UST systems within 30 days of test date.

Manufacturer: N/A	Model:	System Type: ☐ Pressure; ☐ Vacuum

Sensor ID		
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor:	
	Sensor Functionality Test Result: ☐ Pass; ☐ Fail	Interstitial Communication Test Result: ☐ Pass; ☐ Fail

How was interstitial communication verified?
☐ Leak Introduced at Far End of Interstitial Space;[1] ☐ Gauge; ☐ Visual Inspection; ☐ Other *(Describe in Sec. J. below)*

Was vacuum/pressure restored to operating levels in all interstitial spaces? ☐ Yes ☐ No *(If no, describe in Sec. J. below)*

J. Comments: N/A

[1] If the sensor successfully detects a simulated vacuum/pressure leak introduced in the interstitial space at the furthest point from the sensor, vacuum/pressure has been demonstrated to be communicating throughout the interstice.

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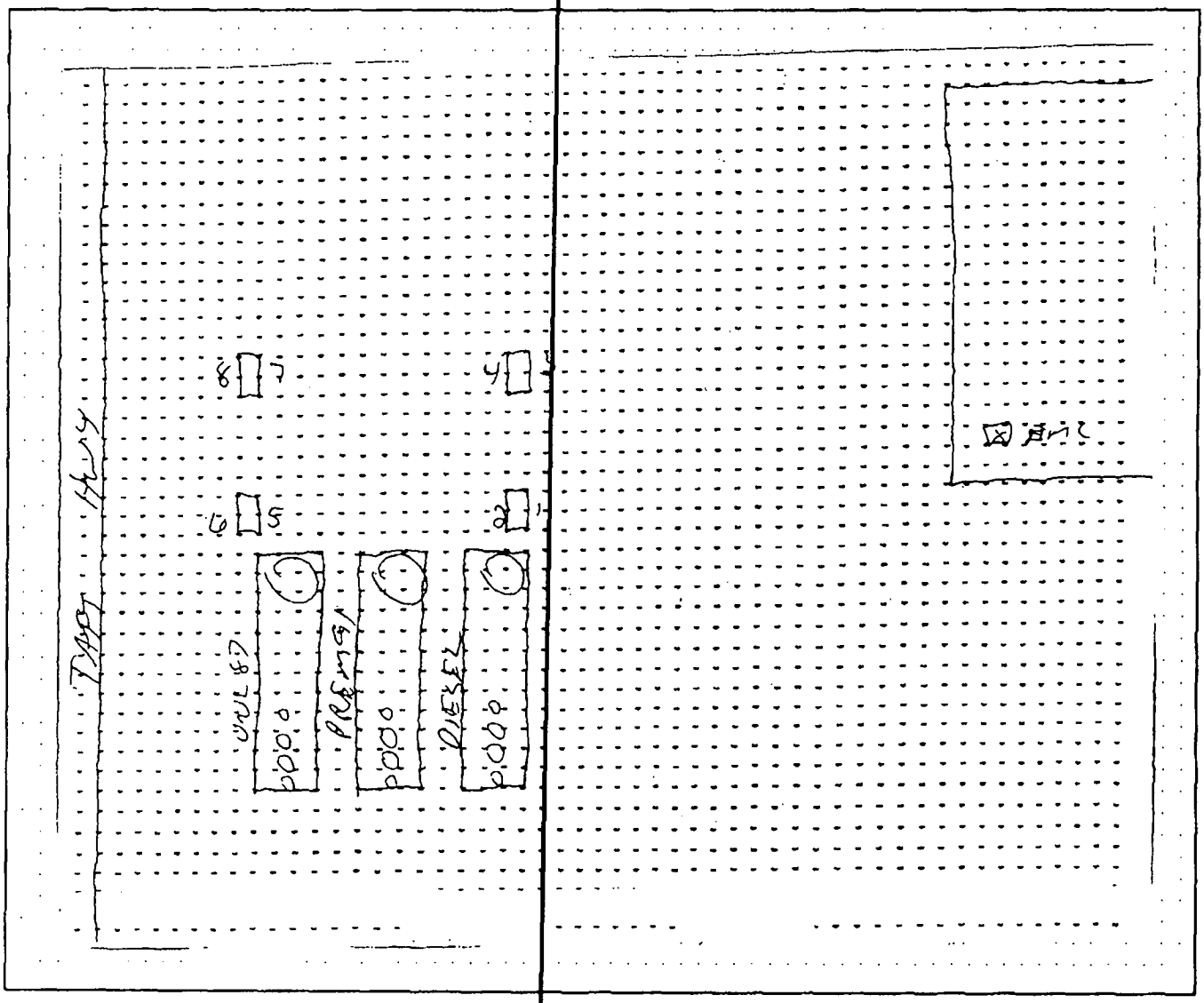
UST Monitoring Site Plan

Site Address: 2126 TAFT HWY. BAKERSFIELD, CA. 93313



Date map was drawn: 2/13/2009.

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.

23386 SD

RICH ENVIRONMENTAL
5643 BROOKS CT. BAKERSFIELD, CA. 93308
OFFICE (661)392-8687 FAX (661)392-0621

PRODUCT LINE LEAK DETECTOR TEST

WORK SHEET

W/0#: _____

FACILITY NAME: JOHNNY QUICK

FACILITY ADDRESS: 2126 TAFT HWY. BAKERSFIELD, CA. 93313

PRODUCT LINE TYPE: PRESSURE

PRODUCT	LEAK DETECTOR TYPE SERIAL NUMBER	TEST BELOW 3 G.P.H.	TRIP P.S.I.	PASS OR FAIL
REGULAR 87	L/D TYPE : RED JACKET SERIAL # MECHANICAL	YES	10 PSI	PASS
PREMIUM 91	L/D TYPE : RED JACKET SERIAL # MECHANICAL	YES	10 PSI	PASS
DIESEL	L/D TYPE : RED JACKET SERIAL # MECHANICAL	YES	10 PSI	PASS
	L/D TYPE : _ SERIAL # _	YES NO		PASS FAIL

I CERTIFY THE ABOVE TESTS WERE CONDUCTED ON THIS DATE ACCORDING TO RED JACKET PUMPS FIELD TEST APPARATUS TESTING PROCEDURE AND LIMITATIONS. THE MECHANICAL LEAK DETECTOR TEST PASS / FAIL IS DETERMINED BY USING A LOW FLOW THRESHOLD TRIP RATE OF 3 GALLONS PER HOUR OR LESS AT 10 P.S.I. I ACKNOWLEDGE THAT ALL DATA COLLECTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TECHNICIAN: BRANDON MASON

SIGNATURE: _____ DATE: 02/13/09

23386 50

SWRCB, January 2006

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:	JOHHNY QUICK	Date of Testing:	02/13/09
Facility Address:	2126 TAFT HWY. BAKERSFIELD, CA. 93313		
Facility Contact:	MR. KOOL	Phone:	(661) 834-9113
Date Local Agency Was Notified of Testing :	02/09/09		
Name of Local Agency Inspector *(if present during testing)*:	LAUREL FUNK		

2. TESTING CONTRACTOR INFORMATION

Company Name:	RICH ENVIRONMENTAL
Technician Conducting Test:	STEVEN OBERT
Credentials[1]:	CSLB Contractor X ICC Service Tech. SWRCB Tank Tester Other *(Specify)*
License Number(s):	5261246-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	X Hydrostatic	Vacuum	Other	
Test Equipment Used: VISUAL			Equipment Resolution: 0.00	
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 REGULAR 87-FILL	2 PREMIUM 91-FILL	3 DIESEL	4
Bucket Installation Type:	X Direct Bury Contained in Sump	X Direct Bury Contained in Sump	X 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:	30 MIN	30 MIN	30 MIN	
Test Start Time (T_I):	0900	0900	0900	
Initial Reading (R_I):	10"	10"	10"	
Test End Time (T_F):	1000	1000	1000	
Final Reading (R_F):	10"	10"	10"	
Test Duration (T_F - T_I):	1-HOUR	1-HOUR	1-HOUR	
Change in Reading (R_F - R_I):	0	0	0	
Pass/Fail Threshold or Criteria:	+/- 0.00	+/- 0.00	+/- 0.00	
Test Result:	X Pass ☐ Fail	X Pass ☐ Fail	X Pass ☐ Fail	☐ Pass ☐ 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: 02/13/09

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

LARM HISTORY REPORT

---- SENSOR ALARM -----
6:92 OCTANE
TP SUMP
ENSOR OUT ALARM
EB 13, 2009 10:46 AM

JEL ALARM
EB 13, 2009 10:36 AM

NSOR OUT ALARM
B 12, 2008 10:59 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:87 OCTANE
ANNULAR SPACE
FUEL ALARM
FEB 13, 2009 10:46 AM

FUEL ALARM
FEB 13, 2009 10:35 AM

FUEL ALARM
FEB 12, 2008 10:59 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:89 OCTANE
STP SUMP
SENSOR OUT ALARM
FEB 13, 2009 10:46 AM

FUEL ALARM
FEB 13, 2009 10:34 AM

SENSOR OUT ALARM
FEB 12, 2008 10:59 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:89 OCTANE
ANNULAR SPACE
FUEL ALARM
FEB 13, 2009 10:46 AM

FUEL ALARM
FEB 13, 2009 10:35 AM

FUEL ALARM
FEB 12, 2008 10:59 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:87 OCTANE
STP SUMP
SENSOR OUT ALARM
FEB 13, 2009 10:46 AM

FUEL ALARM
FEB 13, 2009 10:35 AM

SENSOR OUT ALARM
FEB 12, 2008 10:59 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:92 OCTANE
ANNULAR SPACE
FUEL ALARM
FEB 13, 2009 10:46 AM

FUEL ALARM
FEB 13, 2009 10:36 AM

FUEL ALARM
FEB 12, 2008 10:59 AM

23386

OUTPUT RELAY SETUP
- - - - - - - - - - - - - - -

R 1:87 POSI-SHUTDOWN
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 1:FUEL ALARM
L 4:FUEL ALARM
L 1:SENSOR OUT ALARM
L 4:SENSOR OUT ALARM

R 2:89 POSI-SHUTDOWN
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 2:FUEL ALARM
L 5:FUEL ALARM
L 2:SENSOR OUT ALARM
L 5:SENSOR OUT ALARM

R 3:92 POSI-SHUTDOWN
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 3:FUEL ALARM
L 6:FUEL ALARM
L 3:SENSOR OUT ALARM
L 6:SENSOR OUT ALARM

LIQUID SENSOR SETUP
- - - - - - - - - - - - - - -

L 1:87 OCTANE
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:89 OCTANE
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 3:92 OCTANE
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 4:87 OCTANE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 5:89 OCTANE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 6:92 OCTANE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

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SYSTEM SETUP
- - - - - - - - - - - - - - -
FEB 13, 2009 12:40 PM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMA
MON DD YYYY HH:MM:SS x

Johnny Quik #143
2126 Taft Hwy.
Bakersfield Ca.93313
(805) 834-9113

SHIFT TIME 1 : DISABLE
SHIFT TIME 2 : DISABLE
SHIFT TIME 3 : DISABLE
SHIFT TIME 4 : DISABLE

TANK PERIODIC WARNINGS
DISABLED
TANK ANNUAL WARNINGS
DISABLED
LINE PERIODIC WARNINGS
DISABLED
LINE ANNUAL WARNINGS
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
DAYLIGHT SAVING TIME
ENABLED
START DATE
APR WEEK 1 SUN
START TIME
2:00 AM
END DATE
OCT WEEK 6 SUN
END TIME
2:00 AM

SYSTEM SECURITY
CODE : 000000

COMMUNICATIONS SETUP
- - - - - - - - - - - - - - -

PORT SETTINGS:

NONE FOUND

RS-232 SECURITY
CODE : 000000

RS-232 END OF MESSAGE
DISABLED

SOFTWARE REVISION LEVI
VERSION 18.01
SOFTWARE# 346018-100-I
CREATED - 99.07.23.19

NO SOFTWARE MODULE
SYSTEM FEATURES:
PERIODIC IN-TANK TE
ANNUAL IN-TANK TEST

23386 50

MONITOR CERT. FAILURE REPORT

SITE NAME: JOHHNY QUICK | DATE: 02/13/09

ADDRESS: 2126 TAFT HWY. | TECHNICIAN: BRANDON MASON

CITY: BAKERSFIELD | SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS: ~~NONE~~

- CHANGED UNLEAD AND PREMIUM. MLLD

LABOR: NONE

PARTS INTALLED: ~~NONE~~

2 - RED JACKET MLLD

NAME: | TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

193629

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California
Authority Cite& Chapter 6 7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code ofRegulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepare 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: JOHNNY QUICK Bldg. No.: 3201

Site Address: 2126 TAFT HWY City: BAKERSFIELD Zip: 93313

Facility Contact Person: _____ Contact Phone No.: (_____) _____

Make/Model of Monitoring System: GILBARCO EMC Date of Testing/Servicing: 2/12/08

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced: INSPECTOR ON-SITE: YES/ NO NAME:

Tank ID: UNL 87
- ☐ In-Tank Gauging Probe. Model: _____
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model: _____
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model: _____
- ☐ Tank Overfill / High-Level Sensor. Model: _____
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: PREMIUM
- ☐ In-Tank Gauging Probe. Model: _____
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model: _____
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model: _____
- ☐ Tank Overfill / High-Level Sensor. Model: _____
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: DIESEL
- ☐ In-Tank Gauging Probe. Model: _____
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model: _____
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model: _____
- ☐ Tank Overfill / High-Level Sensor. Model: _____
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:
- ☐ In-Tank Gauging Probe. Model: _____
- ☐ Annular Space or Vault Sensor. Model: _____
- ☐ Piping Sump / Trench Sensor(s). Model: _____
- ☐ Fill Sump Sensor(s). Model: _____
- ☐ Mechanical Line Leak Detector. Model: _____
- ☐ Electronic Line Leak Detector. Model: _____
- ☐ Tank Overfill / High-Level Sensor. Model: _____
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1-2
- ☐ Dispenser Containment Sensor(s). Model: 406
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3-4
- ☐ Dispenser Containment Sensor(s). Model: 406
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5-6
- ☐ Dispenser Containment Sensor(s). Model: 406
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7-8
- ☐ Dispenser Containment Sensor(s). Model: 406
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model: _____
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model: _____
- ☐ Shear Valve(s).
- ☐ 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): RYAN MASON Signature: _____

Certification No.: A27367 ICC# 5261213-UT License. No.: C10/C46 609650

Testing Company Name: RICH ENVIRONMENTAL Phone No.: (661) 392-8687

Site Address: 2126 TAFT HWY BAKERSFIELD CA Date of Testing/Servicing: 2/12/08

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D. Results of Testing/Servicing

Software Version Installed: 18.01

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confin-ned operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
☒ Yes	☐ No* ☐ 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)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ 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? %
☐ Yes*	☒ 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.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section E below, describe how and when these deficiencies were or will be corrected.**

E. Comments:

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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:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ 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:

☒ Yes	☐ No* ☐ 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: ☒ 3 g.p.h., ☐ 0.1 g.p.h , ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☒ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ 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:

19362

Monitoring System Certification Form: Addendum for Vacuum/Pressure Interstitial Sensors — LG 163-1, Enc. II

I. Results of Vacuum/Pressure Monitoring Equipment Testing

This page should be used to document testing and servicing of vacuum and pressure interstitial sensors. A copy of this form must be included with the Monitoring System Certification Form, which must be provided to the tank system owner/operator. The owner/operator must submit a copy of the Monitoring System Certification Form to the local agency regulating UST systems within 30 days of test date.

Manufacturer:	Model:	System Type: ☒ Pressure; ☐ Vacuum
Sensor ID		
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail	
How was interstitial communication verified? ☐ Leak Introduced at Far End of Interstitial Space;[1] ☐ Gauge; ☐ Visual Inspection; ☐ Other *(Describe in Sec. J, below)*		
Vacuum was restored to operating levels in all interstitial spaces: ☐ Yes ☐ No *(If no, describe in Sec. J, below)*		

J. Comments: _____

N/A

[1] If the sensor successfully detects a simulated vacuum/pressure leak introduced in the interstitial space at the furthest point from the sensor, vacuum/pressure has been demonstrated to be communicating throughout the interstice.

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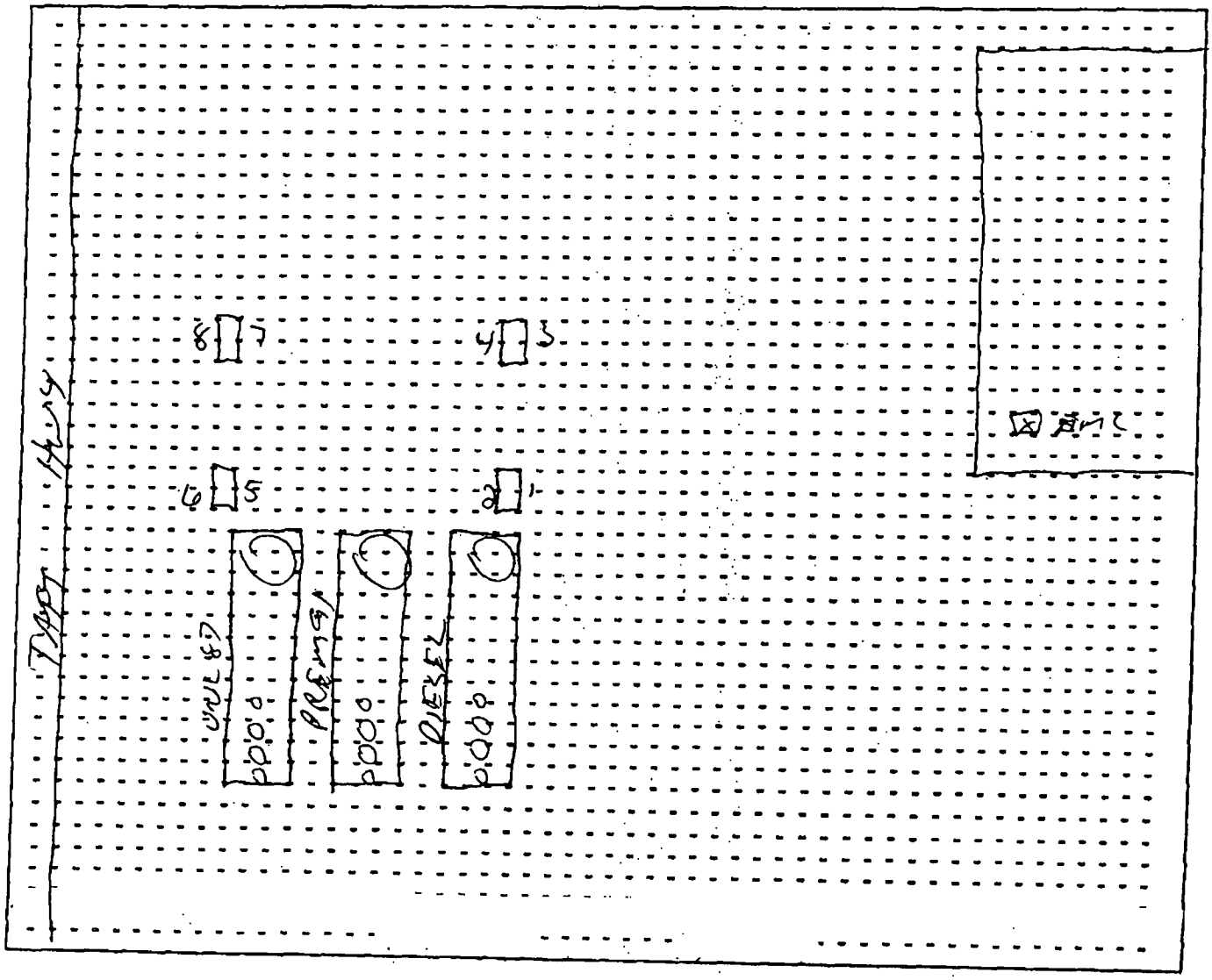
Monitoring System Certification

UST Monitoring Site Plan

Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313



Date map was drawn: 2/12/08

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.

05100

19362

RICH ENVIRONMENTAL

5643 BROOKS CT BAKERSFIELD, CA. 93308
OFFICE (661) 392-8687 & FAX (661) 392-0621

MECHANICAL LEAK DETECTOR TEST

WORK SHEET

W/O#: _____

Facility Name: JOHNNY QUICK

Facility Address: 2126 TAFT HWY BAKERSFIELD CA

Product Line Type (Pressure, Suction, Gravity) PRESSURE

PRODUCT	LEAK DETECTOR TYPE SERIAL NUMBER	TEST BELOW 3 GPH	TRIP PSI	PASS OR FAIL
UNL87	L/D TYPE MECHANICAL SERIAL # _____	(YES) NO	10	(PASS) FAIL
PREM91	L/D TYPE MECHANICAL SERIAL # _____	(YES) NO	7	(PASS) FAIL
DIESEL	L/D TYPE MECHANICAL SERIAL # _____	(YES) NO	9	(PASS) FAIL
	L/D TYPE _____ SERIAL # _____	YES NO		PASS FAIL

I certify the above tests were conducted on this date according to Red Jacket Pumps field test apparatus testing procedure an limitations.

The Mechanical Leak Detector Test pass / fail is determined by using a low flow threshold trip rate of 3 gallon per hour or less at 10 PSI.

I acknowledge that all data collected is true and correct to the best of my knowledge.

Tech: RYAN MASON

Signature: _____

Date: 2-12-08

19367

SWRCB, January 2006

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: JOHNNY QUICK	Date of Testing: 2-12-08
Facility Address: 2120 MET 4W4 BAKERSFIELD, CA	
Facility Contact:	Phone:
Date Local Agency Was Notified of Testing :	
Name of Local Agency Inspector *(if present during testing)*:	

2. TESTING CONTRACTOR INFORMATION

Company Name: RICH ENVIRONMENTAL	
Technician Conducting Test: RYAN MASON	
Credentials[1]: CSLB Contractor (ICC Service Tech.) SWRCB Tank Tester Other *(Specify)*	
License Number(s): 5281213-UT	

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: ~~Hydrostatic~~ Vacuum Other

Test Equipment Used: VISUAL Equipment Resolution:

Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 UNL 87	2 PREM 91	3 DIESEL	4
Bucket Installation Type:	Direct Bury / Contained in Sump	Direct Bury / Contained in Sump	Direct Bury / Contained in Sump	Direct Bury / Contained in Sump
Bucket Diameter:	12 IN	12 IN	12 IN	
Bucket Depth:	14 IN	11 IN	14 IN	
Wait time between applying vacuum/water and start of test:	30 MIN	30 MIN	30 MIN	
Test Start Time (T_I):	9:00 AM	9:00 AM	9:00 AM	
Initial Reading (R_I):	10 IN	10 IN	10 IN	
Test End Time (T_F):	10:00 AM	10:00 AM	10:00 AM	
Final Reading (R_F):	10 IN	10 IN	10 IN	
Test Duration ($T_F - T_I$):	60 MIN	60 MIN	60 MIN	
Change in Reading ($R_F - R_I$):	0 IN	0 IN	0 IN	
Pass/Fail Threshold or Criteria:	0 IN	0 IN	0 IN	
Test Result:	PASS / FAIL	PASS / FAIL	PASS / FAIL	PASS / 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: RM Date: 2-12-08

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

19362

SOFTWARE REVISION LEVEL
VERSION 18.01
SOFTWARE# 346018-100-B
CREATED - 99.07.23.19.14

NO SOFTWARE MODULE
SYSTEM FEATURES:
  PERIODIC IN-TANK TESTS
  ANNUAL IN-TANK TESTS

SYSTEM SETUP
- - - - - - - - - - - - -
FEB 12, 2008 11:36 AM

SYSTEM UNITS
 U.S.
SYSTEM LANGUAGE
 ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

Johnny Quik #143
2126 Taft Hwy.
Bakersfield Ca.93313
(805) 834-9113

SHIFT TIME 1 : DISABLED
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PERIODIC WARNINGS
DISABLED
TANK ANNUAL WARNINGS
DISABLED
LINE PERIODIC WARNINGS
DISABLED
LINE ANNUAL WARNINGS
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
DAYLIGHT SAVING TIME
ENABLED
START DATE
APR WEEK 1 SUN
START TIME
 2:00 AM
END DATE
OCT WEEK 6 SUN
END TIME
 2:00 AM

SYSTEM SECURITY
CODE : 000000

COMMUNICATIONS SETUP
- - - - - - - - - - - - -

PORT SETTINGS:

NONE FOUND

RS-232 SECURITY
CODE : 000000

RS-232 END OF MESSAGE
DISABLED

LIQUID SENSOR SETUP
- - - - - - - - - - - - - -

L 1:87 OCTANE
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:89 OCTANE
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 3:92 OCTANE
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 4:87 OCTANE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 5:89 OCTANE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 6:92 OCTANE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

OUTPUT RELAY SETUP
- - - - - - - - - - - - -

R 1:87 POSI-SHUTDOWN
TYPE:
  STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
 L 1:FUEL ALARM
 L 4:FUEL ALARM
 L 1:SENSOR OUT ALARM
 L 4:SENSOR OUT ALARM

R 2:89 POSI-SHUTDOWN
TYPE:
  STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
 L 2:FUEL ALARM
 L 5:FUEL ALARM
 L 2:SENSOR OUT ALARM
 L 5:SENSOR OUT ALARM

R 3:92 POSI-SHUTDOWN
TYPE:
  STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
 L 3:FUEL ALARM
 L 6:FUEL ALARM
 L 3:SENSOR OUT ALARM
 L 6:SENSOR OUT ALARM

ALARM HISTORY REPORT

----- SYSTEM ALARM -----
PAPER OUT
NOV 7, 2006 2:38 PM
PRINTER ERROR
NOV 7, 2006 2:38 PM
BATTERY IS OFF
JAN 1, 1996 8:00 AM

* * * * * END * * * * *

19362

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:87 OCTANE
ANNULAR SPACE
FUEL ALARM
FEB 12, 2008 10:59 AM

FUEL ALARM
FEB 12, 2008 10:21 AM

FUEL ALARM
FEB 1, 2007 10:21 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:92 OCTANE
ANNULAR SPACE
FUEL ALARM
FEB 12, 2008 10:59 AM

FUEL ALARM
FEB 12, 2008 10:20 AM

FUEL ALARM
FEB 1, 2007 10:28 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:89 OCTANE
STP SUMP
SENSOR OUT ALARM
FEB 12, 2008 10:59 AM

FUEL ALARM
FEB 12, 2008 10:19 AM

FUEL ALARM
FEB 1, 2007 10:47 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:89 OCTANE
ANNULAR SPACE
FUEL ALARM
FEB 12, 2008 10:59 AM

FUEL ALARM
FEB 12, 2008 10:21 AM

FUEL ALARM
FEB 1, 2007 10:22 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:87 OCTANE
STP SUMP
SENSOR OUT ALARM
FEB 12, 2008 10:59 AM

FUEL ALARM
FEB 12, 2008 10:17 AM

FUEL ALARM
FEB 1, 2007 10:48 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:92 OCTANE
STP SUMP
SENSOR OUT ALARM
FEB 12, 2008 10:59 AM

FUEL ALARM
FEB 12, 2008 10:20 AM

FUEL ALARM
FEB 1, 2007 10:50 AM

* * * * * END * * * * *

19362

MONITOR CERT. FAILURE REPORT

SITE NAME: JOHNNY QUICK DATE: 2-12-08

ADDRESS: 2126 TAFT HWY TECHNICIAN: RYAN MASON

CITY: BAKERSFIELD SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS:

NONE

LABOR:

NONE

PARTS INTALLED:

NONE

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

15498

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cite& Chapter 6 7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code ofRegulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepare 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.

RECEIVED FEB 26 2007 KERN COUNTY ENVIRONMENTAL HEALTH SERVICES

3201

A. General Information

Facility Name: JOHNNY QUICK Bldg. No.:

Site Address: 2126 TAFT HWY. City: BAKERSFIELD Zip:

Facility Contact Person: Contact Phone No.: ( )

Make/Model of Monitoring System: GILBARCO EMC Date of Testing/Servicing: 2/1/07

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced: INSPECTOR ON-SITE: YES (NO) NAME: NONE

Tank ID: UNL 87
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: PREM 91
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: DIESEL
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:
- ☐ In-Tank Gauging Probe. Model:
- ☐ Annular Space or Vault Sensor. Model:
- ☐ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1,2
- ☒ Dispenser Containment Sensor(s). Model: BEAUDREAU
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3,4
- ☒ Dispenser Containment Sensor(s). Model: BEAUDREAU
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5,6
- ☒ Dispenser Containment Sensor(s). Model: BEAUDREAU
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7,8
- ☒ Dispenser Containment Sensor(s). Model: BEAUDREAU
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ 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): BRANDON MASON Signature:

Certification No.: B34335 License. No.: 528480-UT

Testing Company Name: RICH ENVIRONMENTAL Phone No.: (661) 392-8687

Site Address: 2126 TAFT HWY, BAKERSFIELD, CA Date of Testing/Servicing: 2/1/07

15498

D. Results of Testing/Servicing

Software Version Installed: 18.01

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarrn operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confin-ned operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
☒ Yes	☐ No* ☐ 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)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ 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? %
☐ Yes*	☒ 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.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ 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:

15498

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:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ 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:

☒ Yes	☐ No* ☐ 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: ☒ 3 g.p.h., ☐ 0.1 g.p.h , ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☒ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ 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.**

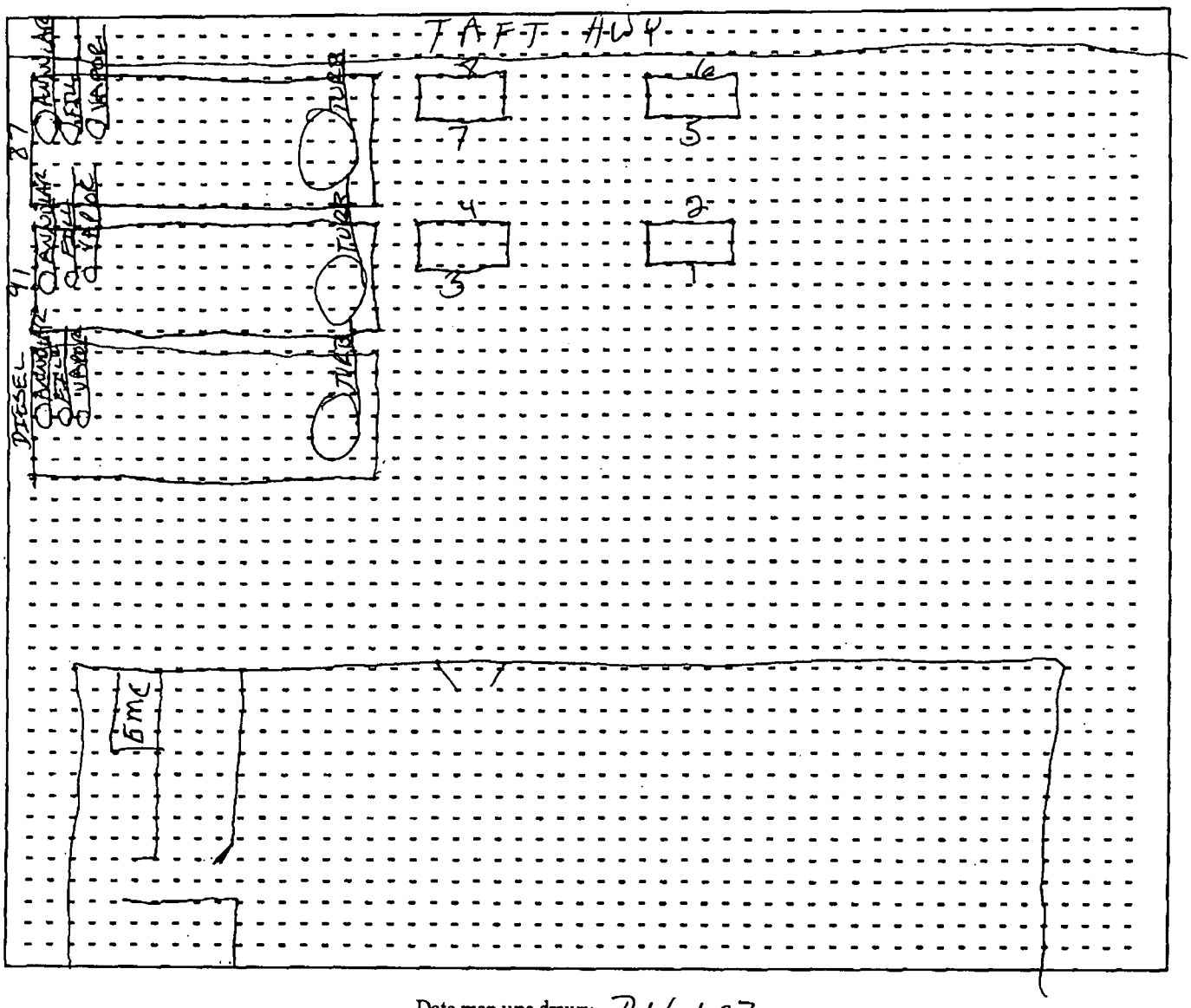
H. Comments: _____

15498

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 2126 TAFT HWY, BAKERSFIELD, CA



Date map was drawn: 2/1/07

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.

05100

15498

RICH ENVIRONMENTAL

5643 BROOKS CT. BAKERSFIELD, CA. 93308
OFFICE (661) 392-8687 & FAX (661) 392-0621

MECHANICAL LEAK DETECTOR TEST

WORK SHEET

W/O#: _____

Facility Name: JOHNNY QUICK

Facility Address: 2126 TAFT HWY, BAKERSFIELD, CA

Product Line Type (Pressure, Suction, Gravity) PRESSURE

PRODUCT	LEAK DETECTOR TYPE SERIAL NUMBER	TEST BELOW 3 GPH	TRIP PSI	PASS OR FAIL
87	L/D TYPE RED JACKET SERIAL # MECHANICAL	(YES) NO	12	(PASS) FAIL
91	L/D TYPE RED JACKET SERIAL # MECHANICAL	(YES) NO	12	(PASS) FAIL
DIESEL	L/D TYPE RED JACKET SERIAL # MECHANICAL	(YES) NO	12	(PASS) FAIL
	L/D TYPE _____ SERIAL # _____	YES NO		PASS FAIL

I certify the above tests were conducted on this date according to Red Jacket Pumps field test apparatus testing procedure an limitations.

The Mechanical Leak Detector Test pass / fail is determined by using a low flow threshold trip rate of 3 gallon per hour or less at 10 PSI.

I acknowledge that all data collected is true and correct to the best of my knowledge.

Tech: BRANDON MASON

Signature: _____

Date: 2-1-07

15498

SWRCB, January 2006

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: JOHNNY QUICK	Date of Testing: 2-1-07
Facility Address: 2126 TAFT HWY, BAKERSFIELD, CA	
Facility Contact:	Phone:
Date Local Agency Was Notified of Testing: 1-25-07	
Name of Local Agency Inspector *(if present during testing)*: NONE	

2. TESTING CONTRACTOR INFORMATION

Company Name: RICH ENVIRONMENTAL	
Technician Conducting Test: BRANDON MASON	
Credentials[1]: CSLB Contractor (ICC Service Tech) SWRCB Tank Tester Other *(Specify)*	
License Number(s): 528 4980-UT	

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: (Hydrostatic) Vacuum Other

Test Equipment Used: VISUAL Equipment Resolution:

Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1: 87	2: 91	3: DIESEL	4
Bucket Installation Type:	(Direct Bury) Contained in Sump	(Direct Bury) Contained in Sump	(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:	30 MIN	30 MIN	30 MIN	
Test Start Time (T_I):	9:30 AM	9:30 AM	9:30 AM	
Initial Reading (R_I):	9½"	9"	9"	
Test End Time (T_F):	10:30 AM	10:30 AM	10:30 AM	
Final Reading (R_F):	9½"	9"	9"	
Test Duration ($T_F - T_I$):	1 HR	1 HR	1 HR	
Change in Reading ($R_F - R_I$):	0"	0"	0"	
Pass/Fail Threshold or Criteria:	0"	0"	0"	
Test Result:	Pass Fail	Pass Fail	Pass Fail	Pass 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: 2-1-07

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

15498

SOFTWARE REVISION LEVEL
VERSION 18.01
SOFTWARE# 346018-100-B
CREATED - 99.07.23.19.14

NO SOFTWARE MODULE
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS

SYSTEM SETUP
- - - - - - - - - - - - - -
FEB 1, 2007 5:46 PM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

Johnny Quik #143
2126 Taft Hwy.
Bakersfield Ca.93313
(805) 834-9113

SHIFT TIME 1 : DISABLED
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PERIODIC WARNINGS
DISABLED
TANK ANNUAL WARNINGS
DISABLED
LINE PERIODIC WARNINGS
DISABLED
LINE ANNUAL WARNINGS
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
DAYLIGHT SAVING TIME
ENABLED
START DATE
APR WEEK 1 SUN
START TIME
2:00 AM
END DATE
OCT WEEK 6 SUN
END TIME
2:00 AM

SYSTEM SECURITY
CODE : 000000

COMMUNICATIONS SETUP
- - - - - - - - - - - - - -

PORT SETTINGS:

NONE FOUND

RS-232 SECURITY
CODE : 000000

RS-232 END OF MESSAGE
DISABLED

LIQUID SENSOR SETUP
- - - - - - - - - - - - - -

L 1:87 OCTANE
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:89 OCTANE
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 3:92 OCTANE
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 4:87 OCTANE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 5:89 OCTANE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 6:92 OCTANE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

OUTPUT RELAY SETUP
- - - - - - - - - - - - - -

R 1:87 POSI-SHUTDOWN
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 1:FUEL ALARM
L 4:FUEL ALARM

R 2:89 POSI-SHUTDOWN
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 2:FUEL ALARM
L 5:FUEL ALARM

R 3:92 POSI-SHUTDOWN
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 3:FUEL ALARM
L 6:FUEL ALARM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:87 OCTANE
ANNULAR SPACE
FUEL ALARM
FEB 1, 2007 10:21 AM

FUEL ALARM
FEB 1, 2006 10:01 AM

FUEL ALARM
JAN 27, 2005 3:02 PM

15498

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:89 OCTANE
ANNULAR SPACE
FUEL ALARM
FEB 1, 2007 10:22 AM

FUEL ALARM
FEB 1, 2006 10:01 AM

FUEL ALARM
JAN 27, 2005 3:00 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:89 OCTANE
STP SUMP
FUEL ALARM
FEB 1, 2007 10:47 AM

FUEL ALARM
FEB 1, 2007 10:29 AM

FUEL ALARM
JUN 4, 2006 12:53 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:92 OCTANE
ANNULAR SPACE
FUEL ALARM
FEB 1, 2007 10:28 AM

FUEL ALARM
JUL 13, 2006 10:01 AM

FUEL ALARM
FEB 1, 2006 10:30 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:92 OCTANE
STP SUMP
FUEL ALARM
FEB 1, 2007 10:50 AM

FUEL ALARM
FEB 1, 2007 10:42 AM

FUEL ALARM
JUN 4, 2006 2:15 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:87 OCTANE
STP SUMP
FUEL ALARM
FEB 1, 2007 10:48 AM

FUEL ALARM
FEB 1, 2006 10:00 AM

FUEL ALARM
JAN 27, 2005 2:53 PM

15498

MONITOR CERT. FAILURE REPORT

SITE NAME: JOHNNY QUICK DATE: 2-1-07

ADDRESS: 2126 TAFT HWY TECHNICIAN: BRANDON MASON

CITY: BAKERSFIELD SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS: NONE

LABOR: NONE

PARTS INTALLED: NONE

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

RECEIVED

13594

JUL 19 2006

KERN COUNTY
ENVIRONMENTAL HEALTH SERVICES

SWRCB, January 2002

Secondary Containment Testing Report Form

3201

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Johnny Quik	Date of Testing: 7-13-06
Facility Address: 2126 Taft Hwy	Bakersfield
Facility Contact:	Phone:
Date Local Agency Was Notified of Testing :	
Name of Local Agency Inspector *(If present during testing)*:	

2. TESTING CONTRACTOR INFORMATION

Company Name: RICH ENVIRONMENTAL	
Technician Conducting Test: JAMES J RICH 106416 6-UT	
Credentials: ☒ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester
License Type. C611D40	License Number: 809850

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
INCON	INCON TS-STS	

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Unl 87 Annular	☒	☐	☐	☐	UDC 7-8	☒	☐	☐	☐
Prem 91 Annular	☒	☐	☐	☐	Unl 87 Fill Sump	☐	☐	☒	☐
DSL Annular	☒	☐	☐	☐	Prem 91 Fill Sump	☐	☐	☒	☐
Unl 87 Sec. pipe	☒	☐	☐	☐	DSL Fill Sump	☐	☐	☒	☐
Prem 91 Sec. pipe	☒	☐	☐	☐	Unl 87 Spill Box	☒	☐	☐	☐
DSL Sec. pipe	☒	☐	☐	☐	Unl 87 Vapor Spill Box	☒	☐	☐	☐
Unl 87 piping sump	☒	☐	☐	☐	Prem 91 Spill Box	☒	☐	☐	☐
Prem 91 piping sump	☒	☐	☐	☐	Prem 91 Vapor Spill Box	☒	☐	☐	☐
DSL piping sump	☒	☐	☐	☐	DSL Spill Box	☒	☐	☐	☐
UDC 1-2	☒	☐	☐	☐		☐	☐	☐	☐
UDC 3-4	☒	☐	☐	☐		☐	☐	☐	☐
UDC 5-6	☒	☐	☐	☐		☐	☐	☐	☐

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

RECYCLE AND REUSED

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: [signature] 106416 6UT Date: 7-13-06

13594

4. TANK ANNULAR TESTING

Test Method Developed By:	☐ Tank Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*			
Test Method Used:	☐ Pressure ☒ Vacuum ☐ Hydrostatic ☐ Other *(Specify)*			
Test Equipment Used: 4in. DIAL GAUGE			Equipment Resolution: .5%	
	Tank # 87	**Tank #** 91	**Tank #** DSL	**Tank #**
Is Tank Exempt From Testing?[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Tank Capacity:	Unknown	Unknown	Unknown	
Tank Material:	steel	steel	steel	
Tank Manufacturer:	Unknown	Unknown	Unknown	
Product Stored:	Unl 87	Prem 91	Diesel	
Wait time between applying pressure/vacuum/water and starting test:	30min	30 min	30 min	
Test Start Time:	9:30am	10:00am	10:25am	
Initial Reading (R_I):	10hg	10hg	10hg	
Test End Time:	10:30am	11:00am	11:25am	
Final Reading (R_F):	10hg	10hg	10hg	
Test Duration:	1hour	1hour	1hour	
Change in Reading (R_F-R_I):	0hg	0hg	0hg	
Pass/Fail Threshold or Criteria:	0	0	0	
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☐ Pass ☐ Fail
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

13594

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer ☐ Other *(Specify)*	☑ Industry Standard	☐ Professional Engineer	
Test Method Used:	☒ Pressure ☐ Other *(Specify)*	☐ Vacuum	☒ Hydrostatic	
Test Equipment Used: 4in. DIAL GAUGE			Equipment Resolution: .5%	

	Piping Run # 87		Piping Run # 91		Piping Run # DSL		Piping Run #	
Piping Material:	Fiberglass		Fiberglass		Fiberglass			
Piping Manufacturer:	Unknown		Unknown		Unknown			
Piping Diameter:	2"		2"		2"			
Length of Piping Run:	100ft		100ft		100ft			
Product Stored:	Unl 87		Prem 91		Diesel			
Method and location of piping-run isolation:	Boot in Sump		Boot in Sump		Boot in Sump			
Wait time between applying pressure/vacuum/water and starting test:	30 min		30 min		30 min			
Test Start Time:	2:31pm	2:53pm	2:31pm	2:53pm	3:12pm	3:29pm		
Initial Reading (R_I):	2.432in	2.432in	2.542in	2.541in	3.384in	3.383in		
Test End Time:	2:46pm	3:08pm	2:46pm	3:08pm	3:27pm	3:44pm		
Final Reading (R_F):	2.432in	2.432in	2.541in	2.541in	3.383in	3.383in		
Test Duration:	15min	15min	15min	15min	15min	15min		
Change in Reading (R_F-R_I):	.000in	.000in	.001in	.000in	.001in	.000in		
Pass/Fail Threshold or Criteria:	.002in		.002in		.002in			
Test Result:	☒ Pass ☐ Fail		☒ Pass ☐ Fail		☒ Pass ☐ Fail		☐ Pass ☐ Fail	

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

- Performed a hydrostatic lake test on secondary piping -

13594

6. PIPING SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*		
Test Method Used:	☐ Pressure ☐ Vacuum ☒ Hydrostatic ☐ Other *(Specify)*		
Test Equipment Used: INCON TS-STS		Equipment Resolution: .oooin.	

	Sump # 87		Sump # 91		Sump # DSL		Sump #
Sump Diameter:	36"		36"		36"		
Sump Depth:							
Sump Material:	Plastic		Plastic		Plastic		
Height from Tank Top to Top of Highest Piping Penetration:	6"		7"		6"		
Height from Tank Top to Lowest Electrical Penetration:	17"		17"		17"		
Condition of sump prior to testing:	Clean		Clean		Clean		
Portion of Sump Tested[1]	Bottom half		Bottom half		Bottom half		
Does turbine shut down when sump sensor detects liquid (both product and water)?*	☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☐ NA
Turbine shutdown response time	Unknown		Unknown		Unknown		
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☐ NA
Was fail-safe verified to be operational?*	☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☐ NA
Wait time between applying pressure/vacuum/water and starting test:	30 min		30 min		30 min		
Test Start Time:	1:31pm	1:48pm	1:31pm	1:48pm	12:51pm	1:07pm	
Initial Reading (R_I):	1.927in	3.141in	3.508in	3.511in	3.097in	3.096in	
Test End Time:	1:46pm	2:03pm	1:46pm	2:03pm	1:06pm	1:22pm	
Final Reading (R_F):	1.926in	3.141in	3.509in	3.512in	3.096in	3.096in	
Test Duration:	15min	15min	15min	15min	15min	15min	
Change in Reading (R_F-R_I):	.001in	.000in	.001in	.001in	.001in	.000in	
Pass/Fail Threshold or Criteria:	.002in	.002in	.002in	.002in	.002in	.002in	
Test Result:	☒ Pass ☐ Fail		☒ Pass ☐ Fail		☒ Pass ☐ Fail		☐ Pass ☐ Fail
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer ☐ Other *(Specify)*	☒ Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☒ Hydrostatic
Test Equipment Used: INCON TS-STS		Equipment Resolution: .0001n.	

	UDC # 1-2		UDC # 3-4		UDC # 5-6		UDC # 7-8	
UDC Manufacturer:	Unknown		Unknown		Unknown		Unknown	
UDC Material:	Fiberglass		Fiberglass		Fiberglass		Fiberglass	
UDC Depth:	30"		30"		30"		30"	
Height from UDC Bottom to Top of Highest Piping Penetration:	5"		5"		5"		5"	
Height from UDC Bottom to Lowest Electrical Penetration:	13"		12"		13"		13"	
Condition of UDC prior to testing:	clean		clean		clean		clean	
Portion of UDC Tested[1]	Bottom half		Bottom half		Bottom half		Bottom half	
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA	
Turbine shutdown response time	Unknown		Unknown		Unknown		Unknown	
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA	
Was fail-safe verified to be operational?*	☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA	
Wait time between applying pressure/vacuum/water and starting test	30 min		30 min		30 min		30 min	
Test Start Time:	2:31pm	2:53pm	2:31pm	2:53pm	3:12pm	3:29pm	3:12pm	3:29pm
Initial Reading (R_I):	3.479in	3.479in	2.345in	2.345in	5.334in	5.333in	4.630in	4.630in
Test End Time:	2:46pm	3:08pm	2:46pm	3:08pm	3:27pm	3:44pm	3:27pm	3:44pm
Final Reading (R_F):	3.479in	3.479in	2.345in	2.345in	5.334in	5.333in	4.630in	4.629in
Test Duration:	15min	15min	15min	15min	15min	15min	15min	15min
Change in Reading (R_F-R_I):	.000in	.000in	.000in	.000in	.000in	.000in	.000in	.001in
Pass/Fail Threshold or Criteria:	.002in	.002in	.002in	.002in	.002in	.002in	.002in	.002in
Test Result:	☒ Pass ☐ Fail		☒ Pass ☐ Fail		☒ Pass ☐ Fail		☒ Pass ☐ Fail	
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA	
Was sensor properly replaced and verified functional after testing?	☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA	

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps ☐				
Fill Riser Containment Sumps are Present, but were Not Tested ☐				
Test Method Developed By:	☐ Sump Manufacturer	☒ Industry Standard	☐ Professional Engineer	
	☐ Other *(Specify)*			
Test Method Used:	☐ Pressure	☐ Vacuum	☒ Hydrostatic	
	☐ Other *(Specify)*			
Test Equipment Used: INCON TS-STS			Equipment Resolution: .000in.	

	Fill Sump #	Fill Sump #	Fill Sump #	Fill Sump #
Sump Diameter:				
Sump Depth:				
Height from Tank Top to Top of Highest Piping Penetration:				
Height from Tank Top to Lowest Electrical Penetration:				
Condition of sump prior to testing:				
Portion of Sump Tested				
Sump Material:				
Wait time between applying pressure/vacuum/water and starting test:	* NO Fill Sumps *			
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Is there a sensor in the sump?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

- No Fill Sumps to be tested -

18594

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes ☐				
Spill/Overfill Containment Boxes are Present, but were Not Tested ☐				
Test Method Developed By:	☐ Spill Bucket Manufacturer	☒ Industry Standard	☐ Professional Engineer	☐ Other *(Specify)*
Test Method Used:	☐ Pressure	☐ Vacuum	☒ Hydrostatic	☐ Other *(Specify)*
Test Equipment Used: INCON TS-STS		Equipment Resolution: .000in.		

	UnL Spill Box # 87		VPR Spill Box # 87		Prem Spill Box # 91		VPR Spill Box # 91	
Bucket Diameter:	12"		12"		12"		12"	
Bucket Depth:	12"		12"		12"		12"	
Wait time between applying pressure/vacuum/water and starting test:	30min		30min		30min		30min	
Test Start Time:	9:33am	10:02am	10:02am	10:21am	9:16am	5:33am	9:16am	9:33am
Initial Reading (R_I):	2.442in	2.442in	5.078in	5.077in	2.791in	2.790in	4.811in	4.810in
Test End Time:	9:48am	10:17am	10:17am	10:36am	9:31am	9:48am	9:31am	9:48am
Final Reading (R_F):	2.442in	2.441in	5.078in	5.077in	2.790in	2.790in	4.811in	4.810in
Test Duration:	15min	15min	15min	15min	15min	15min	15min	15min
Change in Reading (R_F-R_I):	.000in	.001in	.000in	.000in	.001in	.000in	.000in	.000in
Pass/Fail Threshold or Criteria:	.002in		.002in		.002in		.002in	
Test Result:	☒ Pass ☐ Fail		☒ Pass ☐ Fail		☒ Pass ☐ Fail		☒ Pass ☐ Fail	

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

13594

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes ☐				
Spill/Overfill Containment Boxes are Present, but were Not Tested ☐				
Test Method Developed By:	☐ Spill Bucket Manufacturer ☐ Other *(Specify)*	☒ Industry Standard	☐ Professional Engineer	
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☒ Hydrostatic	
Test Equipment Used: INCON TS-STS			Equipment Resolution: .ooo1n.	

	DSL Spill Box #		Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:	12"				
Bucket Depth:	12"				
Wait time between applying pressure/vacuum/water and starting test:	30 min				
Test Start Time:	9:16 AM	9:33 AM			
Initial Reading (R_I):	4.237in	4.237in			
Test End Time:	9:31 AM	9:48 AM			
Final Reading (R_F):	4.237in	4.236in			
Test Duration:	15 min	15 min			
Change in Reading (R_F-R_I):	.000in	.001in			
Pass/Fail Threshold or Criteria:	.002in				
Test Result:	~~☒~~ Pass ☐ Fail		☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

13594
9 of 9

SB989 TESTING FAILURE REPORT

SITE NAME: Johnny Quik DATE: 7-13-06

ADDRESS: 2126 Taft Hwy TECHNICIAN:

CITY: Bakersfield SIGNATURE:

SITE CONTACT:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE THE SB989 TESTING.

LIST OF PARTS REPLACED/REPAIRED:

REPAIRS: None

LABOR: None

PARTS INSTALLED: None

13594

91SPL

TEST STARTED	9:33 AM
TEST STARTED	07/13/2006
BEGIN LEVEL	2.7908 IN
END TIME	9:48 AM
END DATE	07/13/2006
END LEVEL	2.7909 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91STP

TEST STARTED	1:48 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	3.5116 IN
END TIME	2:03 PM
END DATE	07/13/2006
END LEVEL	3.5128 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

87STP

TEST STARTED	1:48 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	3.1411 IN
END TIME	2:03 PM
END DATE	07/13/2006
END LEVEL	3.1413 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

87STP

TEST STARTED	1:31 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	1.9273 IN
END TIME	1:46 PM
END DATE	07/13/2006
END LEVEL	1.9265 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91STP

TEST STARTED	1:31 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	3.5080 IN
END TIME	1:46 PM
END DATE	07/13/2006
END LEVEL	3.5095 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSLSTP

TEST STARTED	12:51 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	3.0970 IN
END TIME	1:06 PM
END DATE	07/13/2006
END LEVEL	3.0967 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSLSTP

TEST STARTED	1:07 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	3.0966 IN
END TIME	1:22 PM
END DATE	07/13/2006
END LEVEL	3.0963 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUMP LEAK TEST REPORT

87VPR

TEST STARTED	10:21 AM
TEST STARTED	07/13/2006
BEGIN LEVEL	5.0778 IN
END TIME	10:36 AM
END DATE	07/13/2006
END LEVEL	5.0775 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUMP LEAK TEST REPORT

87VPR

TEST STARTED	10:02 AM
TEST STARTED	07/13/2006
BEGIN LEVEL	5.0785 IN
END TIME	10:17 AM
END DATE	07/13/2006
END LEVEL	5.0782 IN
LEAK THRESHOLD	0.002 IN

87SPL

TEST STARTED	9:33 AM
TEST STARTED	07/13/2006
BEGIN LEVEL	2.4425 IN
END TIME	9:48 AM
END DATE	07/13/2006
END LEVEL	2.4426 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

87SPL

TEST STARTED	10:02 AM
TEST STARTED	07/13/2006
BEGIN LEVEL	2.4422 IN
END TIME	10:17 AM
END DATE	07/13/2006
END LEVEL	2.4416 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SUMP LEAK TEST REPORT

DSLSPL

TEST STARTED	9:33 AM
TEST STARTED	07/13/2006
BEGIN LEVEL	4.2371 IN
END TIME	9:48 AM
END DATE	07/13/2006
END LEVEL	4.2368 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91VPR

TEST STARTED	9:33 AM
TEST STARTED	07/13/2006
BEGIN LEVEL	4.8108 IN
END TIME	9:48 AM
END DATE	07/13/2006
END LEVEL	4.8103 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

07/13/2006 9:31 AM

SUMP LEAK TEST REPORT

DSLSPL

TEST STARTED	9:16 AM
TEST STARTED	07/13/2006
BEGIN LEVEL	4.2378 IN
END TIME	9:31 AM
END DATE	07/13/2006
END LEVEL	4.2372 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91VPR

TEST STARTED	9:16 AM
TEST STARTED	07/13/2006
BEGIN LEVEL	4.8116 IN
END TIME	9:31 AM
END DATE	07/13/2006
END LEVEL	4.8110 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91SPL

TEST STARTED	9:16 AM
TEST STARTED	07/13/2006
BEGIN LEVEL	2.7914 IN
END TIME	9:31 AM
END DATE	07/13/2006
END LEVEL	2.7904 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

13594

5-6

TEST STARTED	3:12 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	5.3349 IN
END TIME	3:27 PM
END DATE	07/13/2006
END LEVEL	5.3342 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

7-8

TEST STARTED	3:12 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	4.6303 IN
END TIME	3:27 PM
END DATE	07/13/2006
END LEVEL	4.6300 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSLSEC

TEST STARTED	3:12 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	3.3840 IN
END TIME	3:27 PM
END DATE	07/13/2006
END LEVEL	3.3838 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

07/13/2006 3:44 PM

SUMP LEAK TEST REPORT

5-6

TEST STARTED	3:29 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	5.3339 IN
END TIME	3:44 PM
END DATE	07/13/2006
END LEVEL	5.3335 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

7-8

TEST STARTED	3:29 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	4.6300 IN
END TIME	3:44 PM
END DATE	07/13/2006
END LEVEL	4.6298 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSLSEC

TEST STARTED	3:29 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	3.3838 IN
END TIME	3:44 PM
END DATE	07/13/2006
END LEVEL	3.3838 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

07/13/2006 2:46 PM

SUMP LEAK TEST REPORT

1-2

TEST STARTED	2:31 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	3.4795 IN
END TIME	2:46 PM
END DATE	07/13/2006
END LEVEL	3.4793 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

3-4

TEST STARTED	2:31 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	2.3448 IN
END TIME	2:46 PM
END DATE	07/13/2006
END LEVEL	2.3453 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

87SEC

TEST STARTED	2:31 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	2.4326 IN
END TIME	2:46 PM
END DATE	07/13/2006
END LEVEL	2.4324 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91SEC

TEST STARTED	2:31 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	2.5422 IN
END TIME	2:46 PM
END DATE	07/13/2006
END LEVEL	2.5418 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

07/13/2006 3:08 PM

SUMP LEAK TEST REPORT

1-2

TEST STARTED	2:53 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	3.4790 IN
END TIME	3:08 PM
END DATE	07/13/2006
END LEVEL	3.4790 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

3-4

TEST STARTED	2:53 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	2.3455 IN
END TIME	3:08 PM
END DATE	07/13/2006
END LEVEL	2.3456 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

87SEC

TEST STARTED	2:53 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	2.4324 IN
END TIME	3:08 PM
END DATE	07/13/2006
END LEVEL	2.4323 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91SEC

TEST STARTED	2:53 PM
TEST STARTED	07/13/2006
BEGIN LEVEL	2.5416 IN
END TIME	3:08 PM
END DATE	07/13/2006
END LEVEL	2.5415 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

Secondary Containment Testing Report Form

320028

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Johnny Quick #143	Date of Testing: 7/8/05
Facility Address: 2126 Taft Hwy	
Facility Contact:	Phone:
Date Local Agency Was Notified of Testing: 7-7-05	
Name of Local Agency Inspector *(if present during testing)*:	

2. TESTING CONTRACTOR INFORMATION

Company Name: Redwine Testing	
Technician Conducting Test: Josh Davis	
Credentials: ☒ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester
License Type: 53 & C-78 A HAZ	License Number: 809850

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
INCON	INCON TS-STS	

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
UNL-81 - Annular	☒	☐	☐	☐	UDC 748	☒	☐	☐	
Plus89 - Annular	☒	☐	☐	☐	UNL-87 - Fill Sump	☐	☐	☒	
PREM91 - Annular	☒	☐	☐	☐	Plus89 - Fill Sump	☐	☐	☒	
UNL-81 - Sec. Piping	☒	☐	☐	☐	PREM91 - Fill Sump	☐	☐	☒	
Plus89 - Sec. Piping	☒	☐	☐	☐	UNL-87 - Spill Box	☒	☐	☐	
PREM91 - Sec. Piping	☒	☐	☐	☐	Plus89 - Spill Box	☒	☐	☐	
UNL-87 - Sub. Pump Sump	☒	☐	☐	☐	PREM91 - Spill Box	☒	☐	☐	
Plus89 - Sub. Pump Sump	☒	☐	☐	☐		☐	☐	☐	
PREM91 - Sub. Pump Sump	☒	☐	☐	☐		☐	☐	☐	
UDC 102	☒	☐	☐	☐		☐	☐	☐	
UDC 397	☒	☐	☐	☐		☐	☐	☐	
UDC 546	☒	☐	☐	☐		☐	☐	☐	

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

RECYCLE AND REUSED

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements.

Technician's Signature: [signature] Date: 7/8/05

4. TANK ANNULAR TESTING

Test Method Developed By: ☐ Tank Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*

Test Method Used: ☐ Pressure ☒ Vacuum ☐ Hydrostatic ☐ Other *(Specify)*

Test Equipment Used: 4in. DIAL GAUGE | Equipment Resolution: .5%

	Tank # UNL-87	Tank # PLUS89	Tank # PREM91	Tank #
Is Tank Exempt From Testing?[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Tank Capacity:	UNKNOWN	UNKNOWN	UNKNOWN	
Tank Material:	STEEL	STEEL	STEEL	
Tank Manufacturer:	UNKNOWN	UNKNOWN	UNKNOWN	
Product Stored:	UNLEADED	UNLEADED	UNLEADED	
Wait time between applying pressure/vacuum/water and starting test:	10MIN	10MIN	10MIN	
Test Start Time:	10:15AM	10:30AM	10:45AM	
Initial Reading (R_I):	10Hg	10Hg	10Hg	
Test End Time:	11:15AM	11:30AM	11:45AM	
Final Reading (R_F):	10Hg	10Hg	10Hg	
Test Duration:	60MIN	60MIN	60MIN	
Change in Reading (R_F-R_I):	0Hg	0Hg	0Hg	
Pass/Fail Threshold or Criteria:	0Hg	0Hg	0Hg	
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☐ Pass ☐ Fail
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing (California Code of Regulations, Title 23, Section 2637(a)(6)).

5. SECONDARY PIPE TESTING

Test Method Developed By: ☐ Piping Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*

Test Method Used: ☒ Pressure ☐ Vacuum ☐ Hydrostatic ☐ Other *(Specify)*

Test Equipment Used: 4in. DIAL GAUGE — Equipment Resolution: .5%

	Piping Run # 87		Piping Run # 89		Piping Run # 91		Piping Run #
Piping Material:	PLASTIC		PLASTIC		PLASTIC		
Piping Manufacturer:	UNKNOWN		UNKNOWN		UNKNOWN		
Piping Diameter:	2"		2"		2"		
Length of Piping Run:	50'		50'		50'		
Product Stored:	UNLEADED		UNLEADED		UNLEADED		
Method and location of piping-run isolation:	Boot in sump		Boot in sump		Boot in sump		
Wait time between applying pressure/vacuum/water and starting test:	10 min		10 min		10 min		
Test Start Time:	10:30AM	10:45AM	10:30AM	10:45AM	10:30AM	10:45AM	
Initial Reading (R_I):	1.807in	1.807in	1.701in	1.701in	.801in	.801in	
Test End Time:	10:45AM	11:00AM	10:45AM	11:00AM	10:45AM	11:00AM	
Final Reading (R_F):	1.807in	1.807in	1.701in	1.701in	.801in	.801in	
Test Duration:	15min	15min	15min	15min	15min	15min	
Change in Reading ($R_F - R_I$):	.000in	.000in	.000in	.000in	.000in	.000in	
Pass/Fail Threshold or Criteria.	.002in		.002in		.002in		
Test Result:	☒ Pass ☐ Fail		☒ Pass ☐ Fail		☒ Pass ☐ Fail		☐ Pass ☐ Fail

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

TESTED SECONDARY LINES HYDROSTATICLY

6. PIPING SUMP TESTING

Test Method Developed By: ☐ Sump Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other (Specify)

Test Method Used: ☐ Pressure ☐ Vacuum ☒ Hydrostatic ☐ Other (Specify)

Test Equipment Used: INCON TS-STS | Equipment Resolution: .0001in.

	Sump # 87		Sump # 89		Sump # 91		Sump #	
Sump Diameter:	36"		36"		36"			
Sump Depth:	48"		48"		48"			
Sump Material:	PLASTIC		PLASTIC		PLASTIC			
Height from Tank Top to Top of Highest Piping Penetration:	20"		19"		20"			
Height from Tank Top to Lowest Electrical Penetration:	19"		27"		27"			
Condition of sump prior to testing:	CLEAN		CLEAN		CLEAN			
Portion of Sump Tested[1]	Bottom Half		Bottom Half		Bottom Half			
Does turbine shut down when sump sensor detects liquid (both product and water)?*	☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☐ NA	
Turbine shutdown response time	N/A		N/A		N/A			
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☐ NA	
Was fail-safe verified to be operational?*	☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☒ NA		☐ Yes ☐ No ☐ NA	
Wait time between applying pressure/vacuum/water and starting test:	10MIN		10MIN		10min			
Test Start Time:	11:10AM	11:25A.M	11:10AM	11:25AM	11:10AM	11:25AM		
Initial Reading (R_I):	1.887in	1.887in	1.907in	1.907in	.817in	.817in		
Test End Time:	11:25A.M	11:40AM	11:25AM	11:40AM	11:25AM	11:40AM		
Final Reading (R_F):	1.887in	1.887in	1.907in	1.907in	.817in	.817in		
Test Duration:	15min	15min	15min	15min	15min	15min		
Change in Reading (R_F-R_I):	.000in	.000in	.000in	.000in	.000in	.000in		
Pass/Fail Threshold or Criteria:	.002in		.002in		.002in			
Test Result:	☒ Pass ☐ Fail		☒ Pass ☐ Fail		☒ Pass ☐ Fail		☐ Pass ☐ Fail	
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA	
Was sensor properly replaced and verified functional after testing?	☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☒ Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA	

Comments -- *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By: ☐ UDC Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*

Test Method Used: ☐ Pressure ☐ Vacuum ☒ Hydrostatic ☐ Other *(Specify)*

Test Equipment Used: INCON TS-STS Equipment Resolution: .0001in.

	UDC # 102	UDC # 354	UDC # 596	UDC # 798
UDC Manufacturer:	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
UDC Material:	PLASTIC	PLASTIC	PLASTIC	PLASTIC
UDC Depth:	36"	36"	36"	36"
Height from UDC Bottom to Top of Highest Piping Penetration:	16"	16"	16"	16"
Height from UDC Bottom to Lowest Electrical Penetration:	17"	19"	20"	20"
Condition of UDC prior to testing:	CLEAN	CLEAN	CLEAN	CLEAN
Portion of UDC Tested[1]	Bottom Half	Bottom Half	Bottom Half	Bottom Half
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Turbine shutdown response time	N/A	N/A	N/A	N/A
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Was fail-safe verified to be operational?*	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Wait time between applying pressure/vacuum/water and starting test	10min	10min	10min	10min
Test Start Time:	11:50am	12:05pm	11:50am	12:05pm	11:50am	12:05pm	11:50am	12:05pm
Initial Reading (R_I):	.688in	.687in	.705in	.704in	.704in	.703in	.801in	.800in
Test End Time:	12:05pm	12:20pm	12:05pm	12:20pm	12:05pm	12:20pm	12:05pm	12:20pm
Final Reading (R_F):	.687in	.686in	.704in	.703in	.703in	.702in	.800in	.799in
Test Duration:	15min	15min	15min	15min	15min	15min	15min	15min
Change in Reading (R_F-R_I):	.001in	.001in	.001in	.001in	.001in	.001in	.001in	.001in
Pass/Fail Threshold or Criteria:	.002in	.002in	.002in	.002in
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with a asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

☐ Facility is Not Equipped With Fill Riser Containment Sumps

☐ Fill Riser Containment Sumps are Present, but were Not Tested

Test Method Developed By: ☐ Sump Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*

Test Method Used: ☐ Pressure ☐ Vacuum ☒ Hydrostatic ☐ Other *(Specify)*

Test Equipment Used: INCON TS-STS — Equipment Resolution: .000in.

	Fill Sump #	Fill Sump #	Fill Sump #	Fill Sump #
Sump Diameter:				
Sump Depth:				
Height from Tank Top to Top of Highest Piping Penetration:				
Height from Tank Top to Lowest Electrical Penetration:				
Condition of sump prior to testing:				
Portion of Sump Tested				
Sump Material:				
Wait time between applying pressure/vacuum/water and starting test:	NO fillsumps			
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ Fail	☐ **Pass** ☐ Fail	☐ **Pass** ☐ Fail
Is there a sensor in the sump?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

NO fillsumps

SWRCB, January 2002

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes ☐

Spill/Overfill Containment Boxes are Present, but were Not Tested ☐

Test Method Developed By: ☐ Spill Bucket Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*

Test Method Used: ☐ Pressure ☐ Vacuum ☒ Hydrostatic ☐ Other *(Specify)*

Test Equipment Used: INCON TS-STS | Equipment Resolution: .0001in.

	Spill Box # 87		Spill Box # 87		Spill Box # 91		Spill Box #	
Bucket Diameter:	12"		12"		12"			
Bucket Depth:	12"		12"		12"			
Wait time between applying pressure/vacuum/water and starting test:	10min		10min		10min			
Test Start Time:	12:25pm	12:40pm	12:25pm	12:40pm	12:25pm	12:40pm		
Initial Reading (R_I):	.014in	1.014in	.904in	.904in	.621in	.621in		
Test End Time:	12:40pm	12:55pm	12:40pm	12:55pm	12:40pm	12:55pm		
Final Reading (R_F):	1.014in	1.014in	.904in	.904in	.621in	.621in		
Test Duration:	15min	15min	15min	15min	15min	15min		
Change in Reading (R_F-R_I):	.000in	.000in	.000in	.000in	.000in	.000in		
Pass/Fail Threshold or Criteria:	.002in		.002in		.002in			
Test Result:	☒ Pass ☐ Fail		☒ Pass ☐ Fail		☒ Pass ☐ Fail		☐ Pass	☐ Fail

Comments – *(Include information on repairs made prior to testing, and recommended follow-up for failed tests)*

SB989 TESTING FAILURE REPORT

SITE NAME: Johnny Quick DATE: 7/8/05

ADDRESS: 2126 Taft Hwy TECHNICIAN: Josh Davis

CITY: Bakersfield SIGNATURE: Josh Davis

SITE CONTACT:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE THE SB989 TESTING.

LIST OF PARTS REPLACED/REPAIRED:

REPAIRS: NONE

LABOR: NONE

PARTS INSTALLED: NONE

320028/003201

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: JOHNNY QUIK Bldg. No.:

Site Address: 2126 TAFT HWY City: BAKERSFIELD Zip:

Facility Contact Person: Contact Phone No.: ( )

Make/Model of Monitoring System: GILBARCO EMC Date of Testing/Servicing: 1/27/95

B. Inventory of Equipment Tested/Certified

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

Tank ID: UL87	Tank ID: PLUS 89
☐ In-Tank Gauging Probe. Model:	☐ In-Tank Gauging Probe. Model:
☒ Annular Space or Vault Sensor. Model: 420	☒ Annular Space or Vault Sensor. Model: 420
☒ Piping Sump / Trench Sensor(s). Model: 208	☒ Piping Sump / Trench Sensor(s). Model: 208
☐ Fill Sump Sensor(s). Model:	☐ Fill Sump Sensor(s). Model:
☒ Mechanical Line Leak Detector. Model: LD-2000	☒ Mechanical Line Leak Detector. Model: RED JACKET
☐ Electronic Line Leak Detector. Model:	☐ Electronic Line Leak Detector. Model:
☐ Tank Overfill / High-Level Sensor. Model:	☐ Tank Overfill / High-Level Sensor. Model:
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID: PREM91	Tank ID:
☐ In-Tank Gauging Probe. Model:	☐ In-Tank Gauging Probe. Model:
☒ Annular Space or Vault Sensor. Model: 420	☐ Annular Space or Vault Sensor. Model:
☒ Piping Sump / Trench Sensor(s). Model: 208	☐ Piping Sump / Trench Sensor(s). Model:
☐ Fill Sump Sensor(s). Model:	☐ Fill Sump Sensor(s). Model:
☒ Mechanical Line Leak Detector. Model: RED JACKET	☐ Mechanical Line Leak Detector. Model:
☐ Electronic Line Leak Detector. Model:	☐ Electronic Line Leak Detector. Model:
☐ Tank Overfill / High-Level Sensor. Model:	☐ Tank Overfill / High-Level Sensor. Model:
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: 1-2	Dispenser ID: 3-4
☒ Dispenser Containment Sensor(s). Model: NO SENSOR	☒ Dispenser Containment Sensor(s). Model: NO SENSOR
☒ Shear Valve(s).	☒ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: 5-6	Dispenser ID: 7-8
☒ Dispenser Containment Sensor(s). Model: NO SENSOR	☒ Dispenser Containment Sensor(s). Model: NO SENSOR
☒ Shear Valve(s).	☒ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID:	Dispenser ID:
☐ Dispenser Containment Sensor(s). Model:	☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ 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): RYAN MASON Signature:

Certification No.: 00-05-879 License. No.: C61/D40- #809850

Testing Company Name: RICH ENVIRONMENTAL Phone No.: (661) 392-8687

Site Address: 2126 TAFT HWY BAKERSFIELD, CA Date of Testing/Servicing: 1/27/95

D. Results of Testing/Servicing

Software Version Installed: 14.01

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
☒ Yes	☐ No* ☐ 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)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ 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? %
☐ Yes*	☒ 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.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ 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:

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:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ 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:

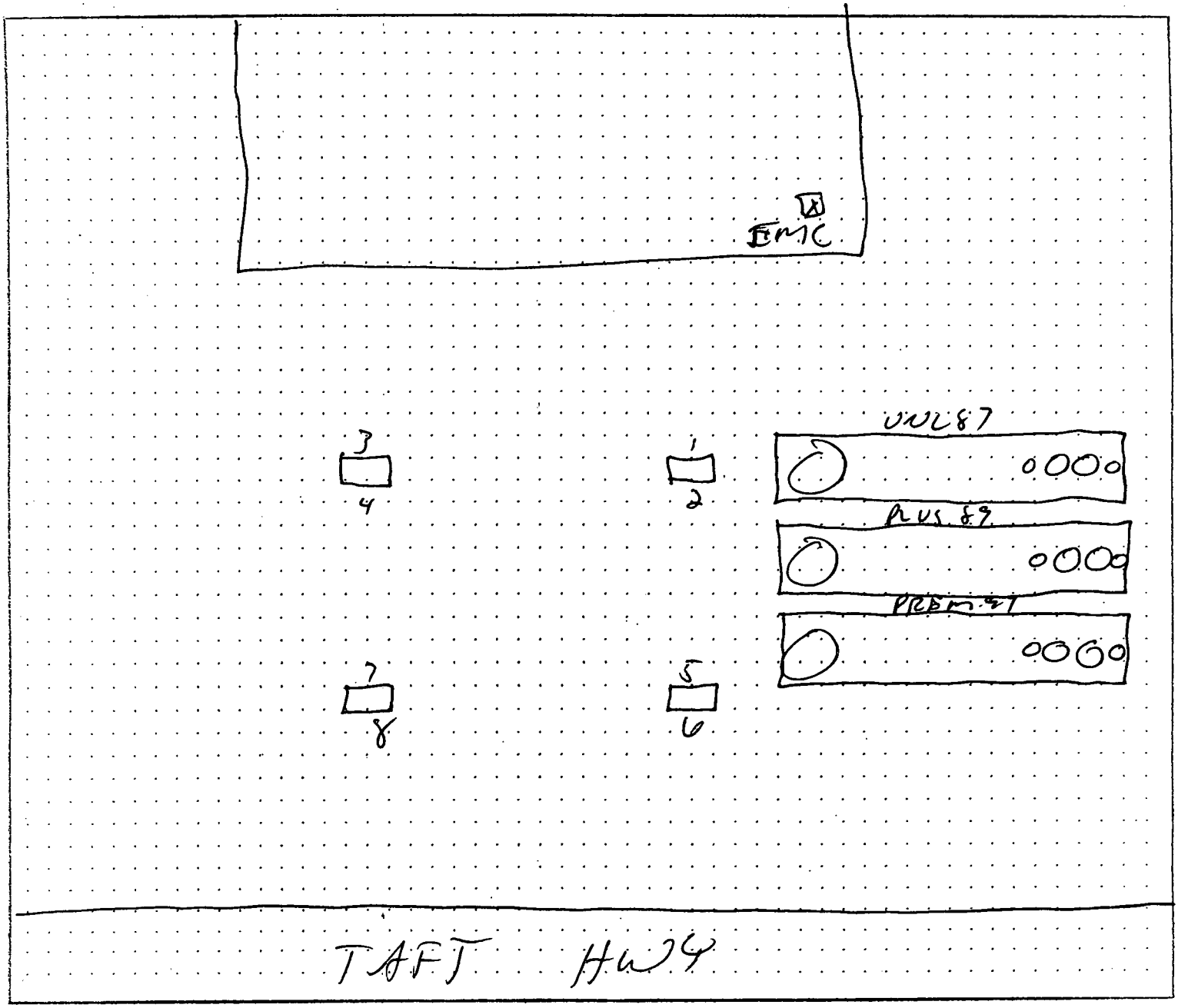
☒ Yes	☐ No* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☒ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☒ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ 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:

UST Monitoring Site Plan

Site Address: 2126 TAFT HWY BAKERSFIELD, CA



Date map was drawn: 1/27/05

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.

MONITOR CERT. FAILURE REPORT

SITE NAME: JOHNNY QUIK DATE: 1-27-05

ADDRESS: 2126 TAFT HWY TECHNICIAN: RYAN MASON

CITY: BAKERSFIELD SIGNATURE: Ryan Mason

SITE CONTACT:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE THE MONITOR CERTIFICATION TESTING.

LIST OF PARTS REPLACED/REPAIRED:

REPAIRS:

NONE

LABOR:

NONE

PARTS INSTALLED:

NONE

RICH ENVIRONMENTAL

5643 BROOKS CT BAKERSFIELD, CA. 93308
OFFICE (661) 392-8687 & FAX (661) 392-0621

MECHANICAL LEAK DETECTOR TEST

WORK SHEET

W/O#: _____

Facility Name: JOHNNY QUIK

Facility Address: 3120 TAFT HWY BAKERSFIELD, CA

Product Line Type (Pressure, Suction, Gravity) PRESSURE

PRODUCT	LEAK DETECTOR TYPE SERIAL NUMBER	TEST BELOW 3 GPH	TRIP PSI	PASS OR FAIL
UNL87	L/D TYPE MECHANICAL SERIAL # LD-2000	(YES) NO	15	(PASS) FAIL
PLUS89	L/D TYPE MECHANICAL SERIAL # RED JACKET	(YES) NO	10	(PASS) FAIL
PREM91	L/D TYPE MECHANICAL SERIAL # RED JACKET	(YES) NO	12	(PASS) FAIL
	L/D TYPE _____ SERIAL # _____	YES NO		PASS FAIL

I certify the above tests were conducted on this date according to Red Jacket Pumps field test apparatus testing procedure an limitations.
The Mechanical Leak Detector Test pass / fail is determined by using a low flow threshold trip rate of 3 gallon per hour or less at 10 PSI.
I acknowledge that all data collected is true and correct to the best of my knowledge.

Tech: RYAN MASON

Signature: [signature]

Date: 1-27-05

SOFTWARE REVISION LEVEL
VERSION 18.01
SOFTWARE# 346018-100-B
CREATED - 99.07.23.19.14

NO SOFTWARE MODULE
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS

SYSTEM SETUP

JAN 27, 2005 2:47 PM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

Johnny Quik #143
2126 Taft Hwy.
Bakersfield Ca.93313
(805) 834-9113

SHIFT TIME 1 : DISABLED
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PERIODIC WARNINGS
DISABLED
TANK ANNUAL WARNINGS
DISABLED
LINE PERIODIC WARNINGS
DISABLED
LINE ANNUAL WARNINGS
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
DAYLIGHT SAVING TIME
ENABLED
START DATE
APR WEEK 1 SUN
START TIME
2:00 AM
END DATE
OCT WEEK 6 SUN
END TIME
2:00 AM

SYSTEM SECURITY
CODE : 000000

COMMUNICATIONS SETUP

PORT SETTINGS:

NONE FOUND

RS-232 SECURITY
CODE : 000000

RS-232 END OF MESSAGE
DISABLED

LIQUID SENSOR SETUP

L 1:87 OCTANE
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:89 OCTANE
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 3:92 OCTANE
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 4:87 OCTANE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 5:89 OCTANE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 6:92 OCTANE
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

OUTPUT RELAY SETUP

R 1:87 POSI-SHUTDOWN
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 4:FUEL ALARM

R 2:89 POSI-SHUTDOWN
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 5:FUEL ALARM

R 3:92 POSI-SHUTDOWN
TYPE:
STANDARD
NORMALLY CLOSED

LIQUID SENSOR ALMS
L 6:FUEL ALARM

ALARM HISTORY REPORT

----- SYSTEM ALARM -----
PAPER OUT
NOV 9, 1999 1:31 PM
PRINTER ERROR
NOV 9, 1999 1:31 PM
BATTERY IS OFF
JAN 1, 1996 8:00 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:87 OCTANE
ANNULAR SPACE
FUEL ALARM
DEC 3, 2002 5:43 PM

FUEL ALARM
DEC 3, 2002 5:25 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:89 OCTANE
ANNULAR SPACE
FUEL ALARM
AUG 20, 2004 2:11 PM

FUEL ALARM
AUG 20, 2004 2:10 PM

FUEL ALARM
AUG 20, 2004 2:07 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:92 OCTANE
ANNULAR SPACE
FUEL ALARM
JAN 1, 1996 8:19 AM

SETUP DATA WARNING
JAN 1, 1996 8:02 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:87 OCTANE
STP SUMP
SETUP DATA WARNING
DEC 3, 2002 5:23 PM

SETUP DATA WARNING
DEC 3, 2002 5:18 PM

FUEL ALARM
DEC 3, 2002 5:10 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:89 OCTANE
STP SUMP
FUEL ALARM
OCT 14, 2001 2:28 PM

FUEL ALARM
OCT 14, 2001 2:28 PM

FUEL ALARM
NOV 9, 1999 12:31 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:92 OCTANE
STP SUMP
FUEL ALARM
JUN 3, 2003 9:27 AM

FUEL ALARM
DEC 3, 2002 5:43 PM

FUEL ALARM
DEC 3, 2002 5:42 PM

* * * * * END * * * * *

----- SENSOR ALARM -----
L 6:92 OCTANE
STP SUMP
FUEL ALARM
JAN 27, 2005 2:52 PM

----- SENSOR ALARM -----
L 5:89 OCTANE
STP SUMP
FUEL ALARM
JAN 27, 2005 2:52 PM

----- SENSOR ALARM -----
L 4:87 OCTANE
STP SUMP
FUEL ALARM
JAN 27, 2005 2:53 PM

----- SENSOR ALARM -----
L 3:92 OCTANE
ANNULAR SPACE
FUEL ALARM
JAN 27, 2005 2:57 PM

----- SENSOR ALARM -----
L 2:89 OCTANE
ANNULAR SPACE
FUEL ALARM
JAN 27, 2005 3:00 PM

----- SENSOR ALARM -----
L 1:87 OCTANE
ANNULAR SPACE
FUEL ALARM
JAN 27, 2005 3:02 PM

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Johnny Quick	Date of Testing: 6-3-03
Facility Address: 2126 TAFT Hwy BAKERSFIELD CA.	
Facility Contact:	Phone:
Date Local Agency Was Notified of Testing:	
Name of Local Agency Inspector *(if present during testing)*:	

2. TESTING CONTRACTOR INFORMATION

Company Name: RICH ENVIRONMENTAL	
Technician Conducting Test: JOSH DAVIS	
Credentials: ☒ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester
License Type: C61/D40	License Number: 809850

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
INCON	INCON TS-STS	8-4-04

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
UNI-87-ANNULAR	☐	☐	☒	☐	UDC. 798	☒	☐	☐	☐
PLUS89-ANNULAR	☐	☐	☒	☐	UNI-87-FILL SUMP	☐	☐	☒	☐
PREM91-ANNULAR	☐	☐	☒	☐	PLUS89-FILL SUMP	☐	☐	☒	☐
UNI-87-SEC. PIPING	☒	☐	☐	☐	PREM91-FILL SUMP	☐	☐	☒	☐
PLUS89-SEC. PIPING	☒	☐	☐	☐	UNI-87-SPILL BOX	☐	☐	☒	☐
PREM91-SEC. PIPING	☒	☐	☐	☐	PLUS89-SPILL BOX	☐	☐	☒	☐
UNI-87-SUB. PUMP SUMP	☒	☐	☐	☐	PREM91-SPILL BOX	☐	☐	☒	☐
PLUS89-SUB. PUMP SUMP	☒	☐	☐	☐		☐	☐	☐	☐
PREM91-SUB. PUMP SUMP	☒	☐	☐	☐		☐	☐	☐	☐
UDC. 142	☒	☐	☐	☐		☐	☐	☐	☐
UDC. 344	☒	☐	☐	☐		☐	☐	☐	☐
UDC. 596	☒	☐	☐	☐		☐	☐	☐	☐

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

RECYCLED & REUSED

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements.

Technician's Signature: [signature] Date: 6-3-03

4. TANK ANNULAR TESTING

Test Method Developed By:	☐ Tank Manufacturer	☒ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☒ Pressure	☒ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:	4 in DIAL GAUGE	Equipment Resolution:	.5%

	Tank #	Tank #	Tank #	Tank #
Is Tank Exempt From Testing?[1]	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tank Capacity:				
Tank Material:				
Tank Manufacturer:				
Product Stored:				
Wait time between applying pressure/vacuum/water and starting test:	TESTED AT A			
Test Start Time:	PREVIOUS DATE			
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Was sensor removed for testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

ALL GRADES WERE TESTED AT A PREVIOUS DATE.

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. (California Code of Regulations, Title 23, Section 2637(a)(6))

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer	☒ Industry Standard	☐ Professional Engineer	☐ Other *(Specify)*
Test Method Used:	☐ Pressure	☐ Vacuum	☒ Hydrostatic	☐ Other *(Specify)*
Test Equipment Used:	4in Oval Gauge		Equipment Resolution:	.5%

	Piping Run # UNL 87		Piping Run # PLUS87		Piping Run # PREM98		Piping Run #
Piping Material:	Plastic		Plastic		Plastic		
Piping Manufacturer:	Unknown		Unknown		Unknown		
Piping Diameter:	2"		2"		2"		
Length of Piping Run:	50'		50'		50'		
Product Stored:	Unleaded		Unleaded		Unleaded		
Method and location of piping-run isolation:	Boot in sump		Boot in sump		Boot in sump		
Wait time between applying pressure/vacuum/water and starting test:	30min		30min		30min		
Test Start Time:	11:40am	11:55am	11:40am	11:55am	11:40am	11:55am	
Initial Reading (R_I):	1.871in	1.871in	2.091in	2.091in	1.449in	1.449in	
Test End Time:	11:55am	12:10pm	11:55am	12:10pm	11:55am	12:10pm	
Final Reading (R_F):	1.871in	1.871in	2.091in	2.091in	1.449in	1.449in	
Test Duration:	15min	15min	15min	15min	15min	15min	
Change in Reading (R_F-R_I):	.000in	.000in	.000in	.000in	.000in	.000in	
Pass/Fail Threshold or Criteria:	.002in	.002in	.002in	.002in	.002in	.002in	
Test Result:	☒ Pass ☐ Fail		☒ Pass ☐ Fail		☒ Pass ☐ Fail		☐ Pass ☐ Fail

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

6. PIPING SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer ☒ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*		
Test Method Used:	☐ Pressure ☐ Vacuum ☒ Hydrostatic ☐ Other *(Specify)*		
Test Equipment Used: INCON TS-STS		Equipment Resolution: .000 (in)	

	Sump # UNL-87	Sump # PLUS89	Sump # PREM91	Sump #
Sump Diameter:	36"	36"	36"	
Sump Depth:	48"	48"	48"	
Sump Material:	PLASTIC	PLASTIC	PLASTIC	
Height from Tank Top to Top of Highest Piping Penetration:	10"	10"	10"	
Height from Tank Top to Lowest Electrical Penetration:	21"	23"	23"	
Condition of sump prior to testing:	CLEAN	CLEAN	CLEAN	
Portion of Sump Tested[1]	BOTTOM HALF	BOTTOM HALF	BOTTOM HALF	
Does turbine shut down when sump sensor detects liquid (both product and water)?*	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Turbine shutdown response time	N/A	N/A	N/A	
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Was fail-safe verified to be operational?*	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☐ NA
Wait time between applying pressure/vacuum/water and starting test:	30 MIN	30 MIN	30 MIN	
Test Start Time:	9:30AM / 9:45AM	9:30AM / 9:45AM	9:30AM / 9:45AM	
Initial Reading (R_I):	2.097in / 2.097in	1.431in / 1.430in	2.993in / 2.992in	
Test End Time:	9:45AM / 10:00AM	9:45AM / 10:00AM	9:45AM / 10:00AM	
Final Reading (R_F):	2.097in / 2.097in	1.430in / 1.430in	2.992in / 2.991in	
Test Duration:	15MIN / 15MIN	15MIN / 15MIN	15MIN / 15MIN	
Change in Reading (R_F-R_I):	.000in / .000in	-.001in / .000in	-.001in / -.001in	
Pass/Fail Threshold or Criteria:	.002in / .002in	.002in / .002in	.002in / .002in	
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☐ Pass ☐ Fail
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer	☒ Industry Standard	☐ Professional Engineer	☐ Other (Specify)
Test Method Used:	☐ Pressure	☐ Vacuum	☒ Hydrostatic	☐ Other (Specify)
Test Equipment Used:	INCON TS-SDS		Equipment Resolution:	.0001

	UDC # 442	UDC # 394	UDC # 5946	UDC # 748
UDC Manufacturer:	FIBERGLASS	FIBERGLASS	FIBERGLASS	FIBERGLASS
UDC Material:	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
UDC Depth:	24"	24"	24"	24"
Height from UDC Bottom to Top of Highest Piping Penetration:	10"	10"	10"	10"
Height from UDC Bottom to Lowest Electrical Penetration:	17"	19"	17"	17"
Condition of UDC prior to testing:	CLEAN	CLEAN	CLEAN	CLEAN
Portion of UDC Tested[1]	BOTTOM HALF	BOTTOM HALF	BOTTOM HALF	BOTTOM HALF
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Turbine shutdown response time	N/A	N/A	N/A	N/A
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Was fail-safe verified to be operational?*	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Wait time between applying pressure/vacuum/water and starting test	30 MIN	30 MIN	30 MIN	30 MIN
Test Start Time:	11:00AM / 11:15AM	11:00AM / 11:15AM	11:00AM / 11:15AM	11:00AM / 11:15AM
Initial Reading (R_I):	2.019in / 2.018in	1.479in / 1.478in	1.443in / 1.443in	1.991in / 1.990in
Test End Time:	11:15AM / 11:30AM	11:15AM / 11:30AM	11:15AM / 11:30AM	11:15AM / 11:30AM
Final Reading (R_F):	2.018in / 2.017in	1.478in / 1.477in	1.443in / 1.442in	1.990in / 1.989in
Test Duration:	15min / 15min	15min / 15min	15min / 15min	15min / 15min
Change in Reading (R_F-R_I):	.001in / .001in	.001in / .001in	.000in / .001in	.001in / .001in
Pass/Fail Threshold or Criteria:	.002in / .002in	.002in / .002in	.002in / .002in	.002in / .002in
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps ☐				
Fill Riser Containment Sumps are Present, but were Not Tested ☐				
Test Method Developed By:	☐ Sump Manufacturer	☒ Industry Standard	☐ Professional Engineer	☐ Other *(Specify)*
Test Method Used:	☐ Pressure	☐ Vacuum	☒ Hydrostatic	☐ Other *(Specify)*
Test Equipment Used: INCON TS-5IS			Equipment Resolution: .000, N	

	Fill Sump #	Fill Sump #	Fill Sump #	Fill Sump #
Sump Diameter:				
Sump Depth:				
Height from Tank Top to Top of Highest Piping Penetration:				
Height from Tank Top to Lowest Electrical Penetration:				
Condition of sump prior to testing:	TESTED AT A PREVIOUS DATE			
Portion of Sump Tested				
Sump Material:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Is there a sensor in the sump?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(Include information on repairs made prior to testing, and recommended follow-up for failed tests)*

TESTED AT A PREVIOUS DATE.

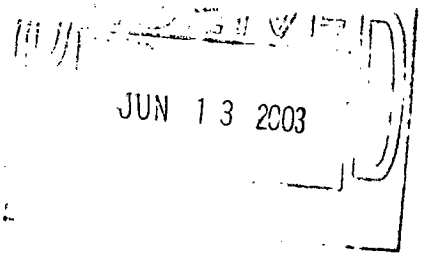
9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes ☐				
Spill/Overfill Containment Boxes are Present, but were Not Tested ☐				
Test Method Developed By:	☐ Spill Bucket Manufacturer	☒ Industry Standard	☐ Professional Engineer	☐ Other *(Specify)*
Test Method Used:	☐ Pressure	☐ Vacuum	☒ Hydrostatic	☐ Other *(Specify)*
Test Equipment Used: FACUM TS-STS		Equipment Resolution: .002 in		

	Spill Box #	Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:				
Bucket Depth:				
Wait time between applying pressure/vacuum/water and starting test:	TESTED AT A PREVIOUS DATE			
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading ($R_F - R_I$):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

TESTED AT A PREVIOUS DATE.


JUN 13 2003

320028

Secondary Containment Testing Report Form - DRAFT

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: JOHNY QUICK — Date of Testing: 12-03-02
Facility Address: 2126 TAFT HWY BAKERSFIELD, CA — Phone:
Facility Contact:
Date Local Agency Was Notified of Testing: 11-29-02
Name of Local Agency Inspector Present: KERN CO

2. TESTING CONTRACTOR INFORMATION

Company Name: REDWINE TESTING
Technician Conducting Test: AARON KOOT
Credentials: ☑ CSLB Licensed Contractor ☐ SWRCB Licensed Tank Tester
License Type and #: 532878 A-HAZ

Training by Manufacturer

Manufacturer	Component(s)	Date Training Expires
INCON	TS-STS	2004

3. SUMMARY OF TEST RESULTS

3-TANKS

Number of Tanks Tested: 3
Number of Submersible Pump Sumps Tested: 3
Number of Fill Sumps Tested: 0
Number of Piping Runs Tested: 3
Number of UDC Boxes Tested: 4
Number of Overfill Boxes Tested: 3

Component	Pass	Fail	Comments
UNL 87 TANK ANNULAR	☑	☐	
UNLP89 TANK ANNULAR	☑	☐	
PREM 91 TANK ANNULAR	☑	☐	
UNL 87 SUB PUMP SUMP	☐	☑	NO PENITRATION SEALED
UNL P89 SUB PUMP SUMP	☐	☑	NO PENITRATION SEALED
PREM 91 SUB PUMP SUMP	☐	☑	NO PENITRATION SEALED
UNL 87 SEC. PIPING	☐	☑	VISUAL (NO TEST BOOTS)
UNLP89 SEC. PIPING	☐	☑	VISUAL (NO TEST BOOTS)
PREM 91 SEC. PIPING	☐	☑	VISUAL (NO TEST BOOTS)
UDC 1+2	☐	☑	VISUAL (NO PENITRATIONS SEALED)
UDC 3+4	☐	☑	VISUAL (NO PENITRATIONS SEALED)
UDC 5+6	☐	☑	VISUAL (NO PENITRATIONS SEALED)
UDC 7+8	☐	☑	VISUAL (NO PENITRATIONS SEALED)
SPILL BOX UNL 87	☑	☐	

Technician's Signature: [signature] Date: 12-03-02

Secondary Containment Testing Report Form - DRAFT

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: JOHNY QUICK	Date of Testing: 12-03-02
Facility Address: 2126 TAFT Hwy BAKERSFIELD, CA	
Facility Contact:	Phone:
Date Local Agency Was Notified of Testing :	
Name of Local Agency Inspector Present:	

2. TESTING CONTRACTOR INFORMATION

Company Name: REDWINE TESTING

Technician Conducting Test: AARON

Credentials: ☐ CSLB Licensed Contractor ☐ SWRCB Licensed Tank Tester

License Type and #:

Training by Manufacturer

Manufacturer	Component(s)	Date Training Expires
INCON	95 - STS	2004

3 - TANKS

3. SUMMARY OF TEST RESULTS

Number of Tanks Tested: 3	Number of Piping Runs Tested: 3
Number of Submersible Pump Sumps Tested: 3	Number of UDC Boxes Tested: 4
Number of Fill Sumps Tested: 0	Number of Overfill Boxes Tested: 3

Component	Pass	Fail	Comments
SPILL BOX UMLP 89	☑	☐	
SPILL BOX PREM 91	☑	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

Technician's Signature: _____ Date: 12-3-02

4. TANK ANNULAR TESTING

Test Method Developed By:	☐ Tank Manufacturer	☑ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Uses:	☐ Pressure	☑ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Measuring Equipment Used for Testing:	DIAL GAUGE		

	UNL 87 Tank #	UNLP89 Tank #	PREM 91 Tank #
Tank Capacity:	10,000	10,000	10,000
Tank Material:	unknown	unknown	unknown
Tank Manufacturer:	unknown	unknown	unknown
Product Stored:	UNL 87	UNLP 89	PREM 91
Wait time between applying pressure/vacuum/water and starting test:	10 MIN	10 MIN	10 MIN
Test Start Time:	3:45 PM	3:45 PM	3:45 PM
Initial Reading (R_I):	10 HS	10 HS	10 HS
Test End Time:	4:45 PM	4:45 PM	4:45 PM
Final Reading (R_F):	10 HS	10 HS	10 HS
Test Duration:	1 HOUR	1 HOUR	1 HOUR
Change in Reading (R_F-R_I):	0 HS	0 HS	0 HS
Pass/Fail Threshold:	0 HS	0 HS	0 HS
Test Result:	PASS	PASS	PASS
Was sensor removed for testing?	YES	YES	YES
Was sensor properly replaced after testing?	YES	YES	YES

Comments – *(include information on repairs made prior to testing)*

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer	☑ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Uses:	☑ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Measuring Equipment Used for Testing:	DIAL GAUGE		

	UNL87 Piping Run #	UNLP89 Piping Run #	PREM91 Piping Run #
Piping Material:	PLASTIC	PLASTIC	PLASTIC
Piping Manufacturer:	UNKNOWN	UNKNOWN	UNKNOWN
Piping Diameter:	3 IN	3 IN	3 IN
Length of Piping Run:	50 FEET	50 FEET	50 FEET
Product Stored:	UNL 87	UNLP 89	PREM 91
Method and location of piping-run isolation:	N/A	N/A	N/A
Wait time between applying pressure/vacuum/water and starting test:	N/A	N/A	N/A
Test Start Time:	N/A	N/A	N/A
Initial Reading (R_I):	N/A	N/A	N/A
Test End Time:	N/A	N/A	N/A
Final Reading (R_F):	N/A	N/A	N/A
Test Duration:	N/A	N/A	N/A
Change in Reading (R_F-R_I):	N/A	N/A	N/A
Pass/Fail Threshold:	N/A 0 PSI	N/A 0 PSI	N/A 0 PSI
Test Result:	FAIL	FAIL	FAIL

Comments – *(include information on repairs made prior to testing)*

1) ALL SEC. PIPING COULD NOT BE TESTED, NO BOOTS IN SUMPS OR DISPENSERS. SUB PUMP SUMPS FAILED SO HYDROSTATIC TEST COULD NOT BE PERFORMED.

6. SUBMERSIBLE PUMP CONTAINMENT SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer	☑ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Uses:	☐ Pressure	☐ Vacuum	☑ Hydrostatic
	☐ Other *(Specify)*		
Measuring Equipment Used for Testing:	INCON TS-STS		

	UNL 87 Sump #	UNLP89 Sump #	PREM91 Sump #
Sump Diameter:	36 IN	36 IN	36 IN
Sump Depth:	54 IN	54 IN	54 IN
Sump Material:	PLASTIC	PLASTIC	PLASTIC
Height from Tank Top to Highest Piping Penetration:	10 IN	10 IN	10 IN
Height from Tank Top to Lowest Electrical Penetration:	18 IN	18 IN	18 IN
Condition of sump prior to testing:	GOOD	GOOD	GOOD
Portion of Sump Tested[1]	BOTTOM 1/3 33%	BOTTOM 1/3 33%	BOTTOM 1/3 33%
Does turbine shut down when sump sensor detects either product or water?	N/A	N/A	N/A
Turbine shutdown response time[2]	N/A	N/A	N/A
Is system programmed for fail-safe shutdown?	N/A	N/A	N/A
Was fail-safe verified to be operational?	N/A	N/A	N/A
Wait time between applying pressure/vacuum/water and starting test:	30 MIN	30 MIN	30 MIN
Test Start Time:	4:30PM	4:30PM	4:30PM
Initial Reading (R_I):	4.231 IN	7.721	5.378 IN
Test End Time:	4:45PM	4:45PM	4:45PM
Final Reading (R_F):	0 IN	0 IN	0 IN
Test Duration:	15 MIN	15 MIN	15 MIN
Change in Reading (R_F-R_I):	4.231 IN	7.721	5.378 IN
Pass/Fail Threshold:	.002 IN	.002 IN	.002 IN
Test Result:	FAIL	FAIL	FAIL
Was sensor removed for testing?			
Was sensor properly replaced after testing?			

Comments – *(include information on repairs made prior to testing)*

* ALL SUMPS GROSS FAIL, NEED PENITRATIONS SEALED. NO SEC. TEST.

[1] If the testing method does not test the entire depth of the sump, specify how much of the sump was tested. Methods not testing the entire sump should only be used if the monitoring system provides fail-safe turbine shutdown.

[2] With the submersible pump running, place the sensor in product (discriminating sensors should also be placed in water). The time between placing the sensor in product and the turbine shutting down is the response time. This should be done if the secondary containment testing method used does not test the entire volume of the sump.

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer	☑ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Uses:	☐ Pressure	☐ Vacuum	☑ Hydrostatic
	☐ Other *(Specify)*		
Measuring Equipment Used for Testing:	INCON TS-STS		

	UDC # 1+2	UDC # 3+4	UDC # 5+6
UDC Manufacturer:	UNKNOWN	UNKNOWN	UNKNOWN
UDC Material:	PLASTIC	PLASTIC	PLASTIC
UDC Depth:	24 IN	24 IN	24 IN
Height from UDC Bottom to Highest Piping Penetration:	6 IN	6 IN	6 IN
Height from UDC Bottom to Lowest Electrical Penetration:	UNKNOWN	UNKNOWN	UNKNOWN
Condition of UDC prior to testing:	GOOD	GOOD	GOOD
Portion of UDC Tested[1]	N/A	N/A	N/A
Does turbine shut down when UDC sensor detects either product or water?	N/A	N/A	N/A
Turbine shutdown response time[2]	N/A	N/A	N/A
Is system programmed for fail-safe shutdown?	N/A	N/A	N/A
Was fail-safe verified to be operational?	N/A	N/A	N/A
Wait time between applying pressure/vacuum/water and starting test:	N/A	N/A	N/A
Test Start Time:	N/A	N/A	N/A
Initial Reading (R_I):	N/A	N/A	N/A
Test End Time:	N/A	N/A	N/A
Final Reading (R_F):	N/A	N/A	N/A
Test Duration:	N/A	N/A	N/A
Change in Reading (R_F-R_I):	N/A	N/A	N/A
Pass/Fail Threshold:	N/A	N/A	N/A
Test Result:	FAIL	FAIL	FAIL
Was sensor removed for testing?	N/A	N/A	N/A
Was sensor properly replaced after testing?	N/A	N/A	N/A

Comments – *(include information on repairs made prior to testing)*

D ALL DISP NEED PENITRATION SEALED AND BOOTS ON SEC. PIPING.

[1] If the testing method does not test the entire depth of the UDC, specify how much of the UDC was tested. Methods not testing the entire UDC should only be used if the monitoring system provides fail-safe turbine shutdown.

[2] With the submersible pump running, place the sensor in product (discriminating sensors should also be placed in water). The time between placing the sensor in product and the turbine shutting down is the response time. This should be done if the secondary containment testing method used does not test the entire volume of the UDC

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer	☑ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Uses:	☐ Pressure	☐ Vacuum	☑ Hydrostatic
	☐ Other *(Specify)*		
Measuring Equipment Used for Testing:	1 NCON TS-STS		

	UDC # 7&8	UDC #	UDC #
UDC Manufacturer:	UNKNOWN		
UDC Material:	PLASTIC		
UDC Depth:	24 IN		
Height from UDC Bottom to Highest Piping Penetration:	6 IN		
Height from UDC Bottom to Lowest Electrical Penetration:	UNKNOWN		
Condition of UDC prior to testing:	GOOD		
Portion of UDC Tested[1]	N/A		
Does turbine shut down when UDC sensor detects either product or water?	N/A		
Turbine shutdown response time[2]	N/A		
Is system programmed for fail-safe shutdown?	N/A		
Was fail-safe verified to be operational?	N/A		
Wait time between applying pressure/vacuum/water and starting test:	N/A		
Test Start Time:	N/A		
Initial Reading (R_I):	N/A		
Test End Time:	N/A		
Final Reading (R_F):	N/A		
Test Duration:	N/A		
Change in Reading (R_F-R_I):	N/A		
Pass/Fail Threshold:	N/A		
Test Result:	FAIL		
Was sensor removed for testing?	N/A		
Was sensor properly replaced after testing?	N/A		

Comments – *(include information on repairs made prior to testing)*

U ALL DISP NEED PENITRATIONS SEALED AND BOOTS ON SEC. PIPING.

[1] If the testing method does not test the entire depth of the UDC, specify how much of the UDC was tested. Methods not testing the entire UDC should only be used if the monitoring system provides fail-safe turbine shutdown.

[2] With the submersible pump running, place the sensor in product (discriminating sensors should also be placed in water). The time between placing the sensor in product and the turbine shutting down is the response time. This should be done if the secondary containment testing method used does not test the entire volume of the UDC

8. FILL RISER CONTAINMENT SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer	☐ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Uses:	☐ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		

Measuring Equipment Used for Testing:

	Fill Sump #	Fill Sump #	Fill Sump #
Sump Diameter:	NO FILL	SUMPS	TO TEST
Sump Depth:			
Height from Tank Top to Highest Piping Penetration:			
Height from Tank Top to Lowest Electrical Penetration:			
Condition of sump prior to testing:			
Portion of Sump Tested			
Sump Material:			
Wait time between applying pressure/vacuum/water and starting test:			
Test Start Time:			
Initial Reading (R_I):			
Test End Time:			
Final Reading (R_F):			
Test Duration:			
Change in Reading (R_F-R_I):			
Pass/Fail Threshold:			
Test Result:			
Is there a sensor in the sump?			
Does the sensor alarm when either product or water is detected?			
Was sensor removed for testing?			
Was sensor properly replaced after testing?			

Comments – *(include information on repairs made prior to testing)*

* NO FILL SUMPS TO TEST.

9. SPILL/OVERFILL CONTAINMENT BOXES

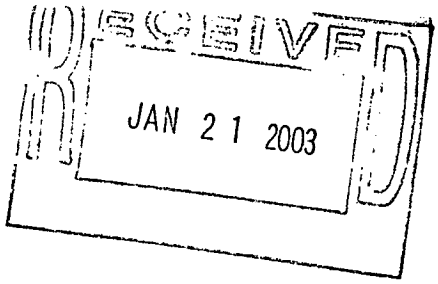
Test Method Developed By:	☐ Spill Bucket Manufacturer	☑ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Uses:	☐ Pressure	☐ Vacuum	☑ Hydrostatic
	☐ Other *(Specify)*		
Measuring Equipment Used for Testing:	INCON TS-STS		

	UNL 87 Spill Box #		UNLP89 Spill Box #		PREM Spill Box #	
Bucket Diameter:	10 in		10 in		10 in	
Bucket Depth:	10 in		10 in		10 in	
Wait time between applying pressure/vacuum/water and starting test:	30 min		30 min		30 min	
Test Start Time:	5:30pm	5:45pm	5:30pm	5:45pm	5:30pm	5:45pm
Initial Reading (R_I):	2.534in	2.534	1.716in	1.715in	2.443in	2.443in
Test End Time:	5:45pm	6:00pm	5:45pm	6:00pm	5:45pm	6:00pm
Final Reading (R_F):	2.534in	2.533in	1.715in	1.714in	2.443in	2.443in
Test Duration:	15min	15min	15min	15min	15 min	15min
Change in Reading (R_F-R_I):	.0001in	.001 in	.001in	.001in	.000in	-.0001in
Pass/Fail Threshold:	.002in	.002in	.002in	.002in	.002in	.002in
Test Result:	PASS	PASS	PASS	PASS	PASS	PASS

Comments – *(include information on repairs made prior to testing)*

This is a draft document intended for public review and comment. Your input is appreciated. Please direct any comments regarding this form to:

SWRCB UST Program, Attn: Scott Bacon
1001 I" Street, Box 944212
Sacramento, CA 95814
Phone: (916) 341-5873, Fax: (916) 341-5808
e-mail: bacons@cwp.swrcb.ca.gov


RECEIVED
JAN 21 2003

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY ☐ Yes ☒ No

HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? ☐ Yes ☒ No

REPORT DATE: 5/28/2013

CASE #:

FOR LOCAL AGENCY USE ONLY

I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.

SIGNED _____ DATE _____

REPORTED BY

NAME OF INDIVIDUAL FILING REPORT: Jeffrey Marshall

PHONE: (661) 862-8775

SIGNATURE:

REPRESENTING: ☒ LOCAL AGENCY ☐ REGIONAL BOARD ☐ OWNER/OPERATOR ☐ OTHER

COMPANY OR AGENCY NAME: Kern County Environmental Health Division

ADDRESS: 2700 M Street, Suite 300 (STREET) Bakersfield (CITY) CA (STATE) 93301 (ZIP)

RESPONSIBLE PARTY

NAME: Kuljit Ghuman ☐ Unknown

CONTACT PERSON: Kuljit Ghuman

PHONE: (661) 834-9113

ADDRESS: 2126 Taft Hwy (STREET) Bakersfield (CITY) CA (STATE) 93313 (ZIP)

SITE LOCATION

FACILITY NAME (IF APPLICABLE): Johnny Quik #143

OPERATOR: Kuljit Ghuman

PHONE: (661) 834-9113

ADDRESS: 2126 Taft Hwy (STREET) Bakersfield (CITY) Kern (COUNTY) 93313 (ZIP)

CROSS STREET: Highway 99

IMPLEMENTING AGENCIES

LOCAL AGENCY AGENCY NAME: Kern County Environmental Health Division

PHONE: (661) 862-8775

REGIONAL BOARD

PHONE: ( )

SUBSTANCES INVOLVED

(1) NAME: Gasoline

QUANTITY LOST (GALLONS) ☒ Unknown

(2) ☐ Unknown

DISCOVERY/ABATEMENT

DATE DISCOVERED: 5/9/2013

HOW DISCOVERED: ☐ Tank Test ☐ Tank Removal ☐ Nuisance Conditions ☐ Inventory Control ☒ Subsurface Monitoring ☐ Other

DATE DISCHARGE BEGAN ☒ UNKNOWN

HAS DISCHARGE BEEN STOPPED? ☒ YES ☐ NO IF YES, DATE 5/9/2013

METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)
☐ Remove Contents ☐ Close Tank
☐ Repair Tank ☐ Change Procedure
☐ Replace Tank ☒ Other
☐ Repair Piping

SOURCE/CAUSE

SOURCE OF DISCHARGE: ☐ Tank Leak ☐ Piping Leak ☒ Unknown ☐ Other

CAUSE(S): ☐ Overfill ☐ Corrosion ☐ Rupture/Failure ☒ Unknown ☐ Spill ☐ Other

CASE TYPE

CHECK ONE ONLY

☒ Undetermined ☐ Soil Only ☐ Groundwater ☐ Drinking Water – (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS

CHECK ONE ONLY

☐ No Action Taken
☒ Leak Being Confirmed
☐ Remediation Plan
☐ Preliminary Site Assessment Workplan Submitted
☐ Preliminary Site Assessment Underway
☐ Case Closed (Cleanup Completed or Unnecessary)
☐ Pollution Characterization
☐ Post Cleanup Monitoring in Progress
☐ Cleanup Underway

REMEDIAL ACTION

CHECK APPROPRIATE ACTION(S)

☐ Cap Site (CD)
☐ Contamination Barrier (CB)
☐ Vacuum Extract (VE)
☐ Excavate & Dispose (ED)
☐ Excavate & Treat (ET)
☐ No Action Required (NA)
☐ Remove Free Product (FP)
☐ Pump & Treat Groundwater (GT)
☐ Treatment At Hookup (HU)
☐ Enhanced Bio Degradation (IT)
☐ Replace Supply (RS)
☐ Vent Soil (VS)
☒ Other

COMMENTS

The facilties is currently in the process of removing product lines and replacing them with new fiberglass double walled lines. Contamination was uncovered after samples were taken under the product lines to the dispensers. The contamination was observed in the northeast samples. Two samples were taken at depths of two (2) feet and six (6) feet. Attached in a copy of the lab results obtained for the samples taken at the facility.

Instructions for Completing UST Unauthorized Release (Leak) / Contamination Site Report

EMERGENCY: Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES). Indicate whether the OES report has been filed as of the date of this report.

LOCAL AGENCY USE ONLY: To avoid duplicate notifications pursuant to Health and safety Code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY: Enter name, telephone number, and address. Indicate which party you represent and provide company or agency name.

SIGNATURE: Sign the form in the space provided.

RESPONSIBLE PARTY: Enter the name, telephone number, contact person, and address of the party responsible for the leak. The Responsible Party would normally be the tank owner.

SITE LOCATION: Enter information regarding the tank facility. At a minimum, you must provide the facility name and full site address.

IMPLEMENTING AGENCIES: Enter the names of the local agency and Regional Water Quality Control Board having jurisdiction over the site.

SUBSTANCES INVOLVED: Enter the name and quantity lost of the hazardous substance(s) involved. If more than two substances leaked, list the two of most concern for cleanup.

DISCOVERY/ABATEMENT: Provide information regarding the discovery and abatement of the leak.

SOURCE/CAUSE: Indicate the source(s) of leak. Check box(es) indicating the cause(s) of leak.

CASE TYPE: Check one box only. Indicate the Case Type category for this leak. Case Type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, Case Type will be "Groundwater." Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Groundwater" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that Case Type may change upon further investigation.

CURRENT STATUS: Check one box only. Indicate the category which best describes the Current Status of the case. The response should be relative to the Case Type. For example, if the Case Type is "Groundwater," then Current Status should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options are as follows:

- **No Action Taken** – No action has been taken by the Responsible Party beyond initial reporting of the leak.
- **Leak Being Confirmed** – A leak is suspected at the site, but has not yet been confirmed.
- **Remediation Plan** – Remediation Plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.
- **Preliminary Site Assessment Workplan Submitted** – Workplan/proposal requested of/submitted by Responsible Party to determine whether ground water has been, or will be, impacted as a result of the release.
- **Preliminary Site Assessment Underway** – Workplan is being implemented.
- **Case Closed** – Regional Water Quality Control Board and local agency Local Oversight Program (LOP) agree that no further work is necessary at the site.
- **Pollution Characterization** – Responsible Party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.
- **Post Cleanup Monitoring in Progress** – Periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate the effectiveness of remedial activities.
- **Cleanup Underway** – Remediation Plan is being implemented.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY.

REMEDIAL ACTION: Indicate which actions have been used to clean up or remediate the leak. Descriptions of options are as follows:

- **Cap Site** – Install horizontal impermeable layer to reduce rainfall infiltration.
- **Containment Barrier** – Install vertical dike to block horizontal movement of contaminants.
- **Excavate and Dispose** – Remove contaminated soil and dispose at approved site.
- **Excavate and Treat** – Remove contaminated soil and treat (includes spreading or land farming).
- **Remove Free Product** – Remove floating product from water table.
- **Pump and Treat Groundwater** – Generally employed to remove dissolved contaminants.
- **Enhanced Biodegradation** – Use of any available technology to promote bacterial decomposition of contaminants.
- **Replace Supply** – Provide alternate water supply to affected parties.
- **Treatment at Hookup** – Install water treatment devices at each dwelling or other place of use.
- **Vacuum Extract** – Use pumps or blowers to draw air through soil.
- **Vent Soil** – Bore holes in soil to allow volatilization of contaminants.
- **No Action Required** – Incident is minor, requiring no remedial action.

COMMENTS: Use this space to elaborate on any aspects of the incident.

DISTRIBUTION: If this form is completed by the tank owner or his/her agent, retain a copy and forward the original to your local tank permitting agency for distribution.

- Original – Local UST permitting agency. (Agency contact information is available at www.unidocs.org.)
- Copy – Regional Water Quality Control Board. (Boundaries and contact information are available at www.swrcb.ca.gov/regions.html.)
- Copy – Local Oversight Program (LOP) agency. (Agency contact information is available at www.unidocs.org.)
- Copy – Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
- Copy – Owner/Responsible Party.

Associated Laboratories
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www.associatedlabs.com
Info@associatedlabs.com

ACCREDITED IN ACCORDANCE WITH nelac
04232CA

Client:	Advanced Environmental Concepts Inc.	Lab Request:	322938
Address:	220 E. Truxtun Ave.	Report Date:	05/22/2013
	Bakersfield, CA 93305	Date Received:	05/11/2013
Attn:	Jonathan Buck	Client ID:	10022

Comments: Johnny Quik
2126 Taft Highway, Old River, CA

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

Sample #	Client Sample ID
322938-001	NE-T-2'
322938-002	NE-T-6'
322938-003	E-C-T-2'
322938-004	E-C-T-6'
322938-005	SE-T-2'
322938-006	SE-T-6'
322938-007	NW-T-2'
322938-008	NW-T-6'
322938-009	W-C-T-2'
322938-010	W-C-T-6'
322938-011	SW-T-2'
322938-012	SW-T-6'

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Nina Prasad
President

NOTE: Unless notified in writing , all samples will be discarded by appropriate disposal protocol 45 days from date reported.

TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 14:20 **Site:**
Sample #: 322938-001 **Client Sample #:** NE-T-2' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC* **Prep Method:** EPA 3545							**QCBatchID:** QC1136596	
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	**9.51**	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*95*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8260 *NELAC* **Prep Method:** EPA 5035							**QCBatchID:** QC1136527	
1,1,1,2-Tetrachloroethane	ND	1	0.24	5	ug/Kg	05/13/13	nicollez	
1,1,1-Trichloroethane	ND	1	0.15	5	ug/Kg	05/13/13	nicollez	
1,1,2,2-Tetrachloroethane	ND	1	0.29	5	ug/Kg	05/13/13	nicollez	
1,1,2-Trichloroethane	ND	1	0.22	5	ug/Kg	05/13/13	nicollez	
1,1,2-Trichlorotrifluoroethane	ND	1	0.74	5	ug/Kg	05/13/13	nicollez	
1,1-Dichloroethane	ND	1	0.23	5	ug/Kg	05/13/13	nicollez	
1,1-Dichloroethene	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
1,1-Dichloropropene	ND	1	0.21	5	ug/Kg	05/13/13	nicollez	
1,2,3-Trichlorobenzene	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
1,2,3-Trichloropropane	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	
1,2,4-Trichlorobenzene	ND	1	0.33	5	ug/Kg	05/13/13	nicollez	
1,2,4-Trimethylbenzene	ND	1	0.28	5	ug/Kg	05/13/13	nicollez	
1,2-Dibromo-3-chloropropane	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	
1,2-Dibromoethane	ND	1	0.12	5	ug/Kg	05/13/13	nicollez	
1,2-Dichlorobenzene	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
1,2-Dichloroethane	ND	1	0.14	5	ug/Kg	05/13/13	nicollez	
1,2-Dichloropropane	ND	1	0.34	5	ug/Kg	05/13/13	nicollez	
1,3,5-Trimethylbenzene	ND	1	0.23	5	ug/Kg	05/13/13	nicollez	
1,3-Dichlorobenzene	ND	1	0.21	5	ug/Kg	05/13/13	nicollez	
1,3-Dichloropropane	ND	1	0.19	5	ug/Kg	05/13/13	nicollez	
1,4-Dichlorobenzene	ND	1	0.24	5	ug/Kg	05/13/13	nicollez	
2,2-Dichloropropane	ND	1	0.19	5	ug/Kg	05/13/13	nicollez	
2-Butanone (MEK)	ND	1	0.72	100	ug/Kg	05/13/13	nicollez	
2-Chloroethyl Vinyl Ether	ND	1	0.3	5	ug/Kg	05/13/13	nicollez	
2-Chlorotoluene	ND	1	0.25	5	ug/Kg	05/13/13	nicollez	
4-Chlorotoluene	ND	1	0.22	5	ug/Kg	05/13/13	nicollez	
4-Isopropyltoluene	ND	1	0.27	5	ug/Kg	05/13/13	nicollez	
4-Methyl-2-pentanone (MIBK)	ND	1	0.17	5	ug/Kg	05/13/13	nicollez	
Acetone	ND	1	10	100	ug/Kg	05/13/13	nicollez	
Allyl Chloride	ND	1	0.14	5	ug/Kg	05/13/13	nicollez	
Benzene	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
Bromobenzene	ND	1	0.3	5	ug/Kg	05/13/13	nicollez	
Bromochloromethane	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
Bromodichloromethane	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	
Bromoform	ND	1	0.19	5	ug/Kg	05/13/13	nicollez	
Bromomethane	ND	1	0.22	5	ug/Kg	05/13/13	nicollez	
Carbon Tetrachloride	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
Chlorobenzene	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
Chlorodibromomethane	ND	1	0.19	5	ug/Kg	05/13/13	nicollez	
Chloroethane	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	
Chloroform	ND	1	0.17	5	ug/Kg	05/13/13	nicollez	
Chloromethane	ND	1	0.21	5	ug/Kg	05/13/13	nicollez	
cis-1,2-Dichloroethene	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid	**Client:** Advanced Environmental Concepts Inc.	**Collector:** Client	
Sampled: 05/09/2013 14:20	**Site:**		
Sample #: 322938-001	**Client Sample #:** NE-T-2'	**Sample Type:**	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
cis-1,3-dichloropropene	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	
cis-1,4-dichloro-2-butene	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	
Dibromomethane	ND	1	0.23	5	ug/Kg	05/13/13	nicollez	
Dichlorodifluoromethane	ND	1	0.23	5	ug/Kg	05/13/13	nicollez	
Di-isopropyl ether (DIPE)	ND	1	0.21	5	ug/Kg	05/13/13	nicollez	
Ethylbenzene	ND	1	0.25	5	ug/Kg	05/13/13	nicollez	
Ethyl-tertbutylether (ETBE)	ND	1	0.42	5	ug/Kg	05/13/13	nicollez	
Hexachlorobutadiene	ND	1	0.38	5	ug/Kg	05/13/13	nicollez	
Isopropylbenzene	ND	1	0.17	5	ug/Kg	05/13/13	nicollez	
m and p-Xylene	ND	1	0.21	5	ug/Kg	05/13/13	nicollez	
Methylene chloride	ND	1	0.22	5	ug/Kg	05/13/13	nicollez	
Methyl-t-butyl Ether (MTBE)	ND	1	0.25	5	ug/Kg	05/13/13	nicollez	
Naphthalene	ND	1	0.28	5	ug/Kg	05/13/13	nicollez	
N-butylbenzene	ND	1	0.16	5	ug/Kg	05/13/13	nicollez	
N-propylbenzene	ND	1	0.19	5	ug/Kg	05/13/13	nicollez	
o-Xylene	ND	1	0.13	5	ug/Kg	05/13/13	nicollez	
Sec-butylbenzene	ND	1	0.34	5	ug/Kg	05/13/13	nicollez	
Styrene	ND	1	0.23	5	ug/Kg	05/13/13	nicollez	
t-Butyl alcohol (TBA)	ND	1	8.8	10	ug/Kg	05/13/13	nicollez	
Tert-amylmethylether (TAME)	ND	1	0.19	5	ug/Kg	05/13/13	nicollez	
Tert-butylbenzene	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
Tetrachloroethene	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	
Toluene	ND	1	0.23	5	ug/Kg	05/13/13	nicollez	
trans-1,2-dichloroethene	ND	1	0.23	5	ug/Kg	05/13/13	nicollez	
trans-1,3-dichloropropene	ND	1	0.14	5	ug/Kg	05/13/13	nicollez	
trans-1,4-dichloro-2-butene	ND	1	0.38	5	ug/Kg	05/13/13	nicollez	
Trichloroethene	ND	1	0.39	5	ug/Kg	05/13/13	nicollez	
Trichlorofluoromethane	ND	1	0.25	5	ug/Kg	05/13/13	nicollez	
Vinyl Chloride	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
Xylenes (Total)	ND	1	0.45	5	ug/Kg	05/13/13	nicollez	

Analyte	% Recovery	Limits	Notes
1,2-Dichloroethane-d4 (SUR)	*110*	*70-145*	
4-Bromofluorobenzene (SUR)	*96*	*70-145*	
Dibromodifluoromethane (SUR)	*97*	*70-145*	
Toluene-d8 (SUR)	*102*	*70-145*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid	**Client:** Advanced Environmental Concepts Inc.	**Collector:** Client	
Sampled: 05/09/2013 14:25	**Site:**		
Sample #: 322938-002	**Client Sample #:** NE-T-6'	**Sample Type:**	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC*	**Prep Method:** EPA 3545						**QCBatchID:**	QC1136596
TPH (C6 to C10)	**1270**	20	34	60	mg/Kg	05/17/13	lyt	
TPH (C10 to C22)	**788**	20	8	60	mg/Kg	05/17/13	lyt	
TPH (C28 to C36)	ND	20	42	100	mg/Kg	05/17/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*365*	*60-140*	*S*

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: EPA 8260 *NELAC*	**Prep Method:** EPA 5035						**QCBatchID:** QC1136684
1,1,1,2-Tetrachloroethane	ND	1000	240	5000	ug/Kg	05/17/13	nicollez
1,1,1-Trichloroethane	ND	1000	150	5000	ug/Kg	05/17/13	nicollez
1,1,2,2-Tetrachloroethane	ND	1000	290	5000	ug/Kg	05/17/13	nicollez
1,1,2-Trichloroethane	ND	1000	220	5000	ug/Kg	05/17/13	nicollez
1,1,2-Trichlorotrifluoroethane	ND	1000	740	5000	ug/Kg	05/17/13	nicollez
1,1-Dichloroethane	ND	1000	230	5000	ug/Kg	05/17/13	nicollez
1,1-Dichloroethene	ND	1000	180	5000	ug/Kg	05/17/13	nicollez
1,1-Dichloropropene	ND	1000	210	5000	ug/Kg	05/17/13	nicollez
1,2,3-Trichlorobenzene	ND	1000	180	5000	ug/Kg	05/17/13	nicollez
1,2,3-Trichloropropane	ND	1000	200	5000	ug/Kg	05/17/13	nicollez
1,2,4-Trichlorobenzene	ND	1000	330	5000	ug/Kg	05/17/13	nicollez
1,2,4-Trimethylbenzene	**160000**	1000	280	5000	ug/Kg	05/17/13	nicollez
1,2-Dibromo-3-chloropropane	ND	1000	200	5000	ug/Kg	05/17/13	nicollez
1,2-Dibromoethane	ND	1000	120	5000	ug/Kg	05/17/13	nicollez
1,2-Dichlorobenzene	ND	1000	180	5000	ug/Kg	05/17/13	nicollez
1,2-Dichloroethane	ND	1000	140	5000	ug/Kg	05/17/13	nicollez
1,2-Dichloropropane	ND	1000	340	5000	ug/Kg	05/17/13	nicollez
1,3,5-Trimethylbenzene	**160000**	1000	230	5000	ug/Kg	05/17/13	nicollez
1,3-Dichlorobenzene	ND	1000	210	5000	ug/Kg	05/17/13	nicollez
1,3-Dichloropropane	ND	1000	190	5000	ug/Kg	05/17/13	nicollez
1,4-Dichlorobenzene	ND	1000	240	5000	ug/Kg	05/17/13	nicollez
2,2-Dichloropropane	ND	1000	190	5000	ug/Kg	05/17/13	nicollez
2-Butanone (MEK)	ND	1000	720	100000	ug/Kg	05/17/13	nicollez
2-Chloroethyl Vinyl Ether	ND	1000	300	5000	ug/Kg	05/17/13	nicollez
2-Chlorotoluene	ND	1000	250	5000	ug/Kg	05/17/13	nicollez
4-Chlorotoluene	ND	1000	220	5000	ug/Kg	05/17/13	nicollez
4-Isopropyltoluene	**13000**	1000	270	5000	ug/Kg	05/17/13	nicollez
4-Methyl-2-pentanone (MIBK)	ND	1000	170	5000	ug/Kg	05/17/13	nicollez
Acetone	ND	1000	10000	100000	ug/Kg	05/17/13	nicollez
Allyl Chloride	ND	1000	140	5000	ug/Kg	05/17/13	nicollez
Benzene	ND	1000	180	5000	ug/Kg	05/17/13	nicollez
Bromobenzene	ND	1000	300	5000	ug/Kg	05/17/13	nicollez
Bromochloromethane	ND	1000	180	5000	ug/Kg	05/17/13	nicollez
Bromodichloromethane	ND	1000	200	5000	ug/Kg	05/17/13	nicollez
Bromoform	ND	1000	190	5000	ug/Kg	05/17/13	nicollez
Bromomethane	ND	1000	220	5000	ug/Kg	05/17/13	nicollez
Carbon Tetrachloride	ND	1000	180	5000	ug/Kg	05/17/13	nicollez
Chlorobenzene	ND	1000	180	5000	ug/Kg	05/17/13	nicollez
Chlorodibromomethane	ND	1000	190	5000	ug/Kg	05/17/13	nicollez
Chloroethane	ND	1000	200	5000	ug/Kg	05/17/13	nicollez
Chloroform	ND	1000	170	5000	ug/Kg	05/17/13	nicollez
Chloromethane	ND	1000	210	5000	ug/Kg	05/17/13	nicollez
cis-1,2-Dichloroethene	ND	1000	200	5000	ug/Kg	05/17/13	nicollez

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 14:25 **Site:**
Sample #: 322938-002 **Client Sample #:** NE-T-6' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
cis-1,3-dichloropropene	ND	1000	200	5000	ug/Kg	05/17/13	nicollez	
cis-1,4-dichloro-2-butene	ND	1000	200	5000	ug/Kg	05/17/13	nicollez	
Dibromomethane	ND	1000	230	5000	ug/Kg	05/17/13	nicollez	
Dichlorodifluoromethane	ND	1000	230	5000	ug/Kg	05/17/13	nicollez	
Di-isopropyl ether (DIPE)	ND	1000	210	5000	ug/Kg	05/17/13	nicollez	
Ethylbenzene	ND	1000	250	5000	ug/Kg	05/17/13	nicollez	
Ethyl-tertbutylether (ETBE)	ND	1000	420	5000	ug/Kg	05/17/13	nicollez	
Hexachlorobutadiene	ND	1000	380	5000	ug/Kg	05/17/13	nicollez	
Isopropylbenzene	ND	1000	170	5000	ug/Kg	05/17/13	nicollez	
m and p-Xylene	**19000**	1000	210	5000	ug/Kg	05/17/13	nicollez	
Methylene chloride	ND	1000	220	5000	ug/Kg	05/17/13	nicollez	
Methyl-t-butyl Ether (MTBE)	ND	1000	250	5000	ug/Kg	05/17/13	nicollez	
Naphthalene	**26000**	1000	280	5000	ug/Kg	05/17/13	nicollez	
N-butylbenzene	**56000**	1000	160	5000	ug/Kg	05/17/13	nicollez	
N-propylbenzene	ND	1000	190	5000	ug/Kg	05/17/13	nicollez	
o-Xylene	**59000**	1000	130	5000	ug/Kg	05/17/13	nicollez	
Sec-butylbenzene	ND	1000	340	5000	ug/Kg	05/17/13	nicollez	
Styrene	ND	1000	230	5000	ug/Kg	05/17/13	nicollez	
t-Butyl alcohol (TBA)	ND	1000	8800	10000	ug/Kg	05/17/13	nicollez	
Tert-amylmethylether (TAME)	ND	1000	190	5000	ug/Kg	05/17/13	nicollez	
Tert-butylbenzene	ND	1000	180	5000	ug/Kg	05/17/13	nicollez	
Tetrachloroethene	ND	1000	200	5000	ug/Kg	05/17/13	nicollez	
Toluene	ND	1000	230	5000	ug/Kg	05/17/13	nicollez	
trans-1,2-dichloroethene	ND	1000	230	5000	ug/Kg	05/17/13	nicollez	
trans-1,3-dichloropropene	ND	1000	140	5000	ug/Kg	05/17/13	nicollez	
trans-1,4-dichloro-2-butene	ND	1000	380	5000	ug/Kg	05/17/13	nicollez	
Trichloroethene	ND	1000	390	5000	ug/Kg	05/17/13	nicollez	
Trichlorofluoromethane	ND	1000	250	5000	ug/Kg	05/17/13	nicollez	
Vinyl Chloride	ND	1000	180	5000	ug/Kg	05/17/13	nicollez	
Xylenes (Total)	**78000**	1000	450	5000	ug/Kg	05/17/13	nicollez	

Analyte	% Recovery	Limits	Notes
1,2-Dichloroethane-d4 (SUR)	*104*	*70-145*	
4-Bromofluorobenzene (SUR)	*105*	*70-145*	
Dibromodifluoromethane (SUR)	*95*	*70-145*	
Toluene-d8 (SUR)	*106*	*70-145*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid	**Client:** Advanced Environmental Concepts Inc.	**Collector:** Client	
Sampled: 05/09/2013 14:32	**Site:**		
Sample #: 322938-003	**Client Sample #:** E-C-T-2'	**Sample Type:**	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC*	**Prep Method:** EPA 3545						**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*65*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC*	**Prep Method:** EPA 5035						**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*85*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 14:37 **Site:**
Sample #: 322938-004 **Client Sample #:** E-C-T-6' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC* **Prep Method:** EPA 3545							**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*63*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC* **Prep Method:** EPA 5035							**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*93*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid	**Client:** Advanced Environmental Concepts Inc.	**Collector:** Client	
Sampled: 05/09/2013 14:42	**Site:**		
Sample #: 322938-005	**Client Sample #:** SE-T-2'	**Sample Type:**	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC*	**Prep Method:** EPA 3545						**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*75*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC*	**Prep Method:** EPA 5035						**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*91*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 14:47 **Site:**
Sample #: 322938-006 **Client Sample #:** SE-T-6' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC* **Prep Method:** EPA 3545							**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*85*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC* **Prep Method:** EPA 5035							**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*93*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid	**Client:** Advanced Environmental Concepts Inc.	**Collector:** Client	
Sampled: 05/09/2013 14:55	**Site:**		
Sample #: 322938-007	**Client Sample #:** NW-T-2'	**Sample Type:**	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC*	**Prep Method:** EPA 3545						**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*66*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC*	**Prep Method:** EPA 5035						**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*91*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid	**Client:** Advanced Environmental Concepts Inc.	**Collector:** Client	
Sampled: 05/09/2013 15:00	**Site:**		
Sample #: 322938-008	**Client Sample #:** NW-T-6'	**Sample Type:**	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC*	**Prep Method:** EPA 3545						**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*93*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC*	**Prep Method:** EPA 5035						**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*91*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid	**Client:** Advanced Environmental Concepts Inc.	**Collector:** Client	
Sampled: 05/09/2013 15:05	**Site:**		
Sample #: 322938-009	**Client Sample #:** W-C-T-2'	**Sample Type:**	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC*	**Prep Method:** EPA 3545						**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*69*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC*	**Prep Method:** EPA 5035						**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*88*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 15:10 **Site:**
Sample #: 322938-010 **Client Sample #:** W-C-T-6' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC* **Prep Method:** EPA 3545							**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*95*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC* **Prep Method:** EPA 5035							**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*92*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 15:15 **Site:**
Sample #: 322938-011 **Client Sample #:** SW-T-2' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC* **Prep Method:** EPA 3545							**QCBatchID:** QC1136596	
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*68*	*60-140*	

Method: EPA 8021 *NELAC* **Prep Method:** EPA 5035							**QCBatchID:** QC1136586	
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*84*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 15:22 **Site:**
Sample #: 322938-012 **Client Sample #:** SW-T-6' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC* **Prep Method:** EPA 3545							**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*79*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC* **Prep Method:** EPA 5035							**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*87*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

CALIFORNIA
Water Boards

EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

Central Valley Regional Water Quality Control Board

UST File
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17 July 2013

Kuljit Ghuman
2126 Taft Highway
Bakersfield, CA 93313

REVIEW – SOIL ASSESSMENT WORK PLAN, UNDERGROUND STORAGE TANK RELEASE, JOHNNY QUICK #143, 2126 TAFT HIGHWAY, BAKERSFIELD, KERN COUNTY, RB CASE 5T15000929

The *Soil Assessment Work Plan* (Work Plan) dated July 2013, was submitted by the consultant, Advanced Environmental Concepts, Inc. (AEC). The Work Plan is in response to the Central Valley Regional Water Quality Control Board (Central Valley Water Board) staff letter dated 2 July 2013. The Work Plan proposes investigation to define the vertical and lateral extent of petroleum fuel constituents detected in soil during May 2013 underground storage tank (UST) system piping replacement. This letter summarizes the Work Plan, addresses concerns and provides comments.

SUMMARY

The Work Plan proposes three direct-push soil borings. Boring TH-1 will be advanced adjacent to the south side of the northeast fuel dispenser, at the location of known soil contamination, to determine the vertical extent of fuel constituents. Borings TH-2 and TH-3 will be advanced approximately 10 feet west and 15 feet east-southeast of TH-1, respectively, to define the lateral extent of fuel constituents. TH-1 is expected to reach 30 feet below ground surface (bgs) and TH-2 and TH-3 will be advanced to 20 feet bgs. The borings will be sampled at five-foot intervals, beginning at 10 feet bgs in TH-1, and beginning at five feet bgs in TH-2 and TH-3.

Selected soil samples will be submitted to a California-certified laboratory for total petroleum hydrocarbons as gasoline (TPHg); benzene, toluene, ethylbenzene, and xylenes (BTEX); and the fuel oxygenate methyl tertiary butyl ether (MTBE).

A site-specific Health and Safety Plan is included as Appendix B of the Work Plan. AEC will complete a report summarizing the investigation within two weeks of the completion of field work.

COMMENTS

Central Valley Water Board staff concurs with the investigation proposed in the Work Plan, but the following comments need to be incorporated:

1. The frequency of soil sample analysis should be sufficient to determine the distribution and vertical extent of petroleum fuel constituents. The vertical extent of affected soil in

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each boring is to be defined by laboratory analysis of two consecutive samples lacking field evidence of petroleum impact.

2. Lateral extent borings TH-2 and TH-3 need to be advanced to the maximum depth of impacted soil observed in vertical extent boring TH-1.

3. TPHg and total petroleum hydrocarbons as diesel (TPHd) were detected at 1,270 and 788 milligrams per kilogram, respectively, during the May 2013 investigation. TPHd analysis needs to be included at sufficient frequency to determine the extent of diesel constituents.

4. One sample from the most highly contaminated zone between zero and five feet bgs and one sample from the most highly contaminated zone between five and ten feet bgs in each boring needs to be analyzed to determine if the State Water Resources Control Board's *Low Threat Underground Storage Tank Case Closure Policy* (Policy) criteria for Direct Contact and Outdoor Air Exposure are met. At a minimum, analysis for benzene, ethylbenzene and naphthalene should be included.

5. Fieldwork should be conducted in accordance with an updated site-specific Health and Safety Plan.

By 17 October 2013, please submit the investigation report of findings.

Please call me at (559) 445-5504 or email at jwhiting@waterboards.ca.gov if you have any questions, and in advance of fieldwork.

John D. Whiting

JOHN D. WHITING
Engineering Geologist
PG No. 5951

cc: Lydia V. von Sydow, Kern County Environmental Health Division, Bakersfield
Jonathon Buck, Advanced Environmental Concepts, Inc., Bakersfield

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Water Boards

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MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

Central Valley Regional Water Quality Control Board

2 July 2013

Kuljit Ghuman
2126 Taft Highway
Bakersfield, CA 93313

UNDERGROUND STORAGE TANK SYSTEM RELEASE, JOHNNY QUIK #143, 2126 TAFT HIGHWAY, BAKERSFIELD, KERN COUNTY, RB CASE 5T15000929

In a letter dated 29 May 2013, the Kern County Environmental Health Division (Kern County) referred the above referenced site to the Central Valley Regional Water Quality Control Board, (Central Valley Water Board) to conduct regulatory oversight of a release of petroleum fuel from the underground storage tank (UST) system. In May 2013, a release of gasoline and diesel fuel was discovered from the system piping that leads to a multi-product fuel dispenser. Analytical results indicated total petroleum hydrocarbons as gasoline and diesel were detected at 1,270 and 788 milligrams per kilogram (mg/kg), respectively, beneath the piping, at a depth of six feet. The petroleum constituents xylenes and naphthalene were also detected at 78 mg/kg, and 26 mg/kg, respectively.

As owner of the property or operator of the UST system, you are a responsible party for the release. State regulations require that responsible parties investigate, and if necessary, clean up such releases.

Health and Safety Code section 25296.10(a) states:

"Each owner, operator, or other responsible party shall take corrective action in response to an unauthorized release in compliance with this chapter and the regulations adopted pursuant to Section 25299.3."

Health and Safety Code section 25296.10(c)(1) states:

"When a local agency, the board, or a regional board requires an owner, operator, or other responsible party to undertake corrective action, including preliminary site assessment and investigation pursuant to an oral or written order, directive, notification, or approval issued pursuant to this section, or pursuant to a cleanup and abatement order or other oral or written directive issued pursuant to Division 7 (commencing with Section 13000) of the Water Code, the owner, operator, or other responsible party shall prepare a work plan that details the corrective action, the owner, operator, or other responsible party shall take..."

You are requested to submit a work plan to assess the extent and concentration of the fuel constituents in soil and groundwater, and identify sensitive environmental receptors within a 1,000-foot radius of the release. You will need to secure the services of an experienced environmental consultant to prepare the work plan. The proposed investigation would be conducted following review and concurrence from the Central Valley Water Board staff.

The work plan needs to include a time schedule to implement the plan and submit reports. All technical submittals must contain the signature and seal of a California licensed engineer, certified engineering geologist, or professional geologist who is responsible for the content of the submittal. The proposed investigation should provide data to determine whether criteria in the State Water Resources Control Board (State Water Board) *Low-Threat Underground Storage Tank Case Closure Policy* are satisfied.

If there is evidence to support identification of other potentially responsible parties for the UST release, please provide the names and current addresses, the beginning and ending dates and type of involvement, and copies of any documents that would verify the terms and conditions of involvement. Our records indicate that you are the "primary or active" responsible party for the site. Under the "landowner notification" of Health and Safety Code, Section 25299.37.2, all current record owners of fee title to the site are required to be notified of your proposed actions relating to investigation, cleanup, and closure of the UST release. Please provide a complete mailing list of all record fee title owners, and certify in writing that the list is complete and contains the names and addresses of all record fee title owners. If you are the only record fee title owner, please so state. Copy all future correspondence to us regarding this site to the record fee title owners, and encourage them to comment on your proposed actions. If ownership of fee title changes prior to case closure, submit within 30 days of recording a change in ownership, a mailing list of all new record fee title owners and certify that it is complete.

State Water Board regulations require the electronic submittal of information (including reports) pertaining to soil and groundwater relating to the UST cases, into the State Water Board's GeoTracker database system. At this time, the Central Valley Water Board is not prepared to handle reports exclusively in electronic format, and paper copies of reports are also required to be submitted by the specified deadlines.

Lastly, the State Water Board Underground Storage Tank Cleanup Fund Program (Fund) assists owners and operators of underground tanks, and other eligible individuals, by providing reimbursement of expenses associated with the investigation and cleanup of UST releases. We urge you to apply to the Fund. An application form and information are available at the following web page: *http://www.waterboards.ca.gov/water_issues/programs/ustcf.*

By 15 August 2013, please provide a complete mailing list of all record fee title owners.

By 3 September 2013, please submit a work plan to assess the extent and concentration of fuel constituents, evaluate health risk, and identify sensitive receptors.

If you have any questions, or wish to meet to discuss this case, please contact John Whiting at (559) 445-5504 or by email at jwhiting@waterboards.ca.gov.

John D. Whiting

JOHN D. WHITING
Engineering Geologist
PG 5951

Shelton R. Gray

SHELTON R. GRAY
Senior Engineering Geologist

cc: Lydia V. von Sydow, Kern County Environmental Health Division, Bakersfield
Jonathon Buck, Advanced Environmental Concepts, Inc., Bakersfield

KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

2700 M STREET, SUITE 300 BAKERSFIELD, CALIFORNIA, 93301-2370 VOICE: 661-862-8740 FAX: 661-862-8701 WWW.CO.KERN.CA.US/EH

May 31, 2013

Johnny Quik #143
Attention: Kuljit Ghuman
2126 Taft Hwy
Bakersfield, CA 93313

SUBJECT: Underground Storage Tank Unauthorized Release
Johnny Quik #143
2126 Taft Hwy
Bakersfield, CA 93313

Dear Mr. Ghuman:

The Kern County Environmental Health Division has referred the oversight of the unauthorized release from the underground storage tank system at the Johnny Quik #143 to the Central Valley Regional Water Quality Control Board. They will be contacting you regarding the requirements for assessing and mitigating the release.

As always, this department is available to assist you. If you have any questions or comments, please call Jeffrey Marshall (661) 862-878775.

Sincerely,

Lydia V. von Sydow
Waste Management Technician II
Certified Unified Program Agency

KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

2700 M STREET, SUITE 300 BAKERSFIELD, CALIFORNIA, 93301-2370 VOICE: 661-862-8740 FAX: 661-862-8701 WWW.CO.KERN.CA.US/EH

May 29, 2013

Central Valley Region
Regional Water Quality Control Board
Attention: Shelton Gray
1685 "E" Street
Fresno, CA 93706-2007

SUBJECT: Johnny Quik #143
2126 Taft Hwy.
Bakersfield, CA 93313

Dear Mr. Gray:

The Kern County Environmental Health Division is referring the facility noted above to the Central Valley RWQCB for oversight of an unauthorized release from an underground storage tank system. Jeffery Marshall, REHS, is the facility's inspector for Kern County. He can be reached at (661) 862-8775 or marshallj@co.kern.ca.us.

As always, this department is available to assist you. If you have any questions or comments, please call (661) 862-8748.

Sincerely,

Lydia V. von Sydow
Waste Management Technician II
Certified Unified Program Agency

Associated Laboratories
806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com

ACCREDITED IN ACCORDANCE WITH nelac
04232CA

Client:	Advanced Environmental Concepts Inc.	Lab Request:	322938
Address:	220 E. Truxtun Ave.	Report Date:	05/22/2013
	Bakersfield, CA 93305	Date Received:	05/11/2013
Attn:	Jonathan Buck	Client ID:	10022

Comments: Johnny Quik
2126 Taft Highway, Old River, CA

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

Sample #	Client Sample ID
322938-001	NE-T-2'
322938-002	NE-T-6'
322938-003	E-C-T-2'
322938-004	E-C-T-6'
322938-005	SE-T-2'
322938-006	SE-T-6'
322938-007	NW-T-2'
322938-008	NW-T-6'
322938-009	W-C-T-2'
322938-010	W-C-T-6'
322938-011	SW-T-2'
322938-012	SW-T-6'

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Nina Prasad
President

NOTE: Unless notified in writing , all samples will be discarded by appropriate disposal protocol 45 days from date reported.

TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 14:20 **Site:**
Sample #: 322938-001 **Client Sample #:** NE-T-2' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC* **Prep Method:** EPA 3545							**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	**9.51**	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*95*	*60-140*	

Method: EPA 8260 *NELAC* **Prep Method:** EPA 5035							**QCBatchID:**	QC1136527
1,1,1,2-Tetrachloroethane	ND	1	0.24	5	ug/Kg	05/13/13	nicollez	
1,1,1-Trichloroethane	ND	1	0.15	5	ug/Kg	05/13/13	nicollez	
1,1,2,2-Tetrachloroethane	ND	1	0.29	5	ug/Kg	05/13/13	nicollez	
1,1,2-Trichloroethane	ND	1	0.22	5	ug/Kg	05/13/13	nicollez	
1,1,2-Trichlorotrifluoroethane	ND	1	0.74	5	ug/Kg	05/13/13	nicollez	
1,1-Dichloroethane	ND	1	0.23	5	ug/Kg	05/13/13	nicollez	
1,1-Dichloroethene	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
1,1-Dichloropropene	ND	1	0.21	5	ug/Kg	05/13/13	nicollez	
1,2,3-Trichlorobenzene	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
1,2,3-Trichloropropane	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	
1,2,4-Trichlorobenzene	ND	1	0.33	5	ug/Kg	05/13/13	nicollez	
1,2,4-Trimethylbenzene	ND	1	0.28	5	ug/Kg	05/13/13	nicollez	
1,2-Dibromo-3-chloropropane	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	
1,2-Dibromoethane	ND	1	0.12	5	ug/Kg	05/13/13	nicollez	
1,2-Dichlorobenzene	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
1,2-Dichloroethane	ND	1	0.14	5	ug/Kg	05/13/13	nicollez	
1,2-Dichloropropane	ND	1	0.34	5	ug/Kg	05/13/13	nicollez	
1,3,5-Trimethylbenzene	ND	1	0.23	5	ug/Kg	05/13/13	nicollez	
1,3-Dichlorobenzene	ND	1	0.21	5	ug/Kg	05/13/13	nicollez	
1,3-Dichloropropane	ND	1	0.19	5	ug/Kg	05/13/13	nicollez	
1,4-Dichlorobenzene	ND	1	0.24	5	ug/Kg	05/13/13	nicollez	
2,2-Dichloropropane	ND	1	0.19	5	ug/Kg	05/13/13	nicollez	
2-Butanone (MEK)	ND	1	0.72	100	ug/Kg	05/13/13	nicollez	
2-Chloroethyl Vinyl Ether	ND	1	0.3	5	ug/Kg	05/13/13	nicollez	
2-Chlorotoluene	ND	1	0.25	5	ug/Kg	05/13/13	nicollez	
4-Chlorotoluene	ND	1	0.22	5	ug/Kg	05/13/13	nicollez	
4-Isopropyltoluene	ND	1	0.27	5	ug/Kg	05/13/13	nicollez	
4-Methyl-2-pentanone (MIBK)	ND	1	0.17	5	ug/Kg	05/13/13	nicollez	
Acetone	ND	1	10	100	ug/Kg	05/13/13	nicollez	
Allyl Chloride	ND	1	0.14	5	ug/Kg	05/13/13	nicollez	
Benzene	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
Bromobenzene	ND	1	0.3	5	ug/Kg	05/13/13	nicollez	
Bromochloromethane	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
Bromodichloromethane	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	
Bromoform	ND	1	0.19	5	ug/Kg	05/13/13	nicollez	
Bromomethane	ND	1	0.22	5	ug/Kg	05/13/13	nicollez	
Carbon Tetrachloride	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
Chlorobenzene	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
Chlorodibromomethane	ND	1	0.19	5	ug/Kg	05/13/13	nicollez	
Chloroethane	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	
Chloroform	ND	1	0.17	5	ug/Kg	05/13/13	nicollez	
Chloromethane	ND	1	0.21	5	ug/Kg	05/13/13	nicollez	
cis-1,2-Dichloroethene	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 14:20 **Site:**
Sample #: 322938-001 **Client Sample #:** NE-T-2' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
cis-1,3-dichloropropene	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	
cis-1,4-dichloro-2-butene	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	
Dibromomethane	ND	1	0.23	5	ug/Kg	05/13/13	nicollez	
Dichlorodifluoromethane	ND	1	0.23	5	ug/Kg	05/13/13	nicollez	
Di-isopropyl ether (DIPE)	ND	1	0.21	5	ug/Kg	05/13/13	nicollez	
Ethylbenzene	ND	1	0.25	5	ug/Kg	05/13/13	nicollez	
Ethyl-tertbutylether (ETBE)	ND	1	0.42	5	ug/Kg	05/13/13	nicollez	
Hexachlorobutadiene	ND	1	0.38	5	ug/Kg	05/13/13	nicollez	
Isopropylbenzene	ND	1	0.17	5	ug/Kg	05/13/13	nicollez	
m and p-Xylene	ND	1	0.21	5	ug/Kg	05/13/13	nicollez	
Methylene chloride	ND	1	0.22	5	ug/Kg	05/13/13	nicollez	
Methyl-t-butyl Ether (MTBE)	ND	1	0.25	5	ug/Kg	05/13/13	nicollez	
Naphthalene	ND	1	0.28	5	ug/Kg	05/13/13	nicollez	
N-butylbenzene	ND	1	0.16	5	ug/Kg	05/13/13	nicollez	
N-propylbenzene	ND	1	0.19	5	ug/Kg	05/13/13	nicollez	
o-Xylene	ND	1	0.13	5	ug/Kg	05/13/13	nicollez	
Sec-butylbenzene	ND	1	0.34	5	ug/Kg	05/13/13	nicollez	
Styrene	ND	1	0.23	5	ug/Kg	05/13/13	nicollez	
t-Butyl alcohol (TBA)	ND	1	8.8	10	ug/Kg	05/13/13	nicollez	
Tert-amylmethylether (TAME)	ND	1	0.19	5	ug/Kg	05/13/13	nicollez	
Tert-butylbenzene	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
Tetrachloroethene	ND	1	0.2	5	ug/Kg	05/13/13	nicollez	
Toluene	ND	1	0.23	5	ug/Kg	05/13/13	nicollez	
trans-1,2-dichloroethene	ND	1	0.23	5	ug/Kg	05/13/13	nicollez	
trans-1,3-dichloropropene	ND	1	0.14	5	ug/Kg	05/13/13	nicollez	
trans-1,4-dichloro-2-butene	ND	1	0.38	5	ug/Kg	05/13/13	nicollez	
Trichloroethene	ND	1	0.39	5	ug/Kg	05/13/13	nicollez	
Trichlorofluoromethane	ND	1	0.25	5	ug/Kg	05/13/13	nicollez	
Vinyl Chloride	ND	1	0.18	5	ug/Kg	05/13/13	nicollez	
Xylenes (Total)	ND	1	0.45	5	ug/Kg	05/13/13	nicollez	

Analyte	% Recovery	Limits	Notes
1,2-Dichloroethane-d4 (SUR)	*110*	*70-145*	
4-Bromofluorobenzene (SUR)	*96*	*70-145*	
Dibromodifluoromethane (SUR)	*97*	*70-145*	
Toluene-d8 (SUR)	*102*	*70-145*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 14:25 **Site:**
Sample #: 322938-002 **Client Sample #:** NE-T-6' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC*	**Prep Method:** EPA 3545						**QCBatchID:**	QC1136596
TPH (C6 to C10)	**1270**	20	34	60	mg/Kg	05/17/13	lyt	
TPH (C10 to C22)	**788**	20	8	60	mg/Kg	05/17/13	lyt	
TPH (C28 to C36)	ND	20	42	100	mg/Kg	05/17/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*365*	*60-140*	*S*

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8260 *NELAC*	**Prep Method:** EPA 5035						**QCBatchID:**	QC1136684
1,1,1,2-Tetrachloroethane	ND	1000	240	5000	ug/Kg	05/17/13	nicollez	
1,1,1-Trichloroethane	ND	1000	150	5000	ug/Kg	05/17/13	nicollez	
1,1,2,2-Tetrachloroethane	ND	1000	290	5000	ug/Kg	05/17/13	nicollez	
1,1,2-Trichloroethane	ND	1000	220	5000	ug/Kg	05/17/13	nicollez	
1,1,2-Trichlorotrifluoroethane	ND	1000	740	5000	ug/Kg	05/17/13	nicollez	
1,1-Dichloroethane	ND	1000	230	5000	ug/Kg	05/17/13	nicollez	
1,1-Dichloroethene	ND	1000	180	5000	ug/Kg	05/17/13	nicollez	
1,1-Dichloropropene	ND	1000	210	5000	ug/Kg	05/17/13	nicollez	
1,2,3-Trichlorobenzene	ND	1000	180	5000	ug/Kg	05/17/13	nicollez	
1,2,3-Trichloropropane	ND	1000	200	5000	ug/Kg	05/17/13	nicollez	
1,2,4-Trichlorobenzene	ND	1000	330	5000	ug/Kg	05/17/13	nicollez	
1,2,4-Trimethylbenzene	**160000**	1000	280	5000	ug/Kg	05/17/13	nicollez	
1,2-Dibromo-3-chloropropane	ND	1000	200	5000	ug/Kg	05/17/13	nicollez	
1,2-Dibromoethane	ND	1000	120	5000	ug/Kg	05/17/13	nicollez	
1,2-Dichlorobenzene	ND	1000	180	5000	ug/Kg	05/17/13	nicollez	
1,2-Dichloroethane	ND	1000	140	5000	ug/Kg	05/17/13	nicollez	
1,2-Dichloropropane	ND	1000	340	5000	ug/Kg	05/17/13	nicollez	
1,3,5-Trimethylbenzene	**160000**	1000	230	5000	ug/Kg	05/17/13	nicollez	
1,3-Dichlorobenzene	ND	1000	210	5000	ug/Kg	05/17/13	nicollez	
1,3-Dichloropropane	ND	1000	190	5000	ug/Kg	05/17/13	nicollez	
1,4-Dichlorobenzene	ND	1000	240	5000	ug/Kg	05/17/13	nicollez	
2,2-Dichloropropane	ND	1000	190	5000	ug/Kg	05/17/13	nicollez	
2-Butanone (MEK)	ND	1000	720	100000	ug/Kg	05/17/13	nicollez	
2-Chloroethyl Vinyl Ether	ND	1000	300	5000	ug/Kg	05/17/13	nicollez	
2-Chlorotoluene	ND	1000	250	5000	ug/Kg	05/17/13	nicollez	
4-Chlorotoluene	ND	1000	220	5000	ug/Kg	05/17/13	nicollez	
4-Isopropyltoluene	**13000**	1000	270	5000	ug/Kg	05/17/13	nicollez	
4-Methyl-2-pentanone (MIBK)	ND	1000	170	5000	ug/Kg	05/17/13	nicollez	
Acetone	ND	1000	10000	100000	ug/Kg	05/17/13	nicollez	
Allyl Chloride	ND	1000	140	5000	ug/Kg	05/17/13	nicollez	
Benzene	ND	1000	180	5000	ug/Kg	05/17/13	nicollez	
Bromobenzene	ND	1000	300	5000	ug/Kg	05/17/13	nicollez	
Bromochloromethane	ND	1000	180	5000	ug/Kg	05/17/13	nicollez	
Bromodichloromethane	ND	1000	200	5000	ug/Kg	05/17/13	nicollez	
Bromoform	ND	1000	190	5000	ug/Kg	05/17/13	nicollez	
Bromomethane	ND	1000	220	5000	ug/Kg	05/17/13	nicollez	
Carbon Tetrachloride	ND	1000	180	5000	ug/Kg	05/17/13	nicollez	
Chlorobenzene	ND	1000	180	5000	ug/Kg	05/17/13	nicollez	
Chlorodibromomethane	ND	1000	190	5000	ug/Kg	05/17/13	nicollez	
Chloroethane	ND	1000	200	5000	ug/Kg	05/17/13	nicollez	
Chloroform	ND	1000	170	5000	ug/Kg	05/17/13	nicollez	
Chloromethane	ND	1000	210	5000	ug/Kg	05/17/13	nicollez	
cis-1,2-Dichloroethene	ND	1000	200	5000	ug/Kg	05/17/13	nicollez	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 14:25 **Site:**
Sample #: 322938-002 **Client Sample #:** NE-T-6' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
cis-1,3-dichloropropene	ND	1000	200	5000	ug/Kg	05/17/13	nicollez	
cis-1,4-dichloro-2-butene	ND	1000	200	5000	ug/Kg	05/17/13	nicollez	
Dibromomethane	ND	1000	230	5000	ug/Kg	05/17/13	nicollez	
Dichlorodifluoromethane	ND	1000	230	5000	ug/Kg	05/17/13	nicollez	
Di-isopropyl ether (DIPE)	ND	1000	210	5000	ug/Kg	05/17/13	nicollez	
Ethylbenzene	ND	1000	250	5000	ug/Kg	05/17/13	nicollez	
Ethyl-tertbutylether (ETBE)	ND	1000	420	5000	ug/Kg	05/17/13	nicollez	
Hexachlorobutadiene	ND	1000	380	5000	ug/Kg	05/17/13	nicollez	
Isopropylbenzene	ND	1000	170	5000	ug/Kg	05/17/13	nicollez	
m and p-Xylene	**19000**	1000	210	5000	ug/Kg	05/17/13	nicollez	
Methylene chloride	ND	1000	220	5000	ug/Kg	05/17/13	nicollez	
Methyl-t-butyl Ether (MTBE)	ND	1000	250	5000	ug/Kg	05/17/13	nicollez	
Naphthalene	**26000**	1000	280	5000	ug/Kg	05/17/13	nicollez	
N-butylbenzene	**56000**	1000	160	5000	ug/Kg	05/17/13	nicollez	
N-propylbenzene	ND	1000	190	5000	ug/Kg	05/17/13	nicollez	
o-Xylene	**59000**	1000	130	5000	ug/Kg	05/17/13	nicollez	
Sec-butylbenzene	ND	1000	340	5000	ug/Kg	05/17/13	nicollez	
Styrene	ND	1000	230	5000	ug/Kg	05/17/13	nicollez	
t-Butyl alcohol (TBA)	ND	1000	8800	10000	ug/Kg	05/17/13	nicollez	
Tert-amylmethylether (TAME)	ND	1000	190	5000	ug/Kg	05/17/13	nicollez	
Tert-butylbenzene	ND	1000	180	5000	ug/Kg	05/17/13	nicollez	
Tetrachloroethene	ND	1000	200	5000	ug/Kg	05/17/13	nicollez	
Toluene	ND	1000	230	5000	ug/Kg	05/17/13	nicollez	
trans-1,2-dichloroethene	ND	1000	230	5000	ug/Kg	05/17/13	nicollez	
trans-1,3-dichloropropene	ND	1000	140	5000	ug/Kg	05/17/13	nicollez	
trans-1,4-dichloro-2-butene	ND	1000	380	5000	ug/Kg	05/17/13	nicollez	
Trichloroethene	ND	1000	390	5000	ug/Kg	05/17/13	nicollez	
Trichlorofluoromethane	ND	1000	250	5000	ug/Kg	05/17/13	nicollez	
Vinyl Chloride	ND	1000	180	5000	ug/Kg	05/17/13	nicollez	
Xylenes (Total)	**78000**	1000	450	5000	ug/Kg	05/17/13	nicollez	

Analyte	% Recovery	Limits	Notes
1,2-Dichloroethane-d4 (SUR)	*104*	*70-145*	
4-Bromofluorobenzene (SUR)	*105*	*70-145*	
Dibromodifluoromethane (SUR)	*95*	*70-145*	
Toluene-d8 (SUR)	*106*	*70-145*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 14:32 **Site:**
Sample #: 322938-003 **Client Sample #:** E-C-T-2' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC*	**Prep Method:** EPA 3545						**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*65*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC*	**Prep Method:** EPA 5035						**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*85*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 14:37 **Site:**
Sample #: 322938-004 **Client Sample #:** E-C-T-6' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC* **Prep Method:** EPA 3545							**QCBatchID:** QC1136596	
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*63*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC* **Prep Method:** EPA 5035							**QCBatchID:** QC1136586	
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*93*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 14:42 **Site:**
Sample #: 322938-005 **Client Sample #:** SE-T-2' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC*	**Prep Method:** EPA 3545						**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*75*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC*	**Prep Method:** EPA 5035						**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*91*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 14:47 **Site:**
Sample #: 322938-006 **Client Sample #:** SE-T-6' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC* **Prep Method:** EPA 3545							**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*85*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC* **Prep Method:** EPA 5035							**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*93*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 14:55 **Site:**
Sample #: 322938-007 **Client Sample #:** NW-T-2' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC*	**Prep Method:** EPA 3545						**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*66*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC*	**Prep Method:** EPA 5035						**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*91*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 15:00 **Site:**
Sample #: 322938-008 **Client Sample #:** NW-T-6' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC*	**Prep Method:** EPA 3545						**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*93*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC*	**Prep Method:** EPA 5035						**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*91*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 15:05 **Site:**
Sample #: 322938-009 **Client Sample #:** W-C-T-2' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC* **Prep Method:** EPA 3545							**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*69*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC* **Prep Method:** EPA 5035							**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*88*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 15:10 **Site:**
Sample #: 322938-010 **Client Sample #:** W-C-T-6' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC* **Prep Method:** EPA 3545							**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*95*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC* **Prep Method:** EPA 5035							**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*92*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 15:15 **Site:**
Sample #: 322938-011 **Client Sample #:** SW-T-2' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC*	**Prep Method:** EPA 3545						**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*68*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC*	**Prep Method:** EPA 5035						**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*84*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

Matrix: Solid **Client:** Advanced Environmental Concepts Inc. **Collector:** Client
Sampled: 05/09/2013 15:22 **Site:**
Sample #: 322938-012 **Client Sample #:** SW-T-6' **Sample Type:**

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8015 *NELAC* **Prep Method:** EPA 3545							**QCBatchID:**	QC1136596
TPH (C6 to C10)	ND	1	1.7	3	mg/Kg	05/15/13	lyt	
TPH (C10 to C22)	ND	1	0.4	3	mg/Kg	05/15/13	lyt	
TPH (C28 to C36)	ND	1	2.1	5	mg/Kg	05/15/13	lyt	

Analyte	% Recovery	Limits	Notes
Triacontane (SUR)	*79*	*60-140*	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 8021 *NELAC* **Prep Method:** EPA 5035							**QCBatchID:**	QC1136586
Benzene	ND	1	0.0006	0.005	mg/Kg	05/14/13	rparish	
Ethylbenzene	ND	1	0.0005	0.005	mg/Kg	05/14/13	rparish	
MTBE	ND	1	0.0009	0.035	mg/Kg	05/14/13	rparish	
Toluene	ND	1	0.0004	0.005	mg/Kg	05/14/13	rparish	
Xylenes (Total)	ND	1	0.0012	0.015	mg/Kg	05/14/13	rparish	

Analyte	% Recovery	Limits	Notes
4-Bromofluorobenzene (SUR)	*87*	*60-140*	

ND = Not Detected or < MDL **MDL = Method Detection Limit** **RDL = Reporting Detection Limit** **DF = Dilution Factor**

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY ☐ Yes ☒ No

HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? ☐ Yes ☒ No

REPORT DATE: 5/28/2013

CASE #:

FOR LOCAL AGENCY USE ONLY

I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.

SIGNED _____ DATE _____

REPORTED BY

NAME OF INDIVIDUAL FILING REPORT: Jeffrey Marshall

PHONE: (661) 862-8775

SIGNATURE:

REPRESENTING
☒ LOCAL AGENCY ☐ REGIONAL BOARD
☐ OWNER/OPERATOR ☐ OTHER

COMPANY OR AGENCY NAME: Kern County Environmental Health Division

ADDRESS: 2700 M Street, Suite 300 (STREET) Bakersfield (CITY) CA (STATE) 93301 (ZIP)

RESPONSIBLE PARTY

NAME: Kuljit Ghuman ☐ Unknown

CONTACT PERSON: Kuljit Ghuman

PHONE: (661) 834-9113

ADDRESS: 2126 Taft Hwy (STREET) Bakersfield (CITY) CA (STATE) 93313 (ZIP)

SITE LOCATION

FACILITY NAME (IF APPLICABLE): Johnny Quik #143

OPERATOR: Kuljit Ghuman

PHONE: (661) 834-9113

ADDRESS: 2126 Taft Hwy (STREET) Bakersfield (CITY) Kern (COUNTY) 93313 (ZIP)

CROSS STREET: Highway 99

IMPLEMENTING AGENCIES

LOCAL AGENCY AGENCY NAME: Kern County Environmental Health Division

PHONE: (661) 862-8775

REGIONAL BOARD

PHONE: ( )

SUBSTANCES INVOLVED

(1) NAME: Gasoline

QUANTITY LOST (GALLONS) ☒ Unknown

(2) ☐ Unknown

DISCOVERY/ABATEMENT

DATE DISCOVERED: 5/9/2013

HOW DISCOVERED: ☐ Tank Test ☐ Tank Removal ☐ Nuisance Conditions ☐ Inventory Control ☒ Subsurface Monitoring ☐ Other

DATE DISCHARGE BEGAN ☒ UNKNOWN

HAS DISCHARGE BEEN STOPPED? ☒ YES ☐ NO IF YES, DATE 5/9/2013

METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)
☐ Remove Contents ☐ Close Tank
☐ Repair Tank ☐ Change Procedure
☐ Replace Tank ☒ Other
☐ Repair Piping

SOURCE/CAUSE

SOURCE OF DISCHARGE
☐ Tank Leak ☐ Piping Leak ☒ Unknown ☐ Other

CAUSE(S)
☐ Overfill ☐ Corrosion ☐ Rupture/Failure ☒ Unknown ☐ Spill ☐ Other

CASE TYPE

CHECK ONE ONLY
☒ Undetermined ☐ Soil Only ☐ Groundwater ☐ Drinking Water – (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS

CHECK ONE ONLY
☐ No Action Taken
☒ Leak Being Confirmed
☐ Remediation Plan
☐ Preliminary Site Assessment Workplan Submitted
☐ Preliminary Site Assessment Underway
☐ Case Closed (Cleanup Completed or Unnecessary)
☐ Pollution Characterization
☐ Post Cleanup Monitoring in Progress
☐ Cleanup Underway

REMEDIAL ACTION

CHECK APPROPRIATE ACTION(S)
☐ Cap Site (CD)
☐ Contamination Barrier (CB)
☐ Vacuum Extract (VE)
☐ Excavate & Dispose (ED)
☐ Excavate & Treat (ET)
☐ No Action Required (NA)
☐ Remove Free Product (FP)
☐ Pump & Treat Groundwater (GT)
☐ Treatment At Hookup (HU)
☐ Enhanced Bio Degradation (IT)
☐ Replace Supply (RS)
☐ Vent Soil (VS)
☒ Other

COMMENTS

The facilties is currently in the process of removing product lines and replacing them with new fiberglass double walled lines. Contamination was uncovered after samples were taken under the product lines to the dispensers. The contamination was observed in the northeast samples. Two samples were taken at depths of two (2) feet and six (6) feet. Attached in a copy of the lab results obtained for the samples taken at the facility.

Instructions for Completing UST Unauthorized Release (Leak) / Contamination Site Report

EMERGENCY: Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES). Indicate whether the OES report has been filed as of the date of this report.

LOCAL AGENCY USE ONLY: To avoid duplicate notifications pursuant to Health and safety Code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY: Enter name, telephone number, and address. Indicate which party you represent and provide company or agency name.

SIGNATURE: Sign the form in the space provided.

RESPONSIBLE PARTY: Enter the name, telephone number, contact person, and address of the party responsible for the leak. The Responsible Party would normally be the tank owner.

SITE LOCATION: Enter information regarding the tank facility. At a minimum, you must provide the facility name and full site address.

IMPLEMENTING AGENCIES: Enter the names of the local agency and Regional Water Quality Control Board having jurisdiction over the site.

SUBSTANCES INVOLVED: Enter the name and quantity lost of the hazardous substance(s) involved. If more than two substances leaked, list the two of most concern for cleanup.

DISCOVERY/ABATEMENT: Provide information regarding the discovery and abatement of the leak.

SOURCE/CAUSE: Indicate the source(s) of leak. Check box(es) indicating the cause(s) of leak.

CASE TYPE: Check one box only. Indicate the Case Type category for this leak. Case Type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, Case Type will be "Groundwater." Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Groundwater" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that Case Type may change upon further investigation.

CURRENT STATUS: Check one box only. Indicate the category which best describes the Current Status of the case. The response should be relative to the Case Type. For example, if the Case Type is "Groundwater," then Current Status should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options are as follows:

- **No Action Taken** – No action has been taken by the Responsible Party beyond initial reporting of the leak.
- **Leak Being Confirmed** – A leak is suspected at the site, but has not yet been confirmed.
- **Remediation Plan** – Remediation Plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.
- **Preliminary Site Assessment Workplan Submitted** – Workplan/proposal requested of/submitted by Responsible Party to determine whether ground water has been, or will be, impacted as a result of the release.
- **Preliminary Site Assessment Underway** – Workplan is being implemented.
- **Case Closed** – Regional Water Quality Control Board and local agency Local Oversight Program (LOP) agree that no further work is necessary at the site.
- **Pollution Characterization** – Responsible Party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.
- **Post Cleanup Monitoring in Progress** – Periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate the effectiveness of remedial activities.
- **Cleanup Underway** – Remediation Plan is being implemented.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY.

REMEDIAL ACTION: Indicate which actions have been used to clean up or remediate the leak. Descriptions of options are as follows:

- **Cap Site** – Install horizontal impermeable layer to reduce rainfall infiltration.
- **Containment Barrier** – Install vertical dike to block horizontal movement of contaminants.
- **Excavate and Dispose** – Remove contaminated soil and dispose at approved site.
- **Excavate and Treat** – Remove contaminated soil and treat (includes spreading or land farming).
- **Remove Free Product** – Remove floating product from water table.
- **Pump and Treat Groundwater** – Generally employed to remove dissolved contaminants.
- **Enhanced Biodegradation** – Use of any available technology to promote bacterial decomposition of contaminants.
- **Replace Supply** – Provide alternate water supply to affected parties.
- **Treatment at Hookup** – Install water treatment devices at each dwelling or other place of use.
- **Vacuum Extract** – Use pumps or blowers to draw air through soil.
- **Vent Soil** – Bore holes in soil to allow volatilization of contaminants.
- **No Action Required** – Incident is minor, requiring no remedial action.

COMMENTS: Use this space to elaborate on any aspects of the incident.

DISTRIBUTION: If this form is completed by the tank owner or his/her agent, retain a copy and forward the original to your local tank permitting agency for distribution.

- Original – Local UST permitting agency. (Agency contact information is available at www.unidocs.org.)
- Copy – Regional Water Quality Control Board. (Boundaries and contact information are available at www.swrcb.ca.gov/regions.html.)
- Copy – Local Oversight Program (LOP) agency. (Agency contact information is available at www.unidocs.org.)
- Copy – Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
- Copy – Owner/Responsible Party.

2700 M Street
Bakersfield, California
Mailing Address:
1415 Truxtun Avenue
Bakersfield, California 93301
(805) 861-3636

KERN COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

HEALTH OFFICER
Leon M Hebertson, M.D.

DIRECTOR OF ENVIRONMENTAL HEALTH
Vernon S. Reichard

November 28, 1988

George Beal
7955 N. Cedar Ste. 104
Fresno, CA 93710

Dear Mr. Beal:

This is to advise you that this department has reviewed the project results for the subsurface contamination investigation conducted at the Johnny Quik Food Store located at 2126 Taft Hwy.

Based upon the findings described in the report, this department is satisfied that the assessment is complete and no significant soil contamination resulting from fuel tank leakage exists at the site.

Should you have any questions regarding the above matters, please feel free to contact me at (805) 861-3636.

Sincerely,

Joe Canas
Environmental Health Specialist
Hazardous Materials Management Program

JC:cd

1110-18

KRAZAN & ASSOCIATES, INC.

Construction Testing and Inspection
Geotechnical Investigations
Environmental Engineering
Laboratory Soils Testing
Monitoring Wells

September 20, 1988 Proj. No. E88-105

Johnny Kwik Food Stores, Inc.
Attention: Mr. George Beal
4955 North Cedar Avenue, Suite 104
Fresno, California 93710

RE: Tank Removal Soil Sampling
Future Johnny Quik Store
2100-2126 Taft Highway (Highway 119)
Kern County, California

INTRODUCTION

In accordance with your authorization, we have completed the sampling of soils and the subsequent chemical analysis at the above referenced project site. The sampling took place following the removal of three 10,000-gallon underground gasoline storage tanks, a waste oil tank, dispenser islands, and associated product lines.

SITE DESCRIPTION

The project site is located in the South 1/2 of the Southeast 1/4 of Section 36, T30S R27E of the Mount Diablo Baseline and Meridian. Specifically, the subject property is located at the northwest corner of Taft Highway (Highway 119) and Highway 99 in Kern County, California. The property is described as APN 373-120-28 and APN 373-120-30 by the Kern County Assessors Office.

The site covers approximately one-half acre in area and is square in shape. It is bound on the south and the east by Highway 119 and Highway 99, respectively. The western boundary is shared with a retail facility's parking area. Property to the north is vacant land. The site is entirely covered with concrete and asphaltic concrete with the exception of small planter areas.

GEOLOGIC & HYDROLOGIC SETTING

The topography of the site is relatively level.

The site is located within the San Joaquin Valley, which is situated between the Sierra Nevada Mountains and Coast Range of California. The San Joaquin Valley makes up the southern portion of the Great Central Valley.

Unconsolidated materials found in the vicinity of the project site are generally composed of alluvial deposits made up of sands, silty sands and silts with some minor clays and gravels. The source rock for this material is primarily granitic and metamorphic rocks located in the Sierra Nevada Mountains. The deposition of these alluvial sediments began to taken place in the Late Cretaceous age (100-65 million years before present). The majority of the San Joaquin Valley was covered at the time by epeiric seas. Eperic seas were shallow salt water bodies which were generally situated on the continental shelf or within the continental interior (inland sea). Sediments currently at or near the surface are belived to be of the Quaternary age (i.e., 2 million years old or younger).

Major faults in the vicinity of the project site are the White Wolf Fault and the Garlock Fault, to the south, and the San Andreas Fault Zone to the west. Of these faults, only the White Wolf and San Andreas have been active in historic times.

The project site is located within the San Joaquin Valley Hydrologic Study area, which is primarily an arid and semi-arid environment. Within the study area, 37 groundwater basins have been identified. Storage capacity is approximately 570 million acre-feet; useable storage totals, 80 million acre feet. Fresh-water bearing deposits, generally alluvium, have a maximum thickness of 4,400 feet. The project site is located in the Kern County Basin, which is bounded on three sides by mountain ranges. This basin is experiencing an overdraft problem, in which the static groundwater levels are increasing in depth due to extensive pumping of the upper unconfined aquifer for agricultural use. Some land subsidence has occurred because of this pumping, but artificial recharge projects have been initiated to replenish the groundwater.

The depth to ground water below the project site may vary seasonally. According to the U.S. Department of the Interior Mid-Pacific Region 36th

Annual Water Supply Report plate entitled "Lines of Equal Depth to Ground Water, Spring 1987", groundwater in the vicinity of the project site can be estimated to exist at approximately 140 feet below grade.

SAMPLING & LABORATORY TESTING PROTOCOL

Sampling was conducted under the guidelines established by the Kern County Environmental Health Department and under the direction of its representative, Ms. Janis Lehman. Relatively undisturbed samples were obtained from a backhoe bucket and placed in mason jars. Aluminum foil was placed under the lid to insure a tight fit. All samples were labeled and were placed in a cooler chest which contained synthetic ice. Samples were then transported under chain of custody protocol to a state approved laboratory for analysis. The samples obtained from below the removed gasoline tanks, product lines, and dispenser islands were analyzed for the detection and concentration of benzene, toluene, ethylbenzene, xylene isomers, and total petroleum hydrocarbons. Samples taken from beneath the previous waste oil tank location were analyzed for oil and grease, total volatile organics (TOX), and total lead.

FINDINGS OF THIS INVESTIGATION

The tanks were removed by Harrel and Son on September 12, 1988. The removal process was observed by Ms. Lehman of Kern County, Mr. Roy Ruch, our Environmental Technician, and Mr. George Beal, representing Johnny Quik Stores.

At the time of tank removal the soils were noted to be light to medium brown, well graded and silty sands. Results of the chemical analysis of soil samples taken are presented in Table I.

TABLE I

Concentrations of Petroleum Constituents in Soils

(Concentrations in parts per million)

WASTE OIL TANK

Sample I.D.	Depth Below Tank	Oil & Grease	TOX	Total Lead
1	2	ND	ND	13.2
2	6	ND	ND	16.7

GASOLINE TANKS

Sample I.D.	Depth Below Tank	Benzene	Toluene	Ethyl-benzene	para-xylene	meta-xylene	ortho-xylene	Iso-benzene	TPH
3	2'	ND	ND	29	46	110	130	ND	2000
4	6'	ND	ND	3.6	4.9	9.4	18	ND	350
5	2'	ND	ND	ND	ND	ND	ND	ND	ND
6	6'	ND	ND	ND	0.1	0.1	ND	0.54	14
7	2'	ND	ND	ND	ND	ND	ND	ND	3.7
8	6'	ND	ND	0.88	1.9	3.8	4.7	1.0	130
9	2'	ND	ND	ND	ND	ND	ND	ND	ND
10	6'	ND	ND	ND	ND	ND	ND	ND	ND
11	2'	ND	ND	ND	ND	ND	ND	ND	20
12	6'	ND	ND	ND	ND	ND	ND	ND	12
13	2'	ND	ND	ND	ND	ND	ND	ND	ND
14	6'	ND	ND	ND	ND	ND	ND	ND	ND

PRODUCT LINES & DISPENSER ISLANDS

Sample I.D.	Depth Below Line	Benzene	Toluene	Ethyl-benzene	para-xylene	meta-xylene	ortho-xylene	Iso-benzene	TPH
15	2'	ND	ND	ND	ND	ND	ND	ND	ND
16	6'	ND	ND	ND	ND	ND	ND	ND	ND
17	2'	ND	ND	ND	ND	ND	ND	ND	ND
18	6'	ND	ND	ND	ND	ND	ND	ND	ND

ND = Non-detected
TOX = Total Volatile Organics
TPH = Total Petroleum Hydrocarbons

CONCLUSIONS

Based on the results of this investigation, it was determined that contamination by petroleum constituents exists at the site, specifically under the eastern end of Tank #1. However, concentrations of contaminants attenuate sharply with an increase in depth of only four feet. Interpolation from this attenuation suggests that concentrations of petroleum constituents would continue to diminish rapidly with increasing depth.

Groundwater beneath the project site exists at depths greater than 100 feet. Because of this depth, the apparently limited physical extent of the contamination, and the fact that contaminant concentrations appear to attenuate rapidly, it is our opinion that the contaminated soil could be left in place without posing a threat to groundwater resources. We do not recommend any further remediation measures at this time.

If you have any questions or if we can be of further assistance, please do not hesitate to contact our office.

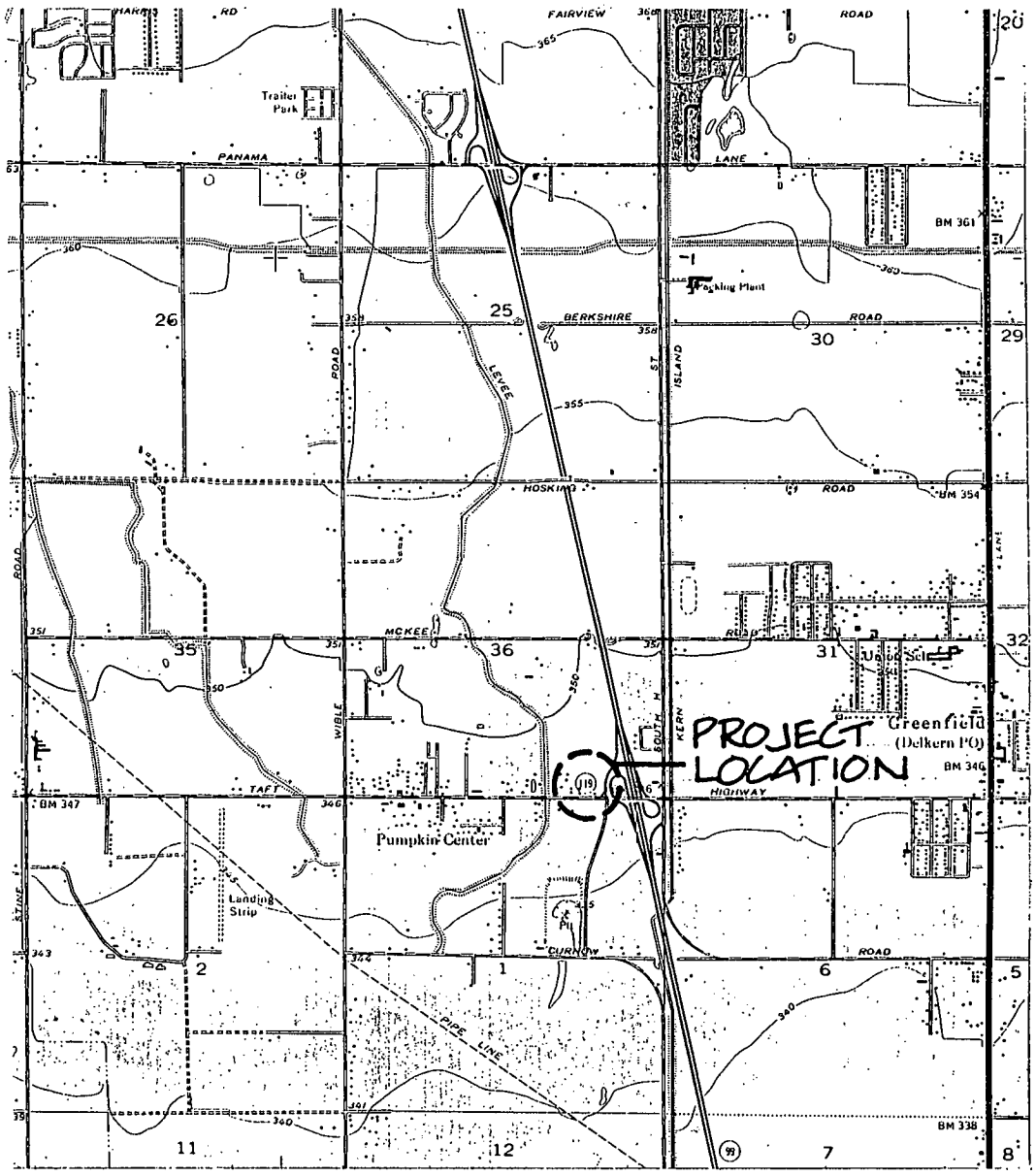
Respectfully submitted,
KRAZAN & ASSOCIATES, INC.

Marlis Curra
Project Geologist

Dean Alexander
Geotechnical Engineer
RGE #002051/RCE #34274

MC/DA/mdc

1 c Kern County Environmental Health Department
Attn: Janis Lehman



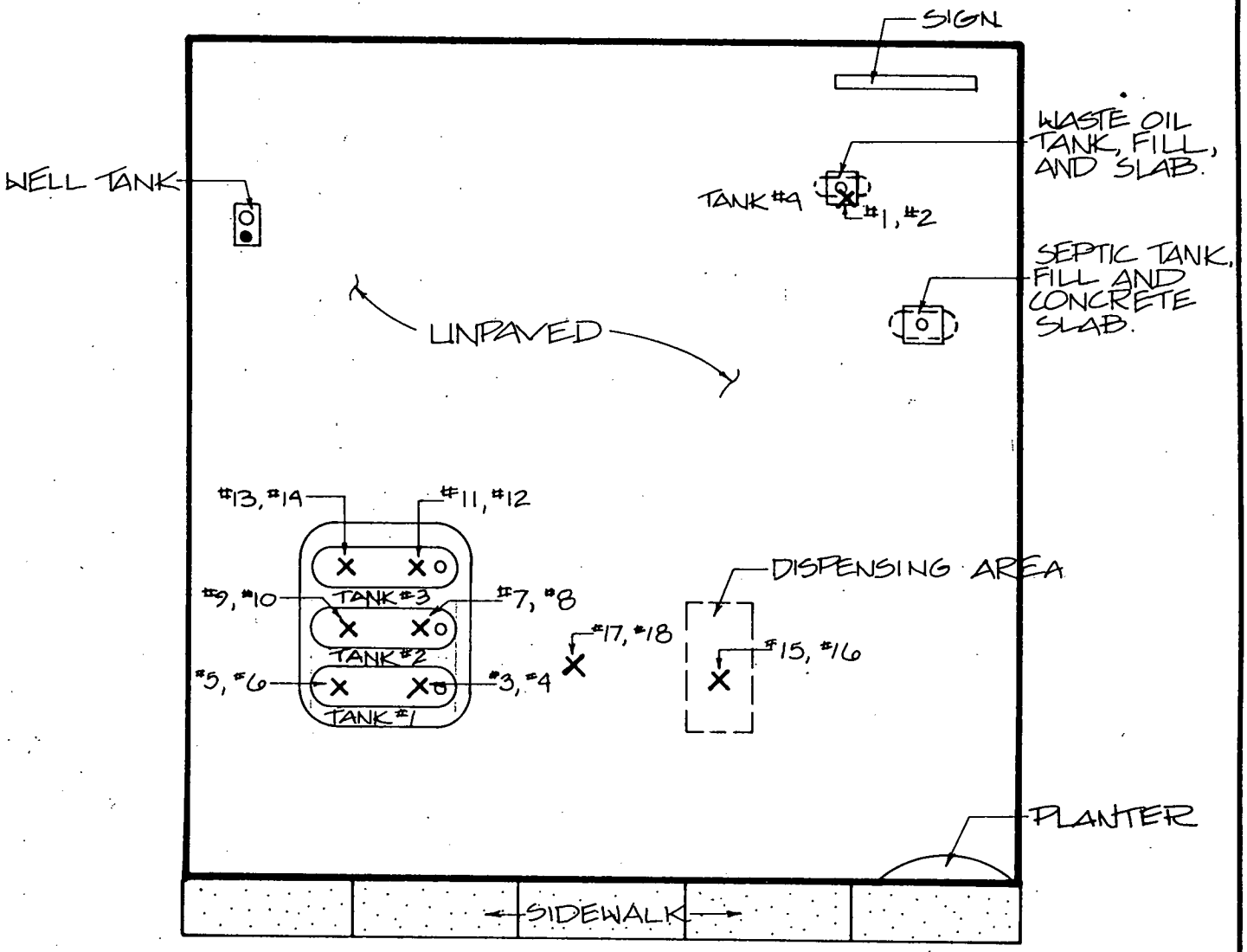
VICINITY MAP

NOTE:
MAP TAKEN FROM U.S.G.S.
"GOSFORD" QUADRANGLE
1954 7.5 MINUTE SERIES.

SCALE 1" = 3000' ±
0 1000 2000 3000

FUTURE JOHNNY QUIK STORE 2100-2126 TAFT HWY. KERN CO., CA	Scale: 1" = 3000' ±	Date: 9-19-88
	Drawn by: J.R.	Approved by: D.A.
	Project No. E88-105	Drawing No. 1 of 2

KRAZAN & ASSOCIATES
Merced Fresno Visalia Bakersfield



TAFT HWY.

N

SITE PLAN

X SAMPLE LOCATION

FUTURE JOHNNY QUIK STORE 2100-2126 TAFT HWY KERN CO., CA	Scale: N.T.S.	Date: 9-20-88	**KRAZAN & ASSOCIATES** Merced Fresno Visalia Bakersfield
	Drawn by: J.R.	Approved by: D.A.	
	Project No. E88-105	Drawing No. 2 of 2	

SMC Laboratory — Analytical Chemistry

Client Name: Krazan & Associates
Address : 3860 N. Winery
Fresno, CA 93726

Date sample received : 9-14-88
Date analysis completed: 9-16-88
Date of report : 9-16-88

Laboratory No. 1978 through 1995 Project No. E88-105

RESULTS OF ANALYSIS

#1978 ID: Sample #1 Tank #4 , Middle @ 2'

	ugm/gm	MRL, ugm/gm
TOX	ND	20
Oil & Grease	ND	20
Total lead	13.2 (mg/kg)	*

#1979 ID: Sample #2 Tank #4 , Middle @ 6'

	ugm/gm	MRL, ugm/gm
TOX	ND	20
Oil & Grease	ND	20
Total lead	16.7 (mg/kg)	

Method of Analysis for TOX: 600/4-84 008
Method of Analysis for Oil & Grease: EPA 9071
Total lead analysis done by BC Laboratories, Inc.
MRL = Minimum Reporting Level
TOX = Total Organic Halogen
ugm/gm = micrograms per gram
mg/kg = milligram per kilogram
ND = Not detected

Stan Comer
Stan Comer

3155 Pegasus Drive • Bakersfield, CA 93308 • (805) 393-3597
P.O. Box 80835 • Bakersfield, CA 93380

Laboratory No. 1978 through 1995 Project No. E88-105

RESULTS OF ANALYSIS

#1980 ID: Sample #3 S. Tank #1 E. End @ 2'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	29	0.1
p-Xylene	46	0.1
m-Xylene	110	0.1
o-Xylene	130	0.1
Isopropylbenzene	ND	0.1
TPH (Gasoline)	2,000	1.0
TPH (Diesel)	ND	10

#1981 ID: Sample #4 S. Tank #1 E. End @ 6'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	3.6	0.1
p-Xylene	4.9	0.1
m-Xylene	9.4	0.1
o-Xylene	18	0.1
Isopropylbenzene	ND	0.1
TPH (Gasoline)	350	1.0
TPH (Diesel)	ND	10

Method of Analysis: California DOHS LUFT manual
MRL = Minimum Reporting Level
TPH = Total Petroleum Hydrocarbons
ugm/gm = micrograms per gram
ND = Not detected

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Laboratory No. 1978 through 1995 Project No. E88-105

RESULTS OF ANALYSIS

#1984 ID: Sample #7 C. Tank #2 E. End @ 2'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	ND	0.1
p-Xylene	ND	0.1
m-Xylene	ND	0.1
o-Xylene	ND	0.1
Isopropylbenzene	ND	0.1
TPH (Gasoline)	3.7	1.0
TPH (Diesel)	ND	10

#1985 ID: Sample #8 C. Tank #2 E. End @ 6'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	0.88	0.1
p-Xylene	1.9	0.1
m-Xylene	3.8	0.1
o-Xylene	4.7	0.1
Isopropylbenzene	1.0	0.1
TPH (Gasoline)	130	1.0
TPH (Diesel)	ND	10

Method of Analysis: California DOHS LUFT manual
MRL = Minimum Reporting Level
TPH = Total Petroleum Hydrocarbons
ugm/gm = micrograms per gram
ND = Not detected

Stan Comer

Stan Comer

Laboratory No. 1978 through 1995 Project No. E88-105

RESULTS OF ANALYSIS

#1988 ID: Sample #11 N.Tank #3 E. End @ 2'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	ND	0.1
p-Xylene	ND	0.1
m-Xylene	ND	0.1
o-Xylene	ND	0.1
Isopropylbenzene	ND	0.1
TPH (Gasoline)	20	1.0
TPH (Diesel)	ND	10

#1989 ID: Sample #12 N.Tank #3 E. End @ 6'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	ND	0.1
p-Xylene	ND	0.1
m-Xylene	ND	0.1
o-Xylene	ND	0.1
Isopropylbenzene	ND	0.1
TPH (Gasoline)	12	1.0
TPH (Diesel)	ND	10

Method of Analysis: California DOHS LUFT manual
MRL = Minimum Reporting Level
TPH = Total Petroleum Hydrocarbons
ugm/gm = micrograms per gram
ND = Not detected

Stan Comer

Stan Comer

Laboratory No. 1978 through 1995 Project No. E88-105

RESULTS OF ANALYSIS

#1986 ID: Sample #9 C. Tank #2 W. End @ 2'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	ND	0.1
p-Xylene	ND	0.1
m-Xylene	ND	0.1
o-Xylene	ND	0.1
Isopropylbenzene	ND	0.1
TPH (Gasoline)	ND	1.0
TPH (Diesel)	ND	10

#1987 ID: Sample #10 C.Tank #2 W. End @ 6'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	ND	0.1
p-Xylene	ND	0.1
m-Xylene	ND	0.1
o-Xylene	ND	0.1
Isopropylbenzene	ND	0.1
TPH (Gasoline)	ND	1.0
TPH (Diesel)	ND	10

Method of Analysis: California DOHS LUFT manual
MRL = Minimum Reporting Level
TPH = Total Petroleum Hydrocarbons
ugm/gm = micrograms per gram
ND = Not detected

Stan Comer

Stan Comer

Laboratory No. 1978 through 1995 Project No. E88-105

RESULTS OF ANALYSIS

#1990 ID: Sample #13 N.Tank #3 W. End @ 2'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	ND	0.1
p-Xylene	ND	0.1
m-Xylene	ND	0.1
o-Xylene	ND	0.1
Isopropylbenzene	ND	0.1
TPH (Gasoline)	ND	1.0
TPH (Diesel)	ND	10

#1991 ID: Sample #14 N.Tank #3 W. End @ 6'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	ND	0.1
p-Xylene	ND	0.1
m-Xylene	ND	0.1
o-Xylene	ND	0.1
Isopropylbenzene	ND	0.1
TPH (Gasoline)	ND	1.0
TPH (Diesel)	ND	10

Method of Analysis: California DOHS LUFT manual
MRL = Minimum Reporting Level
TPH = Total Petroleum Hydrocarbons
ugm/gm = micrograms per gram
ND = Not detected

Stan Comer

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Laboratory No. 1978 through 1995 Project No. E88-105

RESULTS OF ANALYSIS

#1982 ID: Sample #5 S. Tank #1 W. End @ 2'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	ND	0.1
p-Xylene	ND	0.1
m-Xylene	ND	0.1
o-Xylene	ND	0.1
Isopropylbenzene	ND	0.1
TPH (Gasoline)	ND	1.0
TPH (Diesel)	ND	10

#1983 ID: Sample #6 S. Tank #1 W. End @ 6'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	ND	0.1
p-Xylene	0.10	0.1
m-Xylene	0.10	0.1
o-Xylene	ND	0.1
Isopropylbenzene	0.54	0.1
TPH (Gasoline)	14	1.0
TPH (Diesel)	ND	10

Method of Analysis: California DOHS LUFT manual
MRL = Minimum Reporting Level
TPH = Total Petroleum Hydrocarbons
ugm/gm = micrograms per gram
ND = Not detected

Stan Comer

Stan Comer

Laboratory No. 1978 through 1995 Project No. E88-105

RESULTS OF ANALYSIS

#1992 ID: Sample #15 Dispensing Area, Mid. @ 2'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	ND	0.1
p-Xylene	ND	0.1
m-Xylene	ND	0.1
o-Xylene	ND	0.1
Isopropylbenzene	ND	0.1
TPH (Gasoline)	ND	1.0
TPH (Diesel)	ND	10

#1993 ID: Sample #16 Dispensing Area, Mid. @ 6'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	ND	0.1
p-Xylene	ND	0.1
m-Xylene	ND	0.1
o-Xylene	ND	0.1
Isopropylbenzene	ND	0.1
TPH (Gasoline)	ND	1.0
TPH (Diesel)	ND	10

Method of Analysis: California DOHS LUFT manual
MRL = Minimum Reporting Level
TPH = Total Petroleum Hydrocarbons
ugm/gm = micrograms per gram
ND = Not detected

Stan Comer

Stan Comer

Laboratory No. 1978 through 1995 Project No. E88-105

RESULTS OF ANALYSIS

#1994 ID: Sample #17 Product Lines @ 2'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	ND	0.1
p-Xylene	ND	0.1
m-Xylene	ND	0.1
o-Xylene	ND	0.1
Isopropylbenzene	ND	0.1
TPH (Gasoline)	1.0	1.0
TPH (Diesel)	ND	10

#1995 ID: Sample #18 Product Lines @ 6'

	ugm/gm	MRL, ugm/gm
Benzene	ND	0.1
Toluene	ND	0.1
Ethylbenzene	ND	0.1
p-Xylene	ND	0.1
m-Xylene	ND	0.1
o-Xylene	ND	0.1
Isopropylbenzene	ND	0.1
TPH (Gasoline)	ND	1.0
TPH (Diesel)	ND	10

Method of Analysis: California DOHS LUFT manual
MRL = Minimum Reporting Level
TPH = Total Petroleum Hydrocarbons
ugm/gm = micrograms per gram
ND = Not detected

Stan Comer

Stan Comer

KRAZAN & ASSOCIATES

Environmental Field Testing and Sampling
Specialized Fuel Seepage Studies
Laboratory Soils Testing
Soils Engineering
Geotechnical Investigations

Chain of Custody Record

DATE 9-14-88 PAGE 1 OF 2

ADDRESS KRAZAN & ASSOCIATES, INC.
3860 NORTH WINERY
FRESNO, CALIFORNIA 93726
(209) 291-7337

PROJECT EBB-105

SAMPLERS (SIGNATURE) Roy W. Ruch

Printed Name Roy W. Ruch

	SAMPLE NO	DATE	TIME	LOCATION	CAM METALS (18)	PR. POLLUTANT METALS (13)	TPH-DIESEL	OIL & GREASE	TOTAL PETROLEUM HYDROCARBONS-GAS	HALOGENATED VOLATILE ORGANICS	BTX-TVH	VOLATILE ORGANICS (601)	VOLATILE ORGANICS (602)	TOTAL LEAD	PENTACHLOROPHENOL	CREOSOTE	DIOXINS/FURANS	PH	TURBIDITY	CHLOROFORM	TOX	BTXE-TPH(GAS)	NUMBER OF CONTAINERS	OBSERVATIONS/ COMMENTS
1978	1	9/12/88	4:57 PM	TANK #4, MIDDLE				X						X							X		1	WASTE OIL 2'
1979	2	1	5:10 PM	TANK #4, MIDDLE				X						X							X		1	WASTE OIL 6'
1980	3		5:41 PM	SOUTH TANK (#1) E. END																		X	1	GASOLINE 2'
1981	4		5:44 PM	SOUTH TANK (#1) E. END																		X	1	GASOLINE 6'
1982	5		6:08 PM	S. TANK (#1) W. END																		X	1	GAS. 2'
1983	6		6:11 PM	S. TANK (#1) W. END																		X	1	G.W. 6'
1984	7		5:50 PM	C. TANK (#2) E. END																		X	1	GAS. 2'
1985	8		5:52 PM	C. TANK (#2) E. END																		X	1	GAS. 6'
1986	9		6:13 PM	C. TANK (#2) W. END																		X	1	GAS. 2'
1987	10		6:15 PM	C. TANK (#2) W. END																		X	1	GAS. 6'
1988	11		5:55 PM	N. TANK (#3) E. END																		X	1	GAS 2'
1989	12		5:58 PM	N. TANK (#3) E. END																		X	1	GAS. 6'
1990	13		6:16 PM	N. TANK (#3) W. END																		X	1	GAS. 2'

RELINQUISHED BY	DATE	RECEIVED BY	DATE	RELINQUISHED BY	DATE	RECEIVED BY	DATE
Signature: Roy W. Ruch	9/14/88	Signature: Karla Henry	9/14/88	Signature		Signature	
Printed Name: Roy W. Ruch	TIME: 5:20 PM	Printed Name: Karla Henry	TIME: 9:20 A.M.	Printed Name	TIME	Printed Name	TIME
Company: Krazan & Assoc.		Company: SMC LABS		Company		Company	
RELINQUISHED BY	DATE	RECEIVED BY	DATE	RELINQUISHED BY	DATE	RECEIVED BY (laboratory)	DATE
Signature		Signature		Signature		Signature	
Printed Name	TIME	Printed Name	TIME	Printed Name	TIME	Printed Name	TIME
Company		Company		Company		Company	

13 TOTAL NUMBER OF CONTAINERS (SUB TOTAL)

METHOD OF SHIPMENT

SPECIAL SHIPMENT/HANDLING OR STORAGE REQUIREMENTS

48 HR. TURN-AROUND

P. 06

KRAZAN & ASSOCIATES

Environmental Field Testing and Sampling
Specialized Fuel Seepage Studies
Laboratory Soils Testing
Soils Engineering
Geotechnical Investigations

Chain of Custody Record

DATE 9-14-88 PAGE 2 OF 2

ADDRESS KRAZAN & ASSOCIATES, INC.
3860 NORTH WINERY
FRESNO, CALIFORNIA 93726
(209) 291-7337

PROJECT E88-105

SAMPLERS (SIGNATURE) Roy W. Rich

Printed Name Roy W. Rich

	SAMPLE NO	DATE	TIME	LOCATION	CAM METALS (18)	PR. POLLUTANT METALS (13)	TPH-DIESEL	OIL & GREASE	TOTAL PETROLEUM HYDROCARBONS-GAS	HALOGENATED VOLATILE ORGANICS	BTX-TVH	VOLATILE ORGANICS (601)	VOLATILE ORGANICS (602)	TOTAL LEAD	PENTACHLOROPHENOL	CREOSOTE	DIOXINS/FURANS	PH	TURBIDITY	CHLOROFORM		BTXE-TPH	NUMBER OF CONTAINERS	OBSERVATIONS/ COMMENTS
1991	14	9/12/88	6:20 PM	N. TANK (#3) W. END																		X	1	GAS. 6'
1992	15		6:26 PM	DISPENSING AREA, MID.																		X	1	2'
1993	16		6:28 PM	DISPENSING AREA MID.																		X	1	6'
1994	17		6:31 PM	PRODUCT LINES																		X	1	2'
1995	18		6:33 PM	PRODUCT LINES																		X	1	6'

RELINQUISHED BY	DATE	RECEIVED BY	DATE	RELINQUISHED BY	DATE	RECEIVED BY	DATE
Signature: Roy W. Rich	9/14/88	Signature: Karla Henry	9/14/88	Signature		Signature	
Printed Name: Roy W. Rich	TIME	Printed Name: Karla Henry	TIME	Printed Name	TIME	Printed Name	TIME
Company: Krazan/Assoc.	9:20 A.M.	Company: SMC Labs	9:20 AM.	Company		Company	
RELINQUISHED BY	DATE	RECEIVED BY	DATE	RELINQUISHED BY	DATE	RECEIVED BY (laboratory)	DATE
Signature		Signature		Signature		Signature	
Printed Name	TIME	Printed Name	TIME	Printed Name	TIME	Printed Name	TIME
Company		Company		Company		Company	

18 TOTAL NUMBER OF CONTAINERS (TOTAL)

METHOD OF SHIPMENT

SPECIAL SHIPMENT/HANDLING OR STORAGE REQUIREMENTS

48 HR. TURN-AROUND

FROM 1

9.12.1988 9:36

P. 6

1700 Flower Street
Bakersfield, California 93305
Telephone (805) 861-3636

KERN COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

HEALTH OFFICER
Leon M Hebertson, M.D.

DIRECTOR OF ENVIRONMENTAL HEALTH
Vernon S. Reichard

Facility Name Johnny Quik Food Stores 2126 Taft Hwy

Address ~~2126 Taft Hwy~~ 2100 Taft Hwy Taft, Ca.

Kern County Permit # A757-32

* * UNDERGROUND TANK DISPOSITION TRACKING RECORD * *

This form is to be returned to the Kern County Health Department within 14 days of acceptance of tank(s) by disposal or recycling facility. The holder of the permit with number noted above is responsible for insuring that this form is completed and returned.

Section 1 - To be filled out by tank removal contractor:

Tank Removal Contractor: Doyle Sumrall Const

Address 7619 Elliott Phone # _____

Clovis, CA Zip 93612

Date Tanks Removed _____ No: of Tanks 2

Section 2 - To be filled out by contractor "decontaminating tank(s):

Tank "Decontamination" Contractor MP Vacuum Service

Address 3400 Manor Phone # 805-393-1151

Bakersfield Zip 93308

Authorized representative of contractor certifies by signing below that tank(s) have been decontaminated in accordance with Kern County Health Department requirements.

Signature _____ Title Environmental Spec

Section 3 - To be filled out and signed by an authorized representative of the treatment, storage, or disposal facility accepting tank(s):

Facility Name AMR

Address 2202 S. Milliken Phone # 714-947-2888

Ontario Zip 91764

Date Tanks Received 1-27-88 No. of Tanks 1

Signature _____ Title 1.27.88

(Authorized Representative)

* * * MAILING INSTRUCTIONS: Fold in half and staple. Postage and mailing label have already been affixed to outside for your convenience.

(Form #HMMP-150)

Environmental Health Div.
Kern County Health Dept.

RECEIVED
OCT 03 1988

INDUSTRY, CA 917 CA
PM
30 SEP
1988

SEP 30
CALIF.

KERN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1415 TRUXTUN AVENUE
BAKERSFIELD, CA 93301

ATTN: Underground Tank Section

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
Please print or type. (Form designed for use on elite [illegible]pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAC000114405 | Manifest Document No. 03799 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Ceule Properties, Inc
7955 N. Cedar, Ste 104, Fresno

4. Generator's Phone (209) 432-1405

A. State Manifest Document Number: 37200399

B. State Generator's ID:

5. Transporter 1 Company Name: MP Vacuum Service | 6. US EPA ID Number: CAT000624247 | C. State Transporter's ID: 903527 | D. Transporter's Phone: 805-393-1181

7. Transporter 2 Company Name | 8. US EPA ID Number | E. State Transporter's ID | F. Transporter's Phone

9. Designated Facility Name and Site Address
Gibson Oil and Refining
Commercial St
Bakersfield CA
| 10. US EPA ID Number: CAD980883177 | G. State Facility's ID: CAD980883177 | H. Facility's Phone: 805-327-0413

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Gasoline/Diesel Rinsate California Regulated Waste Only	001	TT	02000	G	State 221 / EPA/Other
b.					State / EPA/Other
c.					State / EPA/Other
d.					State / EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: a. C1 | b. | c. | d.

15. Special Handling Instructions and Additional Information
Release 8256-4

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR**, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: George J. Beal | Signature | Month Day Year: 10 9 10 8 8 8

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] | Signature | Month Day Year: 10 9 10 8 8 8

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: Larry Cook | Signature | Month Day Year: 09 12 88

GENERATOR

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

2700 M Street
Bakersfield, California
Mailing Address:
1415 Truxtun Avenue
Bakersfield, California 93301
(805) 861-3636

KERN COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

HEALTH OFFICER
Leon M Hebertson, M.D.

DIRECTOR OF ENVIRONMENTAL HEALTH
Vernon S. Reichard

PERMIT FOR PERMANENT CLOSURE OF UNDERGROUND HAZARDOUS SUBSTANCES STORAGE FACILITY

PERMIT NUMBER A757-32

FACILITY NAME/ADDRESS:

Johnny Quick Food Stores
2126 Taft Highway
Bakersfield, CA

OWNER(S) NAME/ADDRESS:

Beal Properties
7955 N. Cedar, #104
Fresno, CA 93710

Phone #(209) 432-1405

CONTRACTOR:

Doyle Sumrall Construction
7619 Ellivial
Clovis, CA 93612
License No. A449943

PERMIT FOR CLOSURE OF 3 TANK(S) AT ABOVE LOCATION.

PERMIT EXPIRES December 7, 1988

APPROVAL DATE September 7, 1988

APPROVED BY Joe Canas
Joe Canas

POST ON PREMISES

CONDITIONS AS FOLLOW:

1. A copy of this permit has been provided to the Kern County Fire Department. Permittee must notify the County Fire Department at (805) 861-2577 two working days prior to tank (removal) or (inerting and filling) to arrange for required inspection(s).
2. Tank closure activities must be per Kern County Health and Fire Department approved methods as described in Handout #UT-30.
3. Soil Sampling
   Any deviation from sample locations and numbers or constituents to be sampled for which are described below and in Handbook #UT-30 must receive prior approval by the Health Department.
   a. (Tank size between 1,000 to 10,000 gallons) - a minimum of four samples must be retrieved one-third of the way in from the ends of each tank at depths of approximately two feet and six feet.
4. If any contractors other than those listed on permit and permit application are to be utilized, prior approval must be granted by the specialist listed on the permit.
5. Soil Sampling (piping area)
   A minimum of two samples must be retrieved at depths of approximately two feet and six feet for every 15 linear feet of pipe run and also near the dispenser area(s).
6. Sample analysis
   a. All (leaded/unleaded) gasoline samples must be analyzed for benzene toulene, xylene, and total petroleum hydrocarbons.
7. Copies of transportation manifests must be submitted to the Health Department within five days of waste disposal.
8. All applicable state laws for hazardous waste disposal, transportation, or treatment must be adhered to. The Kern County Health Department must be notified before moving and/or disposing of any contaminated soil.

PERMIT FOR PERMANENT CLOSURE
OF UNDERGROUND HAZARDOUS
SUBSTANCES STORAGE FACILITY

PERMIT NUMBER A757-32
ADDENDUM

9. Permittee is responsible for making sure that "tank disposition tracking record" issued with this permit is properly filled out and returned within 14 days of tank removal.
10. Advise this office of the time and date of the proposed sampling with 24 hours advance notice.
11. Results must be submitted to this office within three days of analysis completion.

ACCEPTED BY _____ DATE 9-8-88

Beal Properties, Inc.
7955 N. Cedar Avenue, Suite 104
Fresno, California 93710
(209) 432-1405

September 1, 1988

Kern County Health Dept.
Division of Env. Health
1415 Truxton Avenue
Bakersfield, CA 93301

ATTENTION: JOE CANAS

RE: Taft Hwy and Hwy 99 - Tank removal.

We have scheduled the Fire Dept, M.P.V. Vacuum, and Krazan & Associates to be at the site for tank removal on Wednesday, September 7, 1988.

1. MPV Vacuum will clean the tanks before removal, starting at 8:00 AM. Don Adams.
2. Soil tests will be performed by Krazan & Associates.
3. Contractor is Doyle Sumrall Construction. A 44 7943 7619 Elliwial Clovis, CA 93612
4. MVP will make arrangements to have tanks removed from the site.

Thank you.

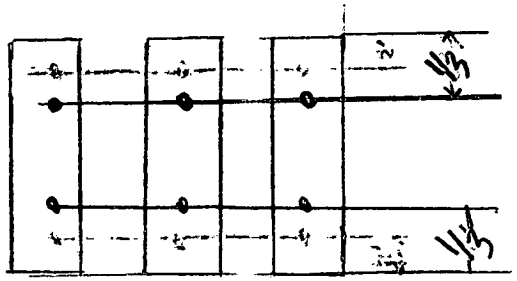
George J. Beal
President

attachment

1" = 30'

Existing Service Station

Existing tanks



N
W E
S

① Test soil under Tanks 1/3 of the dist in From Each end of Tank

② Test The soil At 2 depts
(1) at 2' deep
(1) at 6' deep

Taft Hwy

KERN COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
1700 FLOWER STREET, BAKERSFIELD, CA 93305
(805) 861-3636

INTERNAL USE ONLY:
PTO 3200[redacted]6 PTA A757-32
APPLICATION DATE 7/29/88
OF TANKS TO BE ABANDONED 3
LENGTH OF PIPING TO ABANDON

APPLICATION FOR PERMIT FOR PERMANENT CLOSURE/ABANDONMENT OF UNDERGROUND HAZARDOUS SUBSTANCES STORAGE FACILITY

THIS APPLICATION IS FOR [X] REMOVAL, OR [ ] ABANDONMENT IN PLACE (FILL OUT ONE APPLICATION PER FACILITY)

A. FACILITY INFORMATION

PROJECT CONTACT	PHONE # DAYS- NIGHTS-	SEC/T/R (RURAL LOCATIONS ONLY)
New Convenience Stores	432-1405 209	Hwy 99 & 119

FACILITY NAME	ADDRESS	NEAREST CROSS STREET
Johnny Quik food Stores	2126 Taft Hwy	Hwy 99

OWNER	ADDRESS	PHONE
Beal Properties Inc	7955 N. Cedar #104 Fresno CA 93710	(209) 432-1405

B. CONTRACTOR INFORMATION

TANK REMOVAL CONTRACTOR	ADDRESS	PHONE
Harrell & Sons	P.O. Box 839 Fresno	(209) 674-2271

PROPOSED PROJECT STARTING DATE	CALIFORNIA LICENSE #	WORKER'S COMPENSATION #	INSURER
	248133		FARMERS 209 674-9771

PRELIMINARY SITE ASSESSMENT CONTRACTOR	ADDRESS	PHONE
		( ) -

WORKER'S COMPENSATION #	INSURER	PHONE
		( ) -

LABORATORY THAT WILL ANALYZE SAMPLES	ADDRESS	PHONE
Twining Lab Inc	5301 Office Parkdr. #310 Bakersfield CA. 93309	805 322 5216

C. CHEMICAL INFORMATION

CHEMICAL COMPOSITION OF MATERIALS STORED

TANK #	VOLUME	CHEMICAL STORED (NON-COMMERCIAL NAME)		DATES STORED		CHEMICAL PREVIOUSLY STORED
1	10000	gasoline	Empty	TO 1986		gasoline
2	10000	"	"	TO 1986		"
3	10000	"	"	TO 1986		"
				TO		

D. ENVIRONMENTAL INFORMATION

WATER TO FACILITY PROVIDED BY	DEPTH TO GROUNDWATER
Individual Well	unknown

NEAREST WATER WELL - GIVE DISTANCE AND DESCRIBE TYPE IF WITHIN 500 FEET	SOIL TYPE AT FACILITY
75' From Tanks	

BASIS FOR SOIL TYPE AND GROUNDWATER DEPTH DETERMINATION
Private Well

TOTAL NUMBER OF SAMPLES TO BE ANALYZED	SAMPLES WILL BE ANALYZED FOR:
Health Dept to Specify	

E. DISPOSAL INFORMATION

DESCRIBE HOW RESIDUE IN TANK(S) AND PIPING IS TO BE REMOVED AND DISPOSED OF (INCLUDE TRANSPORTATION AND DISPOSAL COMPANIES):
gasoline & Water - Gibson Refining AMR

DESCRIBE BOTH THE DISPOSAL METHOD AND DISPOSAL LOCATION FOR:
TANK(S) By M.P. Vacuum 805-393-1151 We will
PIPING AMR be Keeping tanks on Site for

** PLEASE PROVIDE INFORMATION REQUESTED ON REVERSE SIDE OF THIS SHEET BEFORE SUBMITTING APPLICATION FOR REVIEW **

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY AND TO THE BEST OF MY KNOWLEDGE IS TRUE AND CORRECT.

SIGNATURE [signature] TITLE President DATE 7/25/88

(Form #HMMP-140) George J. Beal

Water Storage for Fire protection.

PROVIDE DRAWING OF PHYSI[illegible]OUT OF FACILITY USING SPA[illegible]IDED BELOW.

ALL OF THE FOLLOWING INFORMATION MUST BE INCLUDED IN ORDER FOR APPLICATION TO BE PROCESSED:

_____ TANK(S), PIPING & DISPENSER(S), INCLUDING LENGTHS AND DIMENSIONS

_____ PROPOSED SAMPLING LOCATIONS DESIGNATED BY THIS SYMBOL "Ⓧ"

_____ NEAREST STREET OR INTERSECTION

_____ ANY WATER WELLS OR SURFACE WATERS WITHIN 100' RADIUS OF FACILITY

_____ NORTH ARROW

Johnny Quik Food Stores, Inc.

JOHNNY QUIK FOOD STORES

George J. Beal
President

(209) 432-1405

7955 N. Cedar, Suite 104
Fresno, CA 93710

The Twining Laboratories, Inc.
Since 1898

Geotechnical and Environmental Consultants • Engineering and Chemical Laboratories

July 20, 1988 TL 488-0342-00

Johnny Quick Food Stores
7955 N. Cedar, Suite 104
Fresno, CA 93710

RE: Tank Decontamination Procedures
Johnny Quick Food Store
2126 Taft Highway
Bakersfield, California

Dear Mr. Beale:

It is our understanding that you wish to utilize an existing underground fuel storage tank as an above-ground water storage tank for fire emergencies. The concern of the Kern County Fire Department is the possibility that the water stored in the tank may contain fuel in concentrations in excess of 5%. This concentration, according to the fire department, has a potential of becoming inflammable.

The decontamination procedures for the tank would consist of:

1. Pumping out any remaining fuel.
2. Triple-rinsing the tank prior to removal using a steam pressure washer.
3. The rinsate would be pumped from the tank between rinses.
4. The tank would be removed following the Kern County Health Department and Fire Department guidelines.
5. The tank would be rinsed a final time prior to filling the tank with water.

2527 Fresno Street • P.O. Box 1472
Fresno, California 93716 • (209) 268-7021

9401 West Goshen Avenue
Visalia, California 93291 • (209) 651-2190

1405 Granite Lane, Suite 1
Modesto, California 95351 • (209) 523-0994

5301 Office Park Drive, Suite 310
Bakersfield, California 93309 •(805) 322-5216

Based on our experience regarding underground storage tanks, this process should leave the tank with fuel constituents in concentrations much less than 5%. To confirm the remaining fuel concentrations in the tank, a water sample would be obtained from within the tank and analyzed for total petroleum hydrocarbons.

Furthermore, in discussing this matter with Mr. Lancelot Leitch of the Fresno County Health Department, Mr. Leitch indicated that he has had success in utilizing former underground fuel storage tanks for above-ground water storage. His criteria was that the tank be in satisfactory physical condition; i.e., having satisfactory wall thickness and structural strength.

If we could be of further assistance to you in this matter, please do not hesitate to contact our office.

Sincerely,

THE TWINING LABORATORIES INC.

Dale S. Stanton

Dale S. Stanton
Project Engineer
Environmental Engineering Department

DSS:pb

MATTHEW CONSTANTINE, DIRECTOR
PUBLIC HEALTH SERVICES

ENVIRONMENTAL HEALTH
DIVISION
2700 M STREET, SUITE 300, BAKERSFIELD, CA 93301-2370
VOICE: (661) 862-8740 FAX: (661) 862-8701
Web: www.co.kern.ca.us/eh E-mail: eh@co.kern.ca.us
"ONE VOICE"

CLAUDIA JONAH, MD
PUBLIC HEALTH OFFICER

PERMIT TO CONSTRUCT or MODIFY
UNDERGROUND STORAGE FACILITY

Facility ID: FA0002691

☐ NEW CONSTRUCTION ☒ MODIFICATION

FACILITY NAME/ADDRESS	OWNER(S) NAME/ADDRESS:	CONTRACTOR NAME/ADDRESS
Johnny Quik #143 2126 Taft Hwy Bakersfield, CA 93313	Kuljit Ghuman 2126 Taft Hwy Bakersfield, CA 93313	D n J Construction Inc. 3430- A Gilmore Ave Bakersfield, CA 93308
		License # 792494
	Phone No. (661) 834-9113	Phone No. (661) 864-1023
DATE ISSUED: 05/06/2013	**EXPIRES ON: 11/06/2013**	**APPROVED BY: Jeffrey S. Marshall**

POST ON PREMISES

CONDITIONS:

1. All construction to be as per facility plans approved by this department and verified by inspection by Permitting Authority.
2. All equipment and materials in this construction must be installed in accordance with all manufacturers' specifications.
3. Any individual installing underground storage tank systems components shall possess a current underground storage tank system installer certification from the International Code Council (ICC), which indicates that the individual has passed the ICC UST Installation/Retrofitting exam.
4. Permittee must contact Permitting Authority for on-site inspection(s) with 48-hour advance notice.
5. Backfill material for piping and tanks to be as per manufacturers' specifications.
6. Construction inspection record card is included with permit given to Permittee. This card must be posted at job site prior to initial inspection. Permittee must contact Permitting Authority and arrange for each group of required inspections numbered as per instructions on card. Generally, inspections will be made of:
   a. Piping system with secondary containment;
   b. Tank top sumps & penetrations; and
   c. Any other inspection deemed necessary by Permitting Authority.
7. Primary and secondary containment of both tank(s) and underground piping must not be subject to physical or chemical deterioration due to the substance(s) stored in them. Documentation from tank, piping, and seal manufacturers of compatibility with these substance(s) must be submitted to Permitting Authority prior to construction.
8. Piping samples shall be retrieved at depths of approximately two feet and six feet of pipe run. The required samples shall be analyzed by a State Certified Laboratory.
9. A Secondary Containment Test (SB 989) shall be conducted on all repaired equipment within six (6) months of the completed repairs.

10. All new Underground Storage Tank documentation shall be completed and submitted on the California Environmental Reporting System (CERS).

11. A Certificate of Installation/Modification shall be completed and submitted once all repairs have been completed.

ACCEPTED BY: _____ DATE: 5-10-13

KERN COUNTY ENVIRONMENTAL HEALTH DIVISION
HAZARDOUS MATERIALS PROGRAM

INSPECTION RECORD

POST CARD AT JOBSITE

2700 "M" STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8740

PERMIT #: **FA 0002691**	OWNER: **Kuljit Ghuman**
FACILITY: **Johnny Quik #143**	CONTACT: **Daniel D Cruz or Jerry Hale**
ADDRESS: **2126 Taft Hwy**	ADDRESS: **2126 Taft Hwy**
CITY: **Bakersfield**	CITY: **Bakersfield**
PHONE #: (661) 834-9113	PHONE #: (661) 864-1023

INSTRUCTIONS: Please call for an inspection or submit the requested information when ready. They will run in consecutive order beginning with number 1. DO NOT cover work for any numbered group or continue with the next phase of work until all items in that group are signed off by the Permitting Authority. Following these instructions will reduce the number of required inspection visits and therefore the assessment of additional fees.

INSPECTION		DATE	INSPECTOR
- TANKS & BACKFILL -			
1	Backfill of tanks	N/A	
1	Copy of installation check list	N/A	
1	Spark Test Certificate	N/A	
- PIPING SYSTEM -			
1	Soil samples retrieved at depths of approximately two feet and six feet of pipe run	05/09/2013	
2	Primary piping, vapor, and vent lines pressure/soap test	05/21/2013	
3	Corrosion protection of piping & fill pipe	NA	
- SECONDARY CONTAINMENT -			
2	Secondary piping, vapor and vent lines pressure/soap test	05/24/2013	
2	Sump and UDC test	05/24/2013	
2	Electrical Conduits	N/A	

Please contact the Fire Department at (661) 391-7082 and Building (electrical) Department at (661) 862-8661 to schedule final inspections with them before calling this department for the final inspection.

- FINAL -			
3	Overspill boxes / Drop tube valves	N/A	
3	Line Leak Detectors and Positive Shut Down	N/A	
3	Electrical Seal Offs and Sealed Field Connections	N/A	
3	Monitor System Check	N/A	
3	Enhanced Leak Detection (ELD) test of system	N/A	
3	As-built drawings (if required)	06/17/2013	
3	Monitoring Requirements	N/A	
3	Submittal of owner information and Form C	06/17/2013	

CONTRACTOR: D n J Construction Inc. LICENSE #: 792494
CONTACT: Daniel D Cruz or Jerry Hale PHONE #: (661) 864-1023

ENVIRONMENTAL HEALTH
DIVISION

2700 M STREET, SUITE 300, BAKERSFIELD, CA 93301-2370
VOICE: (661) 862-8740 FAX: (661) 862-8701
Web: www.co.kern.ca.us/eh E-mail: eh@co.kern.ca.us
"ONE VOICE"

MATTHEW CONSTANTINE, DIRECTOR
PUBLIC HEALTH SERVICES

CLAUDIA JONAH, MD
PUBLIC HEALTH OFFICER

Application for Underground Tank Construction/Modification

In order to expedite permit processing, before submitting your permit application(s) for construction/ modification, check to see that all of the following are completed (copies of required forms are attached):

☑ **New Construction/Modification Application.** Applications must be fully completed or they will be returned; no exceptions. The use of the answer "NA" (not applicable) is unacceptable. *See matrix located at: http://www.co.kern.ca.us/eh/ to determine if a modification permit is required.*

Permit fee(s) must be submitted with the application or it will be returned.

☑ **Contractor information:**

- Current pocket copy of the contractors' license with license expiration date clearly visible. Only General A, C-61/D-40 issued prior to January 18, 2001, General B with restrictions will be accepted. All contractors shall also have a hazardous substance certification on their licenses. ✓
- Current copies of certificates of workers compensation insurance.
- Site safety plan.
- Copy of current International Code Council certification. ✓

☑ **UST Facility page – Form A** (New Construction Only)

☑ **Tank Information Page - Form B** (each tank)

- New Construction – complete all sections.
- Modification – complete sections that have been upgraded or repaired.

☑ **Two sets of plot plans for the facility.** Plans must include:

- location of property lines, all buildings and openings to each building (such as windows, doors, vents, etc.), with at least a 100-foot radius around all equipment.
- nearest road or intersection;
- all tanks, piping, any fixed source of ignition (i.e., water heaters, forced air AC units, etc.);
- all equipment to be installed;
- any source of water infiltration and wells;
- north arrow;
- scale of drawing, minimum acceptable scale is 1-inch = 16 feet.

☑ **Two sets of site specific detailed drawings of proposed construction.** Drawings must show side and top views of tanks, piping, secondary containment, leak detection and monitoring equipment, overfill protection and all other equipment required. All equipment must be clearly labeled. The minimum acceptable scale is 1-inch = 10 feet.

☑ **Equipment Description Checklist**

☑ **Certificate of Installation/Modification – Form C** (submit upon project completion)

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OPERATING PERMIT APPLICATION – FACILITY INFORMATION

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8740 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANK

(one page per site) Page ___ of ___

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

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 3 404. | FACILITY ID # (Agency Use Only) ___-___ 1.

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) JOHNNY QUICK #143 3.

BUSINESS SITE ADDRESS 21210 TAFT HWY 103. | CITY BKSFD 104.

FACILITY TYPE 403. ☒ 1. MOTOR VEHICLE FUELING ☐ 2. FUEL DISTRIBUTION ☐ 3. FARM ☐ 4. PROCESSOR ☐ 6. OTHER

Is the facility located on Indian Reservation or Trust lands? 405. ☐ Yes ☒ No

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407. KULJIT SINGH GHUMAN | PHONE 408. (661) 834-9113

MAILING ADDRESS 409. 21210 TAFT HWY

CITY 410. BKSFD | STATE 411. CA | ZIP CODE 412. 93313

III. TANK OPERATOR INFORMATION ☐ Check if same as Property Owner

TANK OPERATOR NAME 428-1. KULJIT SINGH GHUMAN | PHONE 428-2 (661) 834-9113

MAILING ADDRESS 428-3 21210 TAFT HWY

CITY 428-4 BKSFD CA | STATE 428-5 CA | ZIP CODE 428-6 93313

IV. TANK OWNER INFORMATION ☐ Check if same as Property Owner

TANK OWNER NAME 414. KULJIT SINGH GHUMAN | PHONE 415. (661) 834-9113

MAILING ADDRESS 416. 21210 TAFT HWY

CITY 417. BKSFD | STATE 418. CA | ZIP CODE 419. 93313

OWNER TYPE: 420.
☐ 4. LOCAL AGENCY/DISTRICT ☐ 5. COUNTY AGENCY ☐ 6. STATE AGENCY
☐ 7. FEDERAL AGENCY ☐ 8. NON-GOVERNMENT

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

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

VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: 423.
☒ 1. FACILITY OWNER ☐ 4. TANK OPERATOR
☐ 3. TANK OWNER ☐ 5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies Only) 406.

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE | DATE 424. 4-19-13 | PHONE 425. (661) 201-3707

APPLICANT NAME (print) 426. JERRY HALE | APPLICANT TITLE 427 CONTRACTOR

UST Operating rmit Application – Facility Informa n Instructions
(Formerly SWRCB UST Permit Application Form A and UPCF Form hwfwrc-a)

Complete this form for all new permits, permit changes, or facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless approval is required prior to making the changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application – Facility Information form per facility, regardless of the number of USTs located at the facility. If not already on file with the Kern County Environmental Health Services Division (KCEHSD), the tank owner must submit with this form, a current UST Operating Permit Application – Tank Information form for each UST; a UST Monitoring Plan and a UST Response Plan pursuant to 23 CCR § 2632, 2634 and 2641; and, for USTs containing petroleum, a certification of financial responsibility pursuant to 23 CCR § 2807.

The following documents, at a minimum, are also required, if applicable:

- ☐ Written agreement between UST Owner and UST Operator per Health and Safety Code § 25284(a)(3);
- ☐ Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

Please number all pages of your submittal. This helps the Kern County Environmental Health Services Division (KCEHSD) identify whether the submittal is complete and if any pages are separated. (Note: Numbering of these instructions matches the data element numbers on the form.)

400. TYPE OF ACTION – Check the reason this form is being submitted. CHECK ONE ITEM ONLY.
404. TOTAL NUMBER OF USTs AT SITE – Indicate the number of tanks that will remain on the site after the requested action.
1. FACILITY ID NUMBER – Leave this blank. This number is assigned by KCEHSD. This is the unique number which identifies your facility.
3. BUSINESS NAME – Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)).
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
403. FACILITY TYPE – Indicate the type of facility.
405. INDIAN RESERVATION OR TRUST LANDS – Check whether the facility is located on an Indian reservation or other trust lands.

407. PROPERTY OWNER NAME – 408. PROPERTY OWNER PHONE – 409. PROPERTY OWNER MAILING ADDRESS – 410. PROPERTY OWNER CITY – 411. PROPERTY OWNER STATE – 412. PROPERTY OWNER ZIP CODE –	Complete items 407 - 412 for the property owner. Include the area code and any extension number.

428-1. TANK OPERATOR NAME – 428-2. TANK OPERATOR PHONE – 428-3. TANK OPERATOR MAILING ADDRESS – 428-4. TANK OPERATOR CITY – 428-5. TANK OPERATOR STATE – 428-6. TANK OPERATOR ZIP CODE –	Complete items 428-1 to 428-6 for the UST operator. Include the area code and any extension number.

414. TANK OWNER NAME – 415. TANK OWNER PHONE – 416. TANK OWNER MAILING ADDRESS – 417. TANK OWNER CITY – 418. TANK OWNER STATE – 419. TANK OWNER ZIP CODE –	Complete items 414 - 419 for the UST owner. Include the area code and any extension number.

420. TANK OWNER TYPE – Check the type of tank ownership.
421. BOE NUMBER – Enter your State Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: Board of Equalization, Fuel Taxes Division, P O Box 942879, Sacramento, CA 94279-0030.
423. PERMIT HOLDER INFORMATION – Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent.
406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR – If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.
APPLICANT SIGNATURE – The application form must be signed, in the space provided, by:
- The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or
- If the UST(s) is/are owned by a corporation, partnership, or public agency:
  1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or
  2.) A general partner or proprietor; or
  3.) A principal executive officer, ranking elected official, or authorized representative of a public agency.

424. DATE – Enter the date the form was signed.
425. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
426. APPLICANT NAME – Print or type the full name of the person signing the form.
427. APPLICANT TITLE – Enter the title of the person signing the form.

FA 2691
Event 193

UNDERGROUND STORAGE TANKS
NEW CONSTRUCTION/MODIFICATION APPLICATION

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8740 Fax (661) 862-8701

(one page per site) Page ___ of ___

TYPE OF ACTION (Check one item only) ☐ 1. NEW SITE CONSTRUCTION ☑ 2. MODIFICATION ☐ 3. NEW TANK INSTALLATION AT EXISTING FACILITY A

I. FACILITY / SITE INFORMATION

FACILITY ID#	1	5	[redacted]	0	1	0	[redacted]	0	0					1	UST FILE NUMBER				B

BUSINESS NAME (same as FACILITY NAME or DBA – Doing Business As) JOHNNY QUICK #143 3

BUSINESS SITE ADDRESS 21210 TAFT HWY 103

CITY BKSFD CA 93313 104 BUSINESS PHONE (661) 834-9113 102

NEAREST CROSS STREET 401

II. CONTRACTOR INFORMATION

CONTRACTOR NAME DNJ CONST INC C CONTRACTOR PHONE (661) 864-1023 D

MAILING OR STREET ADDRESS 3430-A GILMORE AVE E

CITY BKSFD F STATE CA G ZIP CODE 93308 H

CALIFORNIA CONTRATORS LICENSE NUMBER 792494 I LICENSE TYPE A-HAZ (click for drop-down) J

CERTIFIED INSTALLER DAN CRUZ K ICC INSTALLER CERTIFICATION NUMBER 5255732 L

III. SCOPE OF WORK

BRIEFLY DESCRIBE THE PROPOSED SCOPE OF WORK: REMOVE & REPLACE EXISTING PRODUCT PIPING & (3) EXISTING TANK TURBIN SUMPS M

IV. TANK LIST N

TANK NUMBER	PRODUCT(S)	CAPACITY
#1	DIESEL	10,000 GAL
#2	GAS UNL	10,000 GAL
#3	GAS PREMIUM	10,000 GAL
(add additional on separate sheet)		

V. INTERGRITY TESTING/ENHANCED LEAK DETECTION

TESTING COMPANY CONFIDENCE "UST" TESTING O PHONE (661) 213-1372 P

TEST METHOD Q

VII. APPLICANT SIGNATURE

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

SIGNATURE OF APPLICANT [signature] DATE 4-19-13 424 PHONE (661) 201-3767 425

NAME OF APPLICANT (print) JERRY HALE 426 TITLE OF APPLICANT CONTRACTOR 427

1 – New Construction/Modification Applica

Complete the UST – New Construction/Modification page for any new installations or modifications at a UST facility. This page must be submitted 30 days and a permit issued prior to beginning any work.

A Completed UST- Facility page and a UST – Tank Information Page for each tank is to be included with the application. Two sets of scaled facility plot plans and site specific detailed drawings of the proposed work are also to be submitted with this application.

Please number all pages of your submittal. This helps the Kern County Environmental Health Services Division (KCEHSD) identify whether the submittal is complete and if any pages are separated.

A. TYPE OF ACTION - Check the reason the page is being completed. CHECK ONE ITEM ONLY.
1. FACILITY ID NUMBER - Leave this blank. This number is assigned by KCEHSD. This is the unique number which identifies your facility.
B. UST FILE NUMBER – Leave this blank. This number is assigned by KCEHSD.
3. BUSINESS NAME - Enter the full legal name of the business.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. CITY - Enter the city or unincorporated area in which business site is located.
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
401. NEAREST CROSS STREET - Enter the name of the cross street nearest to the site of the tank.
C. CONTRACTOR NAME - Enter the name of the contracting firm performing the installation or modification of the UST system. The permit will not be issued until valid contractor information is provided.
D. CONTRACTOR PHONE - Enter the phone number, area code first, and any extension.
E. MAILING OR STREET ADDRESS - Enter the contractor's address information.
F. CITY - Enter the contractor's city.
G. STATE - Enter the contractor's state.
H. ZIP - Enter the contractor's zip code
I. CALIFORNIA CONTRACTORS LICENSE NUMBER - Enter the appropriate contractor's license number.
J. LICENSE TYPE - Enter the type of contractor's license.
K. CERTIFIED INSTALLER – Enter the name of the ICC (International Code Council) certified installer that will be on site during construction.
L. ICC INSTALLER CERTIFICATION NUMBER – Enter the ICC certification number.
M. SCOPE OF WORK – Briefly describe the proposed scope of work. This is required for any modifications.
N. TANK LIST - Enter the owner's assigned tank number, contents and capacity of all the tanks on the site including any tanks being installed.
O. TESTING COMPANY – Enter the name of the company that will complete the post modification or construction testing, if required.
P. PHONE – Enter the phone number of the testing company.
Q. TEST METHOD – Enter the testing method that will be used.
424. DATE – Enter the date the form was signed.
425. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
426. APPLICANT NAME – Print or type the full name of the person signing the form.
427. APPLICANT TITLE – Enter the title of the person signing the form.

OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8700 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANKS

(one page per tank) Page of

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

☐ 1. NEW PERMIT ☐ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a | DATE EXISTING UST DISCOVERED: 430b

I. FACILITY INFORMATION

FACILITY ID # (*Agency Use Only*): FA 0002691 1

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As): JOHNNY QUICK #143 3

BUSINESS SITE ADDRESS: 2126 TAFT HWY 103 | CITY: BKSFD CA 93313 104

II. TANK DESCRIPTION

TANK ID # 432	TANK MANUFACTURER 433	TANK CONFIGURATION: THIS TANK IS 434
		COMPARTMENTED UNIT
DATE UST SYSTEM INSTALLED 435	**TANK CAPACITY IN GALLONS 436**	**NUMBER OF COMPARTMENTS IN THE UNIT 437**
1988	10,000	1

III. TANK USE AND CONTENTS

TANK USE 439
☒ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a

CONTENTS 440
PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☒ 1b. PREMIUM UNLEADED
☐ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a
NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL
☐ 11. OTHER NON-PETROLEUM (Specify): 440b

IV. TANK CONSTRUCTION

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

PRIMARY CONTAINMENT 444
☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a

SECONDARY CONTAINMENT 445
☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445a

OVERFILL PREVENTION 452
☒ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☐ 3. FILL TUBE SHUT-OFF VALVE
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 460
☐ 1. SINGLE-WALLED ☒ 2. DOUBLE-WALLED ☐ 99. OTHER

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

PRIMARY CONTAINMENT 464
☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER(Specify): 464a

SECONDARY CONTAINMENT 464b
☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c

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

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

VENT PRIMARY CONTAINMENT 464e	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify) 464el
VENT SECONDARY CONTAINMENT 464f	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify) 464fl
VR PRIMARY CONTAINMENT 464g	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify) 464gl
VR SECONDARY CONTAINMENT 464h	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify) 464hl
VENT PIPING TRANSITION SUMP TYPE 464i.	☐ 1. SINGLE WALL		☐ 2. DOUBLE WALL	☒ 90. NONE	
RISER PRIMARY CONTAINMENT 464j	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify) 464jl
RISER SECONDARY CONTAINMENT 464k	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify) 464kl

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

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE 469a	☒ 1. SINGLE WALL		☐ 2. DOUBLE WALL	☐ 3. NO DISPENSERS	☐ 90. NONE
CONSTRUCTION MATERIAL 469b-c	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 99. OTHER (Specify)	

VIII. CORROSION PROTECTION

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

IX. APPLICANT SIGNATURE

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

APPLICANT SIGNATURE: [signature] DATE 470. 4-26-13

APPLICANT NAME (print) 471. JERRY HARE APPLICANT TITLE 472. CONTRACTOR

OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8700 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANKS

(one page per tank) Page of

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

☐ 1. NEW PERMIT ☐ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a | DATE EXISTING UST DISCOVERED: 430b

I. FACILITY INFORMATION

FACILITY ID # (*Agency Use Only*): FA 0000 26091 1

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As): JOHNNY QUICK #143 3

BUSINESS SITE ADDRESS: 2126 TAFT HWY 103 | CITY: BKSFD CA 93313 104

II. TANK DESCRIPTION

TANK ID # 432	TANK MANUFACTURER 433	TANK CONFIGURATION: THIS TANK IS 434
		COMPARTMENTED UNIT
DATE UST SYSTEM INSTALLED 435	**TANK CAPACITY IN GALLONS 436**	**NUMBER OF COMPARTMENTS IN THE UNIT 437**
1988	10,000	1

III. TANK USE AND CONTENTS

TANK USE 439
☒ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a

CONTENTS 440
PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED
☒ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a
NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL
☐ 11. OTHER NON-PETROLEUM (Specify): 440b

IV. TANK CONSTRUCTION

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

PRIMARY CONTAINMENT 444
☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a

SECONDARY CONTAINMENT 445
☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445a

OVERFILL PREVENTION 452
☒ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☐ 3. FILL TUBE SHUT-OFF VALVE
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 460
☐ 1. SINGLE-WALLED ☒ 2. DOUBLE-WALLED ☐ 99. OTHER

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

PRIMARY CONTAINMENT 464
☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER(Specify): 464a

SECONDARY CONTAINMENT 464b
☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c

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

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

VENT PRIMARY CONTAINMENT 464e/464e1	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)
VENT SECONDARY CONTAINMENT 464f/464f1	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify)
VR PRIMARY CONTAINMENT 464g/464g1	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)
VR SECONDARY CONTAINMENT 464h/464h1	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify)
VENT PIPING TRANSITION SUMP TYPE 464i.	☐ 1. SINGLE WALL		☐ 2. DOUBLE WALL	☒ 90. NONE	
RISER PRIMARY CONTAINMENT 464j/464j1	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)
RISER SECONDARY CONTAINMENT 464k/464k1	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)

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

VII. UNDER DISPENSER CONTAINMENT (UDC)

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

CONSTRUCTION MATERIAL 469b-c
☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 99. OTHER (Specify)

VIII. CORROSION PROTECTION

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

IX. APPLICANT SIGNATURE

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

APPLICANT SIGNATURE: [signature] | DATE: 4-26-13 470.

APPLICANT NAME (print): JERRY HALL 471. | APPLICANT TITLE: CONTRACTOR 472.

OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8700 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANKS

(one page per tank) Page of

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

☐ 1. NEW PERMIT ☐ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a | DATE EXISTING UST DISCOVERED: 430b

I. FACILITY INFORMATION

FACILITY ID # (*Agency Use Only*): F A - 0 0 0 2 6 0 9 1 1

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As): JOHNNY QUICK #143 3

BUSINESS SITE ADDRESS: 2122 TAFT HWY 103 | CITY: BKSFD CA 93313 104

II. TANK DESCRIPTION

TANK ID # 432	TANK MANUFACTURER 433	TANK CONFIGURATION: THIS TANK IS 434
		COMPARTMENTED UNIT
DATE UST SYSTEM INSTALLED 435	**TANK CAPACITY IN GALLONS 436**	**NUMBER OF COMPARTMENTS IN THE UNIT 437**
1988	10,000	1

III. TANK USE AND CONTENTS

TANK USE 439
☑ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a

CONTENTS PETROLEUM: 440
☑ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED
☐ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a

NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL
☐ 11. OTHER NON-PETROLEUM (Specify): 440b

IV. TANK CONSTRUCTION

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

PRIMARY CONTAINMENT: ☐ 1. STEEL ☑ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER 444
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a

SECONDARY CONTAINMENT: ☐ 1. STEEL ☑ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED 445
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445a

OVERFILL PREVENTION: ☑ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☐ 3. FILL TUBE SHUT-OFF VALVE 452
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT/WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION: ☐ 1. SINGLE-WALLED ☒ 2. DOUBLE-WALLED ☐ 99. OTHER 460

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

PRIMARY CONTAINMENT: ☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC 464
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER(Specify): 464a

SECONDARY CONTAINMENT: ☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC 464b
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c

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

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

VENT PRIMARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE ☐ 99. OTHER (Specify)	464e 464e1
VENT SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☑ 90. NONE ☐ 99. OTHER (Specify)	464f 464f1
VR PRIMARY CONTAINMENT	☐ 1. STEEL	☑ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE ☐ 99. OTHER (Specify)	464g 464g1
VR SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☑ 90. NONE ☐ 99. OTHER (Specify)	464h 464h1
VENT PIPING TRANSITION SUMP TYPE	☐ 1. SINGLE WALL		☐ 2. DOUBLE WALL	☑ 90. NONE	464i.
RISER PRIMARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE ☐ 99. OTHER (Specify)	464j 464j1
RISER SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE ☐ 99. OTHER (Specify)	464k 464k1
FILL COMPONENTS INSTALLED	☑ 1. SPILL BUCKET	☐ 3. STRIKER PLATE/BOTTOM PROTECTOR		☐ 4. CONTAINMENT SUMP	451a-c

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE	☑ 1. SINGLE WALL		☐ 2. DOUBLE WALL	☐ 3. NO DISPENSERS ☐ 90. NONE	469a
CONSTRUCTION MATERIAL	☐ 1. STEEL	☑ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 99. OTHER (Specify)	469b-c

VIII. CORROSION PROTECTION

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

IX. APPLICANT SIGNATURE

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

APPLICANT SIGNATURE: [signature] DATE: 4-24-13 470.

APPLICANT NAME (print): JERRY HALL 471. APPLICANT TITLE: CONTRACTOR 472.

CERTIFICATION OF INSTALLATION / MODIFICATION

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8740 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANKS
(one form per project) Page ____ of ____

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* 1.

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.
JOHNNY QUICK #143

BUSINESS SITE ADDRESS 103.
2120 TAFT HWY

CITY 104.
BKSFD

II. INSTALLATION / MODIFICATION PROJECT DESCRIPTION

TYPE OF PROJECT (Check all that apply) 483a.
- ☐ 1. TANK INSTALLATION OR REPLACEMENT
- ☒ 2. PIPING INSTALLATION OR REPLACEMENT
- ☒ 3. SUMP INSTALLATION OR REPLACEMENT
- ☐ 4. UNDER DISPENSER CONTAINMENT INSTALLATION OR REPLACEMENT
- ☐ 5. OTHER

WORK AUTHORIZED UNDER PERMIT (Number or Date): 483b.

DESCRIPTION OF WORK BEING CERTIFIED: 483c
REMOVE & REPLACE PRODUCT PIPING
& (3) EXISTING TANK TURBINE SUMPS

III. CONTRACTOR INFORMATION

NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION 482a.
DNJ CONST INC

CONTRACTOR LICENSE # 482b.
792494

ICC CERTIFICATION # 482c.
5255732

IV. CERTIFICATION

I certify that the information provided herein is true, accurate, and that the following conditions have been satisfied:

- The installer has met the requirements set forth in 23 CCR §2715, subdivisions (g) and (h).
- The underground storage tank, any primary piping, and any secondary containment was installed according to applicable voluntary consensus standards and any manufacturer's written installation instructions.
- All work listed in the manufacturer's installation checklist has been completed.
- The installation has been inspected and approved by the local agency, or if required by the local agency, inspected and certified by a registered professional engineer having education and experience with underground storage tank system installations.

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

DATE 484.
4-19-13

PHONE 487.
(661) 201 3707

CERTIFIER'S NAME (print) 485
JERRY HALE

CERTIFIER'S TITLE: 486.
CONTRACTOR

NAME OF CERTIFIER'S EMPLOYER (DBA) 488
DNJ CONST INC

CERTIFIER'S RELATIONSHIP TO TANK OWNER 489.
- ☐ 1. TANK OWNER
- ☐ 2. TANK OPERATOR
- ☒ 3. CONTRACTOR
- ☐ 4. PROPERTY OWNER
- ☐ 5. OTHER AUTHORIZED AGENT OF TANK OWNER

UST Certifi on of Installation / Modification For nstructions

This Certification form must be submitted upon the completion of installation or upgrading of tanks and/or piping associated with a UST system. Installation or upgrading of multiple tank systems may be addressed on one form. The UST owner or an authorized representative of the owner must complete this form. Please number all pages of your submittal. This helps the Kern County Environmental Health Services Division (KCEHSD) identify whether the submittal is complete and if any pages are separated. (Note: Numbering of these instructions matches the data element numbers on the form.)

1 FACILITY ID NUMBER – Leave this blank. This number is assigned by KCEHSD. This is the unique number which identifies your facility.

3 BUSINESS NAME – Enter the complete Facility Name.

103 BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.

104 CITY – Enter the city or unincorporated area in which the facility is located.

482a NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION – Enter the name of the contractor who performed the work as registered with the Contractors State License Board (CSLB).

482b CONTRACTOR LICENSE # – For the contractor named above, enter the license number assigned by the Contractors State License Board (license information is available online at www.cslb.ca.gov).

482c ICC CERTIFICATION # – Enter the International Code Council (ICC) "UST Installation/Retrofitting" certification number possessed by the contractor.

483a TYPE OF PROJECT – Check the appropriate box(es) to indicate the type of work performed. Address each system component individually (i.e., for installation of a complete motor vehicle fueling UST system, check boxes 1 through 4).

483b WORK AUTHORIZED UNDER PERMIT (Number or Date) – Enter the number of the permit issued by the KCEHSD, or if no permit number, the date the permit or project approval was issued for the work being certified.

483c DESCRIPTION OF WORK BEING CERTIFIED – In the space provided, briefly describe the work performed. Include the number and type of UST systems installed or upgraded and the scope of work (e.g., "Installation of piping sumps and under dispenser containment, and replacement of product and vapor recovery piping associated with one 12,000 gallon regular unleaded and one 8,000 gallon premium unleaded motor vehicle fuel tank.").

SIGNATURE OF TANK OWNER OR OWNER'S AGENT – The tank owner or an authorized agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

484 DATE CERTIFIED – Enter the date the form was signed.

485 CERTIFIER'S NAME – Enter the full printed name of the person signing the form.

486 CERTIFIER'S TITLE – Enter the title of the person signing the form.

487 PHONE – Enter the phone number of the person signing the certification. Include the area code and any extension number.

488 NAME OF CERTIFIER'S EMPLOYER – Enter the name (DBA) of the employer of the person signing the form. If the tank owner is an individual, and the owner signs the Certification, note "N/A" (Not Applicable) in this space.

489 CERTIFIER'S RELATIONSHIP TO TANK OWNER – Check the appropriate box to indicate the nature of the relationship between the person signing the form and the tank owner.

UNDERGROUND STORAGE TANK SYSTEM

◯ NEW CONSTRUCTION –OR– (X) MODIFICATION

EQUIPMENT DESCRIPTION CHECKLIST

(Complete all applicable sections)

1. TANK CONSTRUCTION

- ☐ Double Wall Fiberglass
- ☐ Double Wall Steel with Fiberglass coating
- ☐ Double Wall Steel primary/ Fiberglass secondary
- ☐ Other _____

Tank Manufacturer: _____

2. LEAK MONITORING SYSTEM

Console Manufacturer: _____ Console Model #: _____

3. SENSORS

Sensors	Positive Shut Down	Manufacturer	Model #
Tank Annular Space Sensor	☐ Yes ☐ No		
Tank Turbine Sumps Sensor	☐ Yes ☐ No		
Tank Fill Sumps Sensor	☐ Yes ☐ No		
Dispenser Pan Sumps Sensor	☐ Yes ☐ No		
Sump Annular Space Sensor	☐ Yes ☐ No		
Piping Annular Space Sensor	☐ Yes ☐ No		
Positive Shut Down w/ Failsafe for system disconnection	☐ Yes ☐ No		

4. PIPELINE SYSTEM

- ☑ Pressure
- ☐ Suction
- ☐ Gravity

5. LINE LEAK DETECTOR

- ☐ Mechanical Manufacturer: _____ Model #: _____
- ☐ Electronic Manufacturer: _____ Model #: _____

6. PIPING CONTRUCTION PRODUCT ~~AND VENT/VAPOR LINES~~

- ☒ Double Wall Fiberglass
- ☐ Double Wall Flex Pipe
- ☐ Other: _____

Manufacturer: ~~Smith~~ _____ Model #: _____

7. AUTOMATIC TANK GAUGE

Manufacturer: _____ Model #: _____

8. OVERSPILL CONTAINER WITH DRAIN VALVE

Manufacturer: _____ Model #: _____

9. OVERFILL PREVENTION

☐ External Alarm with Audible and Visual Alarm
Manufacturer: _____ Model #: _____Product Level: _____

☐ Flow Restrictor with Ball Float
Manufacturer: _____Model #: _____Product Level: _____

☐ Flow Restrictor with Ball Float and External Alarm
Manufacturer: _____Model #: _____Product Level: _____

☐ Positive shut off valve with Flapper
Manufacturer: _____Model #: _____Product Level: _____

10. DISPENSER CONTAINMENT
Manufacturer: _____ Model #: _____

11. TANK TOP SUMPS
Manufacturer: _____ Model #: _____ WESTERN FIBERGLASS

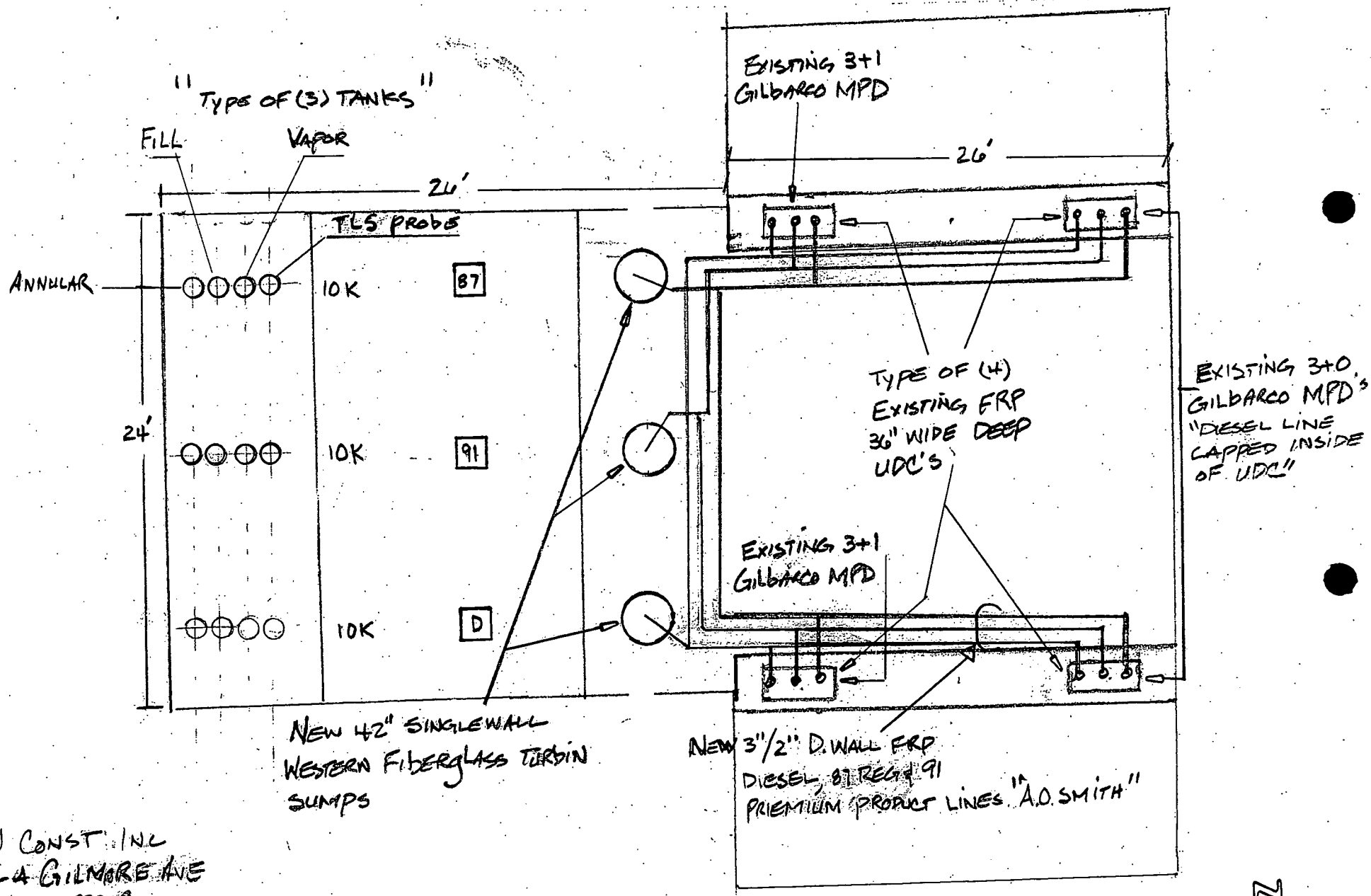
12. AUXILLARY SUMPS (TANK GAUGE RISERS, VENT BOXES, ETC)
Manufacturer: _____ Model #: _____

13. PENETRATION FITTINGS
Manufacturer: _____ Model #: _____ AO SMITH BULK HEAD

14. PENETRATION SEALANT
Manufacturer: _____ Model #: _____ AO SMITH GLUE

15. BEDDING AND BACKFILL MATERIAL
☒ Sand ☐ Pea Gravel

JOHNNY QUICK #143
2126 TAFT HWY
BKSFD CA 93313



D.N.J CONST. INC
3430-A GILMORE AVE
BKSFD CA 93308
CA CONTRACTORS LIC # 792494

7

MONITORING PLAN

Kern County Environmental Health Services Department
2700 M Street, Suite 300
Bakersfield, CA 93301
(661) 862-8740 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANK

TYPE OF ACTION ☐ 1. NEW PLAN ☐ 2. CHANGE OF INFORMATION 490-1

PLAN TYPE ☐ 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY 490-2
(Check one item only) ☒ 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S) **1 - REGULAR UNLEADED**

I. FACILITY INFORMATION

FACILITY ID# *(Agency Use Only)* **FA0002691** 1

BUSINESS NAME (Same as FACILITY NAME) **JOHNNY QUIK #143** 3

BUSINESS SITE ADDRESS **2126 TAFT HWY** 103 CITY **BAKERSFIELD** 104

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel. (23 CCR 2632, 2634, 2638, 2641)

MONITORING EQUIPMENT IS SERVICED ☒ 1. ANNUALLY ☐ 99. OTHER (Specify) 490-3a-b

III. MONITORING LOCATIONS

☐ **1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN.** ☒ **2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (23 CCR 2632, 2634)** 490-4

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):

☒ **1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR 2632, 2634)** 490-5

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-6

PANEL MANUFACTURER: **VEEDER ROOT** 490-7 MODEL #: **TLS 350** 490-8

LEAK SENSOR MANUFACTURER: **VEEDER ROOT** 490-9 MODEL #(S): **420** 490-10

☐ **2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). (23 CCR 2643)** 490-11

PANEL MANUFACTURER: 490-12 MODEL #: 490-13

IN-TANK PROBE MANUFACTURER: 490-14 MODEL #(S): 490-15

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY 490-16
☐ d. MONTHLY ☐ e. OTHER (Specify): 490-17

PROGRAMMED TESTS: ☐ a. 0.1 g.p.h. ☐ b. 0.2 g.p.h. ☐ c. OTHER (Specify): 490-18-19

☐ **3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR 2646.1):** 490-20

☐ **4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR 2645).** TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS 490-21-22

☐ **5. TANK INTEGRITY TESTING (23 CCR 2643.1):** 490-23

TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALLY ☐ c. OTHER (Specify): 490-24-25

☐ **99. OTHER** (Specify): 490-26-27

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☒ **1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR 2636)** 490-28

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-29

PANEL MANUFACTURER: **VEEDER ROOT** 490-30 MODEL #: **TLS 350** 490-31

LEAK SENSOR MANUFACTURER: **VEEDER ROOT** 490-32 MODEL #(S): **208** 490-33

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN ☒ a. YES ☐ b. NO 490-34

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN ☒ a. YES ☐ b. NO 490-35

☒ **2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR 2636)** 490-36

MLLD MANUFACTURER(S): **RED JACKET** 490-37 MODEL #(S): **FX 1V** 490-38

☐ **3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCRR 2636)** 490-39

ELLD MANUFACTURER(S): 490-40 MODEL #(S): 490-41

PROGRAMMED IN LINE LEAK TEST: ☐ 1. MINIMUM MONTHLY 0.2 g.p.h. ☐ 2. MINIMUM ANNUAL 0.1 g.p.h. 490-42

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN ☐ a. YES ☒ b. NO 490-43

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN ☐ a. YES ☒ b. NO 490-44

☐ **4. PIPE INTEGRITY TESTING** 490-45

TEST FREQUENCY ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) 490-46 490-47

☐ **5. VISUAL PIPE MONITORING** 490-48

TEST FREQUENCY ☐ a. DAILY ☐ b. WEEKLY ☐ c. MIN.MONTHLY & EACH TIME SYSTEM OPERATED* 490-49

* Allowed for monitoring of unburied emergency generator fuel piping only per HSC 25281.5 (b)(3)

☐ **6. SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR 2636(a)(3)].** 490-50

☐ **7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM** 490-51

☐ **99. OTHER** (Specify) 490-52-53

MONITORING PLAN

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD 490-54a

☐ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBLY ☒ 3. ELECTRONIC STAND-ALONE 490-54b

☐ 4. NO DISPENSERS ☐ 99. OTHER (Specify)

PANEL MANUFACTURER:	490-55	MODEL #:	490-56
LEAK SENSOR MANUFACTURER: **BEAUDREAU**	490-57	MODEL #(S): **406**	490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS	☐ a. YES	☒ b. NO	490-59
UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN	☐ a. YES	☒ b. NO	490-60
FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN	☐ a. YES	☒ b. NO	490-61
LEAK SENSOR MANUFACTURER:	☒ a. YES	☐ b. NO	490-62

2. UDC CONSTRUCTION IS ☒ 1. SINGLE-WALLED ☐ 2. DOUBLE-WALLED 490-63

IF DOUBLE WALLED: 490-64a

UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ 1. LIQUID ☐ 2. PRESSURE ☐ 3. VACCUM

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS ☐ a. YES ☐ b. NO 490-64b

VII. PERIODIC SYSTEM TESTING

☐ 1. **ELD TESTING:** THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR 2644.1) 490-65

☒ 2. **SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.** 490-66

☒ 3. **SPILL BUCKETS ARE TESTED ANNUALLY.** 490-67

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:

☒ Alarm logs 490-68a ☒ Visual inspection records 490-68b ☐ Tank integrity testing results 490-68c

☐ SIR testing results (and supporting documentation records) 490-68d ☐ Tank gauging results (and supporting documentation records) 490-68e

☐ ATG Testing results (and supporting documentation records) 490-68f ☐ Corrosion protection 60-day logs 490-68g

☒ Equipment maintenance and calibration records 490-68h

IX. TRAINING

☒ Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties. 490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

☒ THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b

☒ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c

☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d

☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e

☐ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS-MANUAL AND STATISTICAL INVENTORY RECONCILLIATION" 490-69f

☐ SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g

☐ OTHER (Specify): 490-69h-69i

☒ This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). 490-70
The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following:

- Operation of the UST systems in a manner consistent with the facilitiy's best management practices
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
- The facility employee's role with regard to spills and overfills as specified in the UST Response Plan
- Names of contact person(s) for emergencies and monitoring alarms.

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly.
The following person(s) are responsible for performing the monitoring and equipment maintenance:

NAME 490-72 TITLE 490-73

NAME 490-74 TITLE 490-75

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

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

APPLICANT SIGNATURE	490-76	DATE:	490-77
REPRESENTING: ☐ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner			
APPLICANT NAME (print):	490-78	APPLICANT TITLE:	490-79

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

Local Agency Signature: Vicky Rivera Date: JAN 17 2013

Comments or Special Conditions:

MONITORING PLAN

Kern County Environmental Health Services Department
2700 M Street, Suite 300
Bakersfield, CA 93301
(661) 862-8740 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANK

TYPE OF ACTION ☐ 1. NEW PLAN ☐ 2. CHANGE OF INFORMATION 490-1

PLAN TYPE (Check one item only) ☐ 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY 490-2
☒ 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S) **2 - PREMIUM UNLEADED**

I. FACILITY INFORMATION

FACILITY ID# *(Agency Use Only)* **FA0002691** 1

BUSINESS NAME (Same as FACILITY NAME) **JOHNNY QUIK #143** 3

BUSINESS SITE ADDRESS **2126 TAFT HWY** 103 CITY **BAKERSFIELD** 104

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel. (23 CCR 2632, 2634, 2638, 2641)

MONITORING EQUIPMENT IS SERVICED ☒ 1. ANNUALLY ☐ 99. OTHER (Specify) 490-3a-b

III. MONITORING LOCATIONS

☐ **1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN.** ☒ **2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (23 CCR 2632, 2634)** 490-4

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):

☒ **1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR 2632, 2634)** 490-5

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-6

PANEL MANUFACTURER: **VEEDER ROOT** 490-7 MODEL #: **TLS 350** 490-8

LEAK SENSOR MANUFACTURER: **VEEDER ROOT** 490-9 MODEL #(S): **420** 490-10

☐ **2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). (23 CCR 2643)** 490-11

PANEL MANUFACTURER: 490-12 MODEL #: 490-13

IN-TANK PROBE MANUFACTURER: 490-14 MODEL #(S): 490-15

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY 490-16
☐ d. MONTHLY ☐ e. OTHER (Specify): 490-17

PROGRAMMED TESTS: ☐ a. 0.1 g.p.h. ☐ b. 0.2 g.p.h. ☐ c. OTHER (Specify): 490-18-19

☐ **3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR 2646.1):** 490-20

☐ **4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR 2645).** TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS 490-21-22

☐ **5. TANK INTEGRITY TESTING (23 CCR 2643.1):** 490-23

TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALLY ☐ c. OTHER (Specify): 490-24-25

☐ **99. OTHER** (Specify): 490-26-27

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☒ **1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR 2636)** 490-28

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-29

PANEL MANUFACTURER: **VEEDER ROOT** 490-30 MODEL #: **TLS 350** 490-31

LEAK SENSOR MANUFACTURER: **VEEDER ROOT** 490-32 MODEL #(S): **208** 490-33

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN ☒ a. YES ☐ b. NO 490-34

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN ☒ a. YES ☐ b. NO 490-35

☒ **2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR 2636)** 490-36

MLLD MANUFACTURER(S): **RED JACKET** 490-37 MODEL #(S): **FX 1V** 490-38

☐ **3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCRR 2636)** 490-39

ELLD MANUFACTURER(S): 490-40 MODEL #(S): 490-41

PROGRAMMED IN LINE LEAK TEST: ☐ 1. MINIMUM MONTHLY 0.2 g.p.h. ☐ 2. MINIMUM ANNUAL 0.1 g.p.h. 490-42

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN ☐ a. YES ☒ b. NO 490-43

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN ☐ a. YES ☒ b. NO 490-44

☐ **4. PIPE INTEGRITY TESTING** 490-45

TEST FREQUENCY ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) 490-46 490-47

☐ **5. VISUAL PIPE MONITORING** 490-48

TEST FREQUENCY ☐ a. DAILY ☐ b. WEEKLY ☐ c. MIN.MONTHLY & EACH TIME SYSTEM OPERATED* 490-49

* Allowed for monitoring of unburied emergency generator fuel piping only per HSC 25281.5 (b)(3)

☐ **6. SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR 2636(a)(3)].** 490-50

☐ **7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM** 490-51

☐ **99. OTHER** (Specify) 490-52-53

MONITORING PLAN

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD 490-54a

☐ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBLY ☒ 3. ELECTRONIC STAND-ALONE 490-54b

☐ 4. NO DISPENSERS ☐ 99. OTHER (Specify)

PANEL MANUFACTURER:	490-55	MODEL #:	490-56
LEAK SENSOR MANUFACTURER: **BEAUDREAU**	490-57	MODEL #(S): **406**	490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS	☐ a. YES	☒ b. NO	490-59
UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN	☐ a. YES	☒ b. NO	490-60
FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN	☐ a. YES	☒ b. NO	490-61
LEAK SENSOR MANUFACTURER:	☒ a. YES	☐ b. NO	490-62

2. UDC CONSTRUCTION IS ☒ 1. SINGLE-WALLED ☐ 2. DOUBLE-WALLED 490-63

IF DOUBLE WALLED: 490-64a

UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ 1. LIQUID ☐ 2. PRESSURE ☐ 3. VACCUM

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS ☐ a. YES ☐ b. NO 490-64b

VII. PERIODIC SYSTEM TESTING

☐ 1. **ELD TESTING:** THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR 2644.1) 490-65

☒ 2. **SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.** 490-66

☒ 3. **SPILL BUCKETS ARE TESTED ANNUALLY.** 490-67

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:

☒ Alarm logs 490-68a ☒ Visual inspection records 490-68b ☐ Tank integrity testing results 490-68c

☐ SIR testing results (and supporting documentation records) 490-68d ☐ Tank gauging results (and supporting documentation records) 490-68e

☐ ATG Testing results (and supporting documentation records) 490-68f ☐ Corrosion protection 60-day logs 490-68g

☒ Equipment maintenance and calibration records 490-68h

IX. TRAINING

☒ Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties. 490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

☒ THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b

☒ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c

☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d

☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e

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☐ SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g

☐ OTHER (Specify): 490-69h-69i

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- The facility employee's role with regard to spills and overfills as specified in the UST Response Plan
- Names of contact person(s) for emergencies and monitoring alarms.

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly.
The following person(s) are responsible for performing the monitoring and equipment maintenance:

NAME	490-72	TITLE	490-73
NAME	490-74	TITLE	490-75

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

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

APPLICANT SIGNATURE	490-76	DATE:	490-77
REPRESENTING: ☐ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner			
APPLICANT NAME (print):	490-78	APPLICANT TITLE:	490-79

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

Local Agency Signature: Vicky Fuemsel Date: JAN 17 2013

Comments or Special Conditions: C

MONITORING PLAN

Kern County Environmental Health Services Department
2700 M Street, Suite 300
Bakersfield, CA 93301
(661) 862-8740 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANK

TYPE OF ACTION ☐ 1. NEW PLAN ☐ 2. CHANGE OF INFORMATION 490-1

PLAN TYPE (Check one item only)
☐ 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY 490-2
☒ 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S) **3 - DIESEL**

I. FACILITY INFORMATION

FACILITY ID# *(Agency Use Only)* **FA0002691** 1

BUSINESS NAME (Same as FACILITY NAME) **JOHNNY QUIK #143** 3

BUSINESS SITE ADDRESS **2126 TAFT HWY** 103 CITY **BAKERSFIELD** 104

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel. (23 CCR 2632, 2634, 2638, 2641)

MONITORING EQUIPMENT IS SERVICED ☒ 1. ANNUALLY ☐ 99. OTHER (Specify) 490-3a-b

III. MONITORING LOCATIONS

☐ **1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN.** ☒ **2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (23 CCR 2632, 2634)** 490-4

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):

☒ **1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR 2632, 2634)** 490-5

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-6

PANEL MANUFACTURER: **VEEDER ROOT** 490-7 MODEL #: **TLS 350** 490-8

LEAK SENSOR MANUFACTURER: **VEEDER ROOT** 490-9 MODEL #(S): **420** 490-10

☐ **2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). (23 CCR 2643)** 490-11

PANEL MANUFACTURER: 490-12 MODEL #: 490-13

IN-TANK PROBE MANUFACTURER: 490-14 MODEL #(S): 490-15

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY 490-16
☐ d. MONTHLY ☐ e. OTHER (Specify): 490-17

PROGRAMMED TESTS: ☐ a. 0.1 g.p.h. ☐ b. 0.2 g.p.h. ☐ c. OTHER (Specify): 490-18-19

☐ **3. MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR 2646.1):** 490-20

☐ **4. WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR 2645).** TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS 490-21-22

☐ **5. TANK INTEGRITY TESTING (23 CCR 2643.1):** 490-23

TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALLY ☐ c. OTHER (Specify): 490-24-25

☐ **99. OTHER** (Specify): 490-26-27

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☒ **1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR 2636)** 490-28

SECONDARY CONTAINMENT IS: ☒ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-29

PANEL MANUFACTURER: **VEEDER ROOT** 490-30 MODEL #: **TLS 350** 490-31

LEAK SENSOR MANUFACTURER: **VEEDER ROOT** 490-32 MODEL #(S): **208** 490-33

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN ☒ a. YES ☐ b. NO 490-34

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN ☒ a. YES ☐ b. NO 490-35

☒ **2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR 2636)** 490-36

MLLD MANUFACTURER(S): **RED JACKET** 490-37 MODEL #(S): **FX1DV** 490-38

☐ **3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCRR 2636)** 490-39

ELLD MANUFACTURER(S): 490-40 MODEL #(S): 490-41

PROGRAMMED IN LINE LEAK TEST: ☐ 1. MINIMUM MONTHLY 0.2 g.p.h. ☐ 2. MINIMUM ANNUAL 0.1 g.p.h. 490-42

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN ☐ a. YES ☒ b. NO 490-43

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN ☐ a. YES ☒ b. NO 490-44

☐ **4. PIPE INTEGRITY TESTING** 490-45

TEST FREQUENCY ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) 490-46 490-47

☐ **5. VISUAL PIPE MONITORING** 490-48

TEST FREQUENCY ☐ a. DAILY ☐ b. WEEKLY ☐ c. MIN.MONTHLY & EACH TIME SYSTEM OPERATED* 490-49

* Allowed for monitoring of unburied emergency generator fuel piping only per HSC 25281.5 (b)(3)

☐ **6. SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR 2636(a)(3)].** 490-50

☐ **7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM** 490-51

☐ **99. OTHER** (Specify) 490-52-53

MONITORING PLAN

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD 490-54a

☐ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBLY ☒ 3. ELECTRONIC STAND-ALONE 490-54b

☐ 4. NO DISPENSERS ☐ 99. OTHER (Specify)

PANEL MANUFACTURER:	490-55	MODEL #:	490-56
LEAK SENSOR MANUFACTURER: **BEAUDREAU**	490-57	MODEL #(S): **406**	490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS	☐ a. YES	☒ b. NO	490-59
UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN	☐ a. YES	☒ b. NO	490-60
FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN	☐ a. YES	☒ b. NO	490-61
LEAK SENSOR MANUFACTURER:	☒ a. YES	☐ b. NO	490-62

2. UDC CONSTRUCTION IS ☒ 1. SINGLE-WALLED ☐ 2. DOUBLE-WALLED 490-63

IF DOUBLE WALLED: 490-64a

UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ 1. LIQUID ☐ 2. PRESSURE ☐ 3. VACCUM

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS ☐ a. YES ☐ b. NO 490-64b

VII. PERIODIC SYSTEM TESTING

☐ 1. **ELD TESTING:** THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR 2644.1) 490-65

☒ 2. **SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.** 490-66

☒ 3. **SPILL BUCKETS ARE TESTED ANNUALLY.** 490-67

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:

☒ Alarm logs 490-68a ☒ Visual inspection records 490-68b ☐ Tank integrity testing results 490-68c

☐ SIR testing results (and supporting documentation records) 490-68d ☐ Tank gauging results (and supporting documentation records) 490-68e

☐ ATG Testing results (and supporting documentation records) 490-68f ☐ Corrosion protection 60-day logs 490-68g

☒ Equipment maintenance and calibration records 490-68h

IX. TRAINING

☒ Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties. 490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

☒ THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b

☒ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c

☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d

☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e

☐ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS-MANUAL AND STATISTICAL INVENTORY RECONCILLIATION" 490-69f

☐ SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g

☐ OTHER (Specify): 490-69h-69i

☒ This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). 490-70
The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following:

- Operation of the UST systems in a manner consistent with the facilitiy's best management practices
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
- The facility employee's role with regard to spills and overfills as specified in the UST Response Plan
- Names of contact person(s) for emergencies and monitoring alarms.

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly.
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NAME	490-72	TITLE	490-73
NAME	490-74	TITLE	490-75

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

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REPRESENTING: ☐ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner			
APPLICANT NAME (print):	490-78	APPLICANT TITLE:	490-79

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

Local Agency Signature: [signature] Date: JAN 17 2013

Comments or Special Conditions:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/28/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Wilson Paves & Associates 3636 Pegasus Drive Bakersfield CA 93308	CONTACT NAME: Adriann Gomez PHONE (A/C, No, Ext): (661) 327-3111 FAX (A/C, No): (661) 327-1262 E-MAIL ADDRESS: agomez@wilsonpaves.com
INSURED D 'N J Construction, Inc. 3430 Gilmore Avenue #A Bakersfield CA 93308	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Great American Insurance Co. — 16691 INSURER B: Wesco Insurance Company — 25011 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 11/26/12-13 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Pollution Liability X Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			02GL863452	11/26/2012	11/26/2013	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ Excluded $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS			WPA103011602	2/18/2013	2/18/2014	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $
A	Bailee/Cargo			02IM49438	11/26/2012	11/26/2013	Limit Deductible	$100,000.00 $1,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Kern County Environmental Health
Attn: Marty Brownfield
2700 M Street
Bakersfield, CA 93301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Dan Paves/AG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/23/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER	CONTACT NAME: Adriann Gomez
Wilson Paves & Associates 3636 Pegasus Drive Bakersfield CA 93308	PHONE (A/C, No, Ext): (661) 327-3111 FAX (A/C, No): (661) 327-1262 E-MAIL ADDRESS: agomez@wilsonpaves.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: State Compensation Ins Fund	35076
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
D 'N J Construction, Inc.
3430 Gilmore Avenue #A

Bakersfield CA 93308

COVERAGES **CERTIFICATE NUMBER: 13-14WC** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		90386272013	1/1/2013	1/1/2014	X WC STATU-TORY LIMITS ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Kern County Environmental Health
Attn: Marty Brownfield
2700 M Street
Bakersfield, CA 93301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Dan Paves/ML

DEPARTMENT OF CONSUMER AFFAIRS
Contractors State License Board

Contractor's License Detail - License # 792494

DISCLAIMER: A license status check provides information taken from the CSLB license database. Before relying on this information, you should be aware of the following limitations.

- CSLB complaint disclosure is restricted by law (B&P 7124.6) If this entity is subject to public complaint disclosure, a link for complaint disclosure will appear below. Click on the link or button to obtain complaint and/or legal action information.
- Per B&P 7071.17 , only construction related civil judgments reported to the CSLB are disclosed.
- Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
- Due to workload, there may be relevant information that has not yet been entered onto the Board's license database.

License Number	**792494** **Extract Date** 5/3/2013
Business Information	D N J CONSTRUCTION INC Business Phone Number: (661) 864-1023 3430-A GILMORE AVENUE BAKERSFIELD, CA 93308
Entity	Corporation
Issue Date	03/14/2001
Expire Date	03/31/2015
License Status	**ACTIVE** This license is current and active. **All information below should be reviewed.**

Classifications

CLASS	DESCRIPTION
A	GENERAL ENGINEERING CONTRACTOR
B	GENERAL BUILDING CONTRACTOR

Certifications

CERT	DESCRIPTION
HAZ	HAZARDOUS SUBSTANCES REMOVAL

Bonding

CONTRACTOR'S BOND

This license filed a Contractor's Bond with
AMERICAN CONTRACTORS INDEMNITY COMPANY.

Bond Number: 9036423

Bond Amount: $12,500

Effective Date: 01/01/2007

Contractor's Bond History

BOND OF QUALIFYING INDIVIDUAL

1. This license filed Bond of Qualifying Individual number **9036424** for WEGENER DOUGLAS EARL in the amount of **$12,500** with AMERICAN CONTRACTORS INDEMNITY COMPANY.

Effective Date: 01/01/2007
BQI's Bond History

Workers' Compensation	**WORKERS' COMPENSATION** This license has workers compensation insurance with STATE COMPENSATION INSURANCE FUND **Policy Number:** 9038627 **Effective Date:** 01/01/2013 **Expire Date:** 01/01/2014 Workers' Compensation History

Personnel List

State Of California

CONTRACTORS STATE LICENSE BOARD

ACTIVE LICENSE

Consumer Affairs

License Number **792494** Entity CORP

Business Name D N J CONSTRUCTION INC

Classification(s) A B HAZ

Expiration Date 03/31/2015

www.cslb.ca.gov

International Code Council
500 New Jersey Avenue, NW
Washington, DC 20001

The individual named hereon is CERTIFIED in the categories shown, having been so certified pursuant to successful completion of the prescribed written examinations.

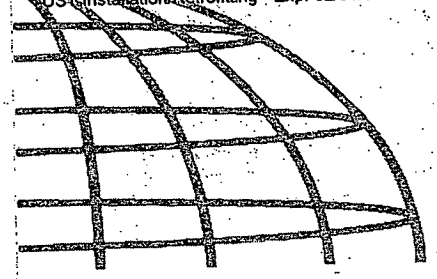
Not valid unless signed by certificate holder.
ICC Certification attests to competent knowledge of codes and standards.

International Code Council
500 New Jersey Avenue, NW
Washington, DC 20001

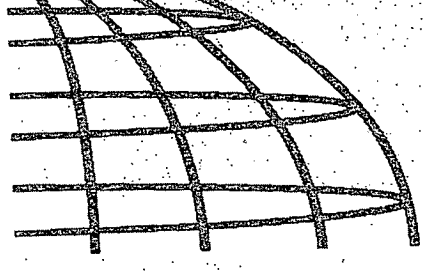
The individual named hereon is CERTIFIED in the categories shown, having been so certified pursuant to successful completion of the prescribed written examinations.

Not valid unless signed by certificate holder.
ICC Certification attests to competent knowledge of codes and standards.

Daniel D Cruz - 5255732
UST Installation/Retrofitting - Exp. 02/01/2014



Daniel D Cruz - 5255732
Vapor Recovery System Installation and Repair - Exp. 07/19/2014



Home > My ICC

Certified Professional Information:

Last, First MI: Cruz, Daniel D

Certified under this name: Daniel D Cruz

Address: 3430 A GILMORE AVE
DNJ CONSTRUCTION INC

City, State Zip: BAKERSFIELD, CA 93308

Phone: (661)201-3708

Certification Type(s): UST Installation/Retrofitting (expires 02/01/2014)
Vapor Recovery System Installation and Repair (expires 07/19/2014)

Contact Information

1-888-ICC-SAFE (422-7233), ext. 5524

Contact Us

Listings here may not reflect today's changes, additions, exam results, or certifications from organizations other than ICC (including BOCA, ICBO, and SBCCI). Listings are updated nightly on this web site, so please allow a full 24 hours for changes to be reflected here. ICC certification for code enforcement professions attests to competent knowledge of construction codes and standards in effect on the date of certification or renewal.

ICC does its best to maintain the privacy requests of its members and constituents. If you believe that phone number or address information listed here should not be displayed please contact us at 1-888-ICC-SAFE (422-7233) between 8am and 7pm (CT) for personal assistance.

Terms of Use: This listing is provided as a service to the constituents of ICC for these purposes: locating a certified professional or contractor in your area, or confirming status for individuals. Any other use, sale, transfer, or reproduction in any form without the express written consent of ICC is strictly prohibited. ICC reserves the right to incorporate some false names to detect improper use of this service.

Daniel D. Cruz

Certification Type(s):
Doublewall + Retrofit

Company: D N J Construction
State: California
Expires: 10 / 31 / 2013

made in USA

www.SBRAVO.com

— Fiberglass sumps UDC's

NOV Fiber Glass Systems

Daniel D. Cruz

has successfully completed Bonder Training as set forth in the Fiber Glass Systems' Total Quality Installation Program for the installation of UL listed primary and secondary containment products.

3/1/2012
Date

Renewal of the bonder certification is recommended every three years or when the specific bonding process has not been practiced for a period of six months.

— AO Smith pipe

TRAINING CERTIFICATE

PRESENTED TO:

Jerry Hale

Of: DNJ Construction.

Has successfully completed a training course for:

Single Wall Tank Sumps

CERTIFICATION DATE: 04/24/13

Valid: April 24, 2013 to April 24, 2015

CERTIFIED BY: Ron Trengove

Western Fiberglass, Inc. • 1555 Copperhill Parkway • Santa Rosa, CA 95403
Ph: (800) 688-3375 or (707) 523-2050

#5

ANN K. BARNETT
Kern County Auditor-Controller-County Clerk
1115 Truxtun Ave, Bakersfield, CA 93301
(661) 868-3588

FICTITIOUS BUSINESS NAME STATEMENT

1 Fictitious Business Name (DBA) (If listing more than two DBAs, attach additional sheets as needed.)

DBA #1	JOHNNY QUIK #143	2011-B3647
DBA #2		

2

Street address of principal place of business				Mailing address of business (Write out, do not enter "same")		
2126 TAFT HWY				2126 TAFT HWY		
City	State	Zip	County	City	State	Zip
BAKERSFIELD	CA	93313	KERN	BAKERSFIELD	CA	93313

3 Registrants

A

Last name of individual, partner, or name of Corporation, LLC, or LP				State of Incorporation or organization
GHUMAN				
First name of individual or partner				
KULJIT				
Street address (P.O. Box not acceptable)	City	State	Zip	
1001 NICKI CT	Bakersfield	CA	93307	

B

Last name of individual, partner, or name of Corporation, LLC, or LP				State of Incorporation or organization
First name of individual or partner				
Street address (P.O. Box not acceptable)	City	State	Zip	

4 Choose the option that best describes how the business is being conducted (See instructions for table of one-letter codes.) — A - Individual

5 Insert the date the business commenced (mm/dd/yyyy) If the business has not started, enter "N/A" — 08/01/1996

NOTICE: IN ACCORDANCE WITH SUBDIVISION (A) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (B) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

I declare that all the information in this statement is true and correct. (A registrant who declares as true information which he or she knows to be false is guilty of a misdemeanor.)

Signature	KSGhuman
Printed name and if Corp or LLC, state title	KULJIT GHUMAN
Daytime Telephone Number	☐ Check here if you do not want your number published

DO NOT TYPE OR WRITE BELOW THIS LINE - COUNTY CLERK USE ONLY

Date Statement Filed	Date Statement Expires	ANN K. BARNETT, Auditor-Controller-County Clerk
06/09/2011	06/09/2016	By: JJ Hawley / M Hawley

PUBLICATION NOTICE

X Initial/renewal with changes - Must be published once a week for four successive weeks (publication to start within 30 days of the file date) and an affidavit of publication must be filed with the County Clerk within 30 days after publication has been completed.

Renewal - Publication is not required, pursuant to Business and Professions Code Section 17917 (c)

BANK CERTIFICATION

I hereby certify that the foregoing is a correct copy of the original filed in my office on 06/09/2011
ANN K. BARNETT, Auditor-controller-County Clerk, By: JJ Hawley / M Hawley /Deputy Clerk.

County Clerk Copy	Bank Copy	Newspaper Copy	Registrant Copy	DBA #1

2011-B3647

ENVIRONMENTAL HEALTH PERMIT

KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT

ENVIRONMENTAL HEALTH SERVICES DIVISION

2700 M ST SUITE 300 BAKERSFIELD CA 93301

(661) 862-8740 www.co.kern.ca.us/eh e-mail: eh@co.kern.ca.us

REGULATED FACILITY:
JOHNNY QUIK #143
2126 TAFT HWY
BAKERSFIELD CA 93313

OWNER(S) OF RECORD:
KULJIT SINGH GHUMAN
FA ID: FA0002691

General Health Program		Permit #	Additional Information
BUS PLAN MED LOW RISK 1 UNIT		0000313	
UNDERGROUND STORAGE TANK PROGRAM	(See tank information on back)	0013545	Expiration: 06/30/2016
FOOD MARKET		0007207	FOOD MARKET
TOBACCO RETAILER		0019019	TOBACCO

Permit Issued: 01/01/2012

Matthew Constantine
Public Health Services Director

This ENVIRONMENTAL HEALTH PERMIT is issued to the owner(s) and establishment shown above subject to compliance with all applicable laws and regulations. Permit is valid unless revoked or suspended for violation of applicable laws and regulations.

PERMIT IS NON-TRANSFERABLE AND MUST BE PROMINENTLY DISPLAYED IN THE PLACE OF BUSINESS

Make checks payable to:

INVOICE

COUNTY OF KERN
ENVIRONMENTAL HEALTH SERVICES DEPARTMENT
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301-2730
(661) 862-8713 Food
(661) 862-8714 Solid Waste
(661) 862-8733 Haz Mat
(661) 862-8797 Water/Housing

Invoice ID	Account ID	Date
IN0252098	AR0002691	04/19/2013

FA0002691
JOHNNY QUIK #143

To avoid 50% Penalty, pay by: 01/01/1999
Total Due: $1,770.00
Amount Paid:

We Now Accept Visa and Mastercard Payments

KULJIT SINGH GHUMAN
JOHNNY QUIK #143
2126 TAFT HWY
BAKERSFIELD, CA 93313

Please return the top portion of this invoice notice with payment

County of Kern
Environmental Health Services Department

RE: JOHNNY QUIK #143, FA0002691
2126 TAFT HWY
BAKERSFIELD, CA 93313

Date	Program Element	Description	Record Identifier	Amount
Invoice # IN0252098 -- Date of Invoice: 04/19/2013				
04/19/2013	CS04	UST MODIFICATION	PR0003004	1,770.00

Total For this Invoice: 1,770.00

Total Amount Due for this Invoice
-- Please Remit this Amount -- $1,770.00

You must notify Environmental Health of any changes of :
* Ownership * Billing Address
* Business Name * Closure

FAILURE to notify Environmental Health may result in LATE PENALTIES, PERMIT DENIAL, OR REVOCATION
Permits and Fees Paid are NOT TRANSFERABLE

OFFICIAL RECEIPT
COUNTY OF KERN

B 32671

Bakersfield, CALIF. REF. No. FA 2691 DATE 4-19 20 13

RECEIVED FROM DAJ Construction - Ghuman

THE SUM OF Seventeen hundred & seventy DOLLARS $ 1770-

ACCOUNT OF Johnny Quick #143
2126 Taft Hwy Taft, CA

ACCOUNT		HOW PAID		
AMT. OF ACCOUNT	$ 1770-	CASH	☐	ENVIRONMENTAL HEALTH DIVISION
AMT. PAID	$ 1770-	CHECK	☑ 2247 (BANK NO.)	
BALANCE DUE	$ 0	M. O.	☐ (AGENCY)	BY LEN

White - Customer Copy | Canary - Accounting Copy | Pink - Book Copy

---

KULJIT S. GHUMAN
EVANGELINE GHUMAN
1001 NICKI CT
BAKERSFIELD, CA 93307-5194

90-7162 / 3222 41568 2247

DATE 04/19/13

PAY TO THE ORDER OF Kern County EHD $1770 00

One thousand seven hundred seventy only

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO

KGhuman

⑆322271627⑆ 877298594⑈2247

CERTIFICATION OF INSTALLATION / MODIFICATION

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8700 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANKS
(one form per project) Page ____ of ____

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)*

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.
JOHNNY QUICK #143

BUSINESS SITE ADDRESS 103.
2126 TAFT HWY

CITY 104.
BAKERSFIELD 93313

II. INSTALLATION / MODIFICATION PROJECT DESCRIPTION

TYPE OF PROJECT (Check all that apply) 483a.
- ☐ 1. TANK INSTALLATION OR REPLACEMENT
- ☒ 2. PIPING INSTALLATION OR REPLACEMENT
- ☒ 3. SUMP INSTALLATION OR REPLACEMENT
- ☐ 4. UNDER DISPENSER CONTAINMENT INSTALLATION OR REPLACEMENT
- ☐ 5. OTHER

WORK AUTHORIZED UNDER PERMIT (Number or Date): 483b.
FA0002691

DESCRIPTION OF WORK BEING CERTIFIED: 483c
REPLACED: (A.O. SMITH RED THREAD II)
- PRODUCT PIPING PRIMARY, SECONDARY, (3) PRODUCTS
  - 87 UNLEAD
  - 91 UNLEAD
  - DIESEL

INSTALLED: (WESTERN FIBER GLASS)
- (3) TURBIN 42" SINGLE WALL FIBERGLASS SUMPS

III. CONTRACTOR INFORMATION

NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION 482a.
DNJ CONSTRUCTION INC.

CONTRACTOR LICENSE # 482b.
792494

ICC CERTIFICATION # 482c.
5255732

IV. CERTIFICATION

I certify that the information provided herein is true, accurate, and that the following conditions have been satisfied:

- The installer has met the requirements set forth in 23 CCR §2715, subdivisions (g) and (h).
- The underground storage tank, any primary piping, and any secondary containment was installed according to applicable voluntary consensus standards and any manufacturer's written installation instructions.
- All work listed in the manufacturer's installation checklist has been completed.
- The installation has been inspected and approved by the local agency, or if required by the local agency, inspected and certified by a registered professional engineer having education and experience with underground storage tank system installations.

SIGNATURE OF TANK OWNER OR OWNER'S AGENT
Daniel D. Cruz

DATE 484.
6-7-13

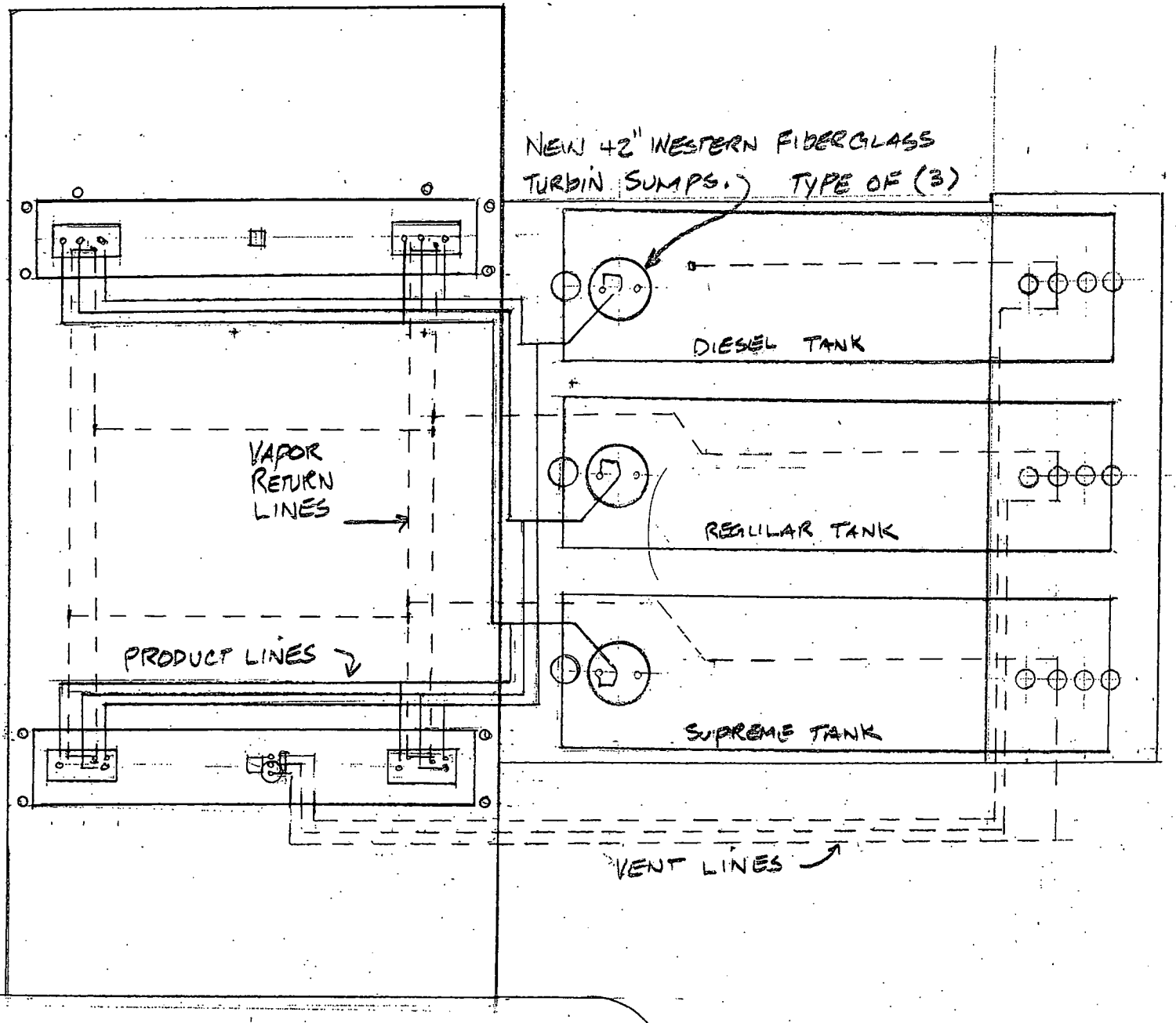
PHONE 487.
661-864-1023

CERTIFIER'S NAME (print) 485
DANIEL D. CRUZ

CERTIFIER'S TITLE: 486.
UST INSTALLATION / RETROFITTING SUP.

NAME OF CERTIFIER'S EMPLOYER (DBA) 488
DNJ CONST. INC.

CERTIFIER'S RELATIONSHIP TO TANK OWNER 489.
- ☐ 1. TANK OWNER
- ☐ 2. TANK OPERATOR
- ☒ 3. CONTRACTOR
- ☐ 4. PROPERTY OWNER
- ☐ 5. OTHER AUTHORIZED AGENT OF TANK OWNER



(PIPING DIA.)

REVISED 6-6-13 1/8" SCALE

JOHNNY QUICK SHELL, 2126 TAFT HWY 119/HWY 99 BAKERSFIELD, CA. 93313

MATTHEW CONSTANTINE, DIRECTOR
PUBLIC HEALTH SERVICES

ENVIRONMENTAL HEALTH
DIVISION
2700 M STREET, SUITE 300, BAKERSFIELD, CA 93301-2370
VOICE: (661) 862-8740 FAX: (661) 862-8701
Web: www.co.kern.ca.us/eh E-mail: eh@co.kern.ca.us
"ONE VOICE"

CLAUDIA JONAH, MD
PUBLIC HEALTH OFFICER

PERMIT TO CONSTRUCT or MODIFY
UNDERGROUND STORAGE FACILITY

Facility ID: FA0002691

☐ NEW CONSTRUCTION ☒ MODIFICATION

FACILITY NAME/ADDRESS	OWNER(S) NAME/ADDRESS:	CONTRACTOR NAME/ADDRESS
Johnny Quik #143 2126 Taft Hwy Bakersfield, CA 93313	Kuljit Ghuman 2126 Taft Hwy Bakersfield, CA 93313	Rich Environmental 5643 Brooks Ct Bakersfield, CA 93308
		License # 1064166
	Phone No. (661) 363-9115	Phone No. (661) 392-8687
DATE ISSUED: 11/01/2012	**EXPIRES ON: 05/01/2013**	**APPROVED BY: Jeffrey S. Marshall**

POST ON PREMISES

CONDITIONS:

1. All construction to be as per facility plans approved by this department and verified by inspection by Permitting Authority.
2. All equipment and materials in this construction must be installed in accordance with all manufacturers' specifications.
3. Any individual installing underground storage tank systems components shall possess a current underground storage tank system installer certification from the International Code Council (ICC), which indicates that the individual has passed the ICC UST Installation/Retrofitting exam.
4. Permittee must contact Permitting Authority for on-site inspection(s) with 48-hour advance notice.
5. Backfill material for piping and tanks to be as per manufacturers' specifications.
6. Construction inspection record card is included with permit given to Permittee. This card must be posted at job site prior to initial inspection. Permittee must contact Permitting Authority and arrange for each group of required inspections numbered as per instructions on card. Generally, inspections will be made of:
   a. Piping system with secondary containment
   b. Any other inspection deemed necessary by Permitting Authority.
7. Primary and secondary containment of both tank(s) and underground piping must not be subject to physical or chemical deterioration due to the substance(s) stored in them. Documentation from tank, piping, and seal manufacturers of compatibility with these substance(s) must be submitted to Permitting Authority prior to construction.
8. A Secondary Containment Test (SB 989) shall be conducted on all repaired equipment within six (6) months of the completed repairs.
9. A Certificate of Installation/Modification shall be completed and submitted once all repairs have been completed.

ACCEPTED BY: _____ DATE: 11-6-12

KERN COUNTY ENVIRONMENTAL
HEALTH DIVISION
HAZARDOUS MATERIALS PROGRAM

INSPECTION RECORD

POST CARD AT JOBSITE

2700 "M" STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8740

PERMIT #: **FA 0002691**	OWNER: **Kuljit Ghuman**
FACILITY: **Johnny Quik #143**	CONTACT: **James J. Rich**
ADDRESS: **2126 Taft Hwy**	ADDRESS: **2126 Taft Hwy**
CITY: **Bakersfield**	CITY: **Bakersfield**
PHONE #: (661) 834-9113	PHONE #: (661) 392-8687

INSTRUCTIONS: Please call for an inspection or submit the requested information when ready. They will run in consecutive order beginning with number 1. DO NOT cover work for any numbered group or continue with the next phase of work until all items in that group are signed off by the Permitting Authority. Following these instructions will reduce the number of required inspection visits and therefore the assessment of additional fees.

	INSPECTION	DATE	INSPECTOR
	- TANKS & BACKFILL -		
1	Backfill of tanks	N/A	
1	Copy of installation check list	N/A	
1	Spark Test Certificate	N/A	
	- PIPING SYSTEM -		
1	Primary piping, vapor, and vent lines pressure/soap test	N/A	
2	Corrosion protection of piping & fill pipe	N/A	
	- SECONDARY CONTAINMENT -		
2	Secondary piping, vapor and vent lines pressure/soap test		
2	Sump and UDC test		
2	Electrical Conduits	N/A	

Please contact the Fire Department at (661) 391-7082 and Building (electrical) Department at (661) 862-8661 to schedule final inspections with them before calling this department for the final inspection.

	- FINAL -		
3	Overspill boxes / Drop tube valves	N/A	
3	Line Leak Detectors and Positive Shut Down	N/A	
3	Electrical Seal Offs and Sealed Field Connections	N/A	
3	Monitor System Check	N/A	
3	Enhanced Leak Detection (ELD) test of system	N/A	
3	As-built drawings (if required)	N/A	
3	Monitoring Requirements	N/A	
3	Submittal of owner information and Form C	N/A	

CONTRACTOR: Rich Environmental LICENSE #: 1064166
CONTACT: James J Rich PHONE #: (661) 392-8687

CR-3201
FA-2691 EV.166

OPERATING PERMIT APPLICATION – FACILITY INFORMATION

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8700 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANK

(one page per site) Page ___ of ___

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

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 404.: 3
FACILITY ID # (Agency Use Only) 1.:
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.: JOHNNY QUICK #143
BUSINESS SITE ADDRESS 103.: 2126 TAFT Hwy
CITY 104.: BAKERSFIELD
FACILITY TYPE 403.: ☒ 1. MOTOR VEHICLE FUELING ☐ 2. FUEL DISTRIBUTION ☐ 3. FARM ☐ 4. PROCESSOR ☐ 6. OTHER
Is the facility located on Indian Reservation or Trust lands? 405.: ☐ Yes ☐ No

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407.: KULJIT GHUMAN
PHONE 408.: (661) 834-9113
MAILING ADDRESS 409.: 2126 TAFT Hwy
CITY 410.: BAKERSFIELD
STATE 411.: CA
ZIP CODE 412.: 93313

III. TANK OPERATOR INFORMATION ☒ Check if same as Property Owner

TANK OPERATOR NAME 428-1.:
PHONE 428-2.: ( )
MAILING ADDRESS 428-3.:
CITY 428-4.:
STATE 428-5.:
ZIP CODE 428-6.:

IV. TANK OWNER INFORMATION ☒ Check if same as Property Owner

RECEIVED
OCT - 8 2012
KERN COUNTY
ENVIRONMENTAL HEALTH SERVICES

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

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

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

VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: 423
☒ 1. FACILITY OWNER ☐ 4. TANK OPERATOR
☐ 3. TANK OWNER ☐ 5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies Only) 406.:

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE
DATE 424.: 10-1-12
PHONE 425.: (661) 706-8687
APPLICANT NAME (print) 426.: JAMES T RUEF
APPLICANT TITLE 427.: CONTRACTOR

UST Operating mit Application – Facility Informat Instructions
(Formerly SWRCB UST Permit Application Form A and UPCF Form hwfwrc-a)

Complete this form for all new permits, permit changes, or facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless approval is required prior to making the changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application – Facility Information form per facility, regardless of the number of USTs located at the facility. If not already on file with the Kern County Environmental Health Services Division (KCEHSD), the tank owner must submit with this form, a current UST Operating Permit Application – Tank Information form for each UST; a UST Monitoring Plan and a UST Response Plan pursuant to 23 CCR § 2632, 2634 and 2641; and, for USTs containing petroleum, a certification of financial responsibility pursuant to 23 CCR § 2807.

The following documents, at a minimum, are also required, if applicable:

- ☐ Written agreement between UST Owner and UST Operator per Health and Safety Code § 25284(a)(3);
- ☐ Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

Please number all pages of your submittal. This helps the Kern County Environmental Health Services Division (KCEHSD) identify whether the submittal is complete and if any pages are separated. (Note: Numbering of these instructions matches the data element numbers on the form.)

400. TYPE OF ACTION – Check the reason this form is being submitted. CHECK ONE ITEM ONLY.
404. TOTAL NUMBER OF USTs AT SITE – Indicate the number of tanks that will remain on the site after the requested action.
1. FACILITY ID NUMBER – Leave this blank. This number is assigned by KCEHSD. This is the unique number which identifies your facility.
3. BUSINESS NAME – Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)).
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
403. FACILITY TYPE – Indicate the type of facility.
405. INDIAN RESERVATION OR TRUST LANDS – Check whether the facility is located on an Indian reservation or other trust lands.

407. PROPERTY OWNER NAME – 408. PROPERTY OWNER PHONE – 409. PROPERTY OWNER MAILING ADDRESS – 410. PROPERTY OWNER CITY – 411. PROPERTY OWNER STATE – 412. PROPERTY OWNER ZIP CODE –	Complete items 407 - 412 for the property owner. Include the area code and any extension number.

428-1. TANK OPERATOR NAME – 428-2. TANK OPERATOR PHONE – 428-3. TANK OPERATOR MAILING ADDRESS – 428-4. TANK OPERATOR CITY – 428-5. TANK OPERATOR STATE – 428-6. TANK OPERATOR ZIP CODE –	Complete items 428-1 to 428-6 for the UST operator. Include the area code and any extension number.

414. TANK OWNER NAME – 415. TANK OWNER PHONE – 416. TANK OWNER MAILING ADDRESS – 417. TANK OWNER CITY – 418. TANK OWNER STATE – 419. TANK OWNER ZIP CODE –	Complete items 414 - 419 for the UST owner. Include the area code and any extension number.

420. TANK OWNER TYPE – Check the type of tank ownership.
421. BOE NUMBER – Enter your State Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: Board of Equalization, Fuel Taxes Division, P O Box 942879, Sacramento, CA 94279-0030.
423. PERMIT HOLDER INFORMATION – Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent.
406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR – If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.
APPLICANT SIGNATURE – The application form must be signed, in the space provided, by:
- The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or
- If the UST(s) is/are owned by a corporation, partnership, or public agency:
  1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or
  2.) A general partner or proprietor; or
  3.) A principal executive officer, ranking elected official, or authorized representative of a public agency.

424. DATE – Enter the date the form was signed.
425. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
426. APPLICANT NAME – Print or type the full name of the person signing the form.
427. APPLICANT TITLE – Enter the title of the person signing the form.

OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8700 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANKS
(one page per tank) Page ___ of ___

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430
☐ 1. NEW PERMIT ☐ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a | DATE EXISTING UST DISCOVERED: 430b

I. FACILITY INFORMATION

FACILITY ID # (*Agency Use Only*) 1

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3
JOHNNY QUICK #143

BUSINESS SITE ADDRESS 103: 2126 TAFT HWY | CITY 104: BAKERSFIELD

II. TANK DESCRIPTION

TANK ID # 432	TANK MANUFACTURER 433	TANK CONFIGURATION: THIS TANK IS 434
1		☒ 1. A STAND-ALONE TANK ☐ 2. A COMPARTMENTED UNIT
DATE UST SYSTEM INSTALLED 435	**TANK CAPACITY IN GALLONS 436**	**NUMBER OF COMPARTMENTS IN THE UNIT 437**
	10,000	1

III. TANK USE AND CONTENTS

TANK USE 439
☒ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a

CONTENTS 440
PETROLEUM: ☒ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED
☐ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a
NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL
☐ 11. OTHER NON-PETROLEUM (Specify): 440b

IV. TANK CONSTRUCTION

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

PRIMARY CONTAINMENT 444
☒ 1. STEEL ☐ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a

SECONDARY CONTAINMENT 445
☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445a

OVERFILL PREVENTION 452.
☐ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☒ 3. FILL TUBE SHUT-OFF VALVE
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 460: ☐ 1. SINGLE-WALLED ☒ 2. DOUBLE-WALLED ☐ 99. OTHER

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

PRIMARY CONTAINMENT 464
☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER(Specify): 464a

SECONDARY CONTAINMENT 464b
☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 8. FLEXIBLE ☒ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c

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

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

VENT PRIMARY CONTAINMENT	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464e 464e1
VENT SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify)	464f 464f1
VR PRIMARY CONTAINMENT	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464g 464g1
VR SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify)	464h 464h1
VENT PIPING TRANSITION SUMP TYPE	☐ 1. SINGLE WALL		☐ 2. DOUBLE WALL	☒ 90. NONE		464i.
RISER PRIMARY CONTAINMENT	☒ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464j 464j1
RISER SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify)	464k 464k1

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

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE 469a	☒ 1. SINGLE WALL	☐ 2. DOUBLE WALL	☐ 3. NO DISPENSERS	☐ 90. NONE	
CONSTRUCTION MATERIAL 469b-c	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 99. OTHER (Specify)	

VIII. CORROSION PROTECTION

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

IX. APPLICANT SIGNATURE

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

APPLICANT SIGNATURE	DATE 470.
James J. Rich	10-1-12
APPLICANT NAME (print) 471.	**APPLICANT TITLE 472.**
JAMES J RICH	CONTRACTOR

UST Operating Permit Applicati Tank Information Instructions

(Formerly SWRCB Permit Application Form B and UPCF Form hwfwrc-b)

Complete a separate form for each UST for all new permits, permit changes, and any UST system information changes. This form must be submitted within 30 days of permit or UST system information changes, unless approval is required prior to making changes. For a UST permanent closure or removal, complete only TYPE OF ACTION and Sections I, II, III, IV, and IX. Please number all pages of your submittal. This helps the Kern County Environmental Health Services Division (KCEHSD) identify whether the submittal is complete and if any pages are separated. (Note: Numbering of these instructions matches the data element numbers on the form.)

430. TYPE OF ACTION – Check the appropriate box to indicate why this form is being submitted.
430a. DATE UST PERMANENTLY CLOSED – For reporting closure only: enter the date the UST was removed or closed on site.
430b. DATE EXISTING UST DISCOVERED – Enter the date this UST was discovered. Leave blank if installation date is known.
1. FACILITY ID NUMBER – Leave this blank. This number is assigned by KCEHSD. This is the unique number which identifies your facility.
3. BUSINESS NAME – Enter the complete facility name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
432. TANK ID # –Applicant may enter the owner's tank identification number or leave this space blank. The (KCEHSD) will assign the State tank identification number as the unique identifier for the tank.
433. TANK MANUFACTURER – Enter the name of the company that manufactured the tank.
434. TANK CONFIGURATION. Check the appropriate box to indicate if the tank is a stand-alone tank or a compartmented tank.
435. DATE UST SYSTEM INSTALLED – Enter the date the KCEHSD signed-off on installation of the UST system. This is the date of initial tank system installation, and does not include upgrades or retrofits which may have been performed later. If this is for a new installation, leave blank.
436. TANK CAPACITY IN GALLONS: Enter the tank capacity. For compartmentalized tanks, enter the capacity of each compartment.
437. NUMBER OF COMPARTMENTS IN THE UNIT: If the tank is a compartment, enter the total number of compartments in the unit.
439. TANK USE – Check the type of tank usage.
439a. If you checked "Other", specify the type of tank usage in the space provided.
440. TANK CONTENTS – Check the specific petroleum or non-petroleum substance stored.
440a. If you checked "Other Petroleum", specify the common name of the substance in the space provided [i.e., the name used in the facility's Hazardous Materials Business Plan (HMBP) inventory].
440b. If you checked "Other", under Non-petroleum, specify the common name of substance in the space provided (i.e., the name used in the HMBP inventory).
443. TYPE OF TANK – Check the box that identifies the type of tank.
444. TANK PRIMARY CONTAINMENT – Check the construction material of the primary containment (i.e., inner tank wall nearest the hazardous substance stored). If the tank material is not listed, check "Other" and specify the material in the space provided.
444a. If you checked "Other", specify the type of primary containment in the space provided.
445. TANK SECONDARY CONTAINMENT – Check the construction material of the secondary containment that provides containment external to, and separate from, the primary containment described above. If the tank is a single-wall tank, check "None." If the material is not listed, check "Other" and specify the material in the space provided (e.g., HDPE).
445a. If you checked "Other", specify the type of secondary containment in the space provided.
452 OVERFILL PREVENTION – Check the box(es) to describe the type(s) of overfill protection equipment installed.
458. PIPING SYSTEM TYPE – Check the type of product/waste piping installed in this tank system. "Safe suction" refers to piping systems meeting all requirements of 23 CCR §2636(a)(3) (also known as "European Suction" systems) (i.e., sloped suction piping systems with no valves or pumps below grade and only one check valve, located below and as close as practical to the suction pump). Title 23, California Code of Regulations is available online at www.calregs.com.
460. PIPING CONSTRUCTION-Indicate if the piping is single-walled or double-walled, or "other".
464. PIPING PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) underground product/waste piping.
464a. If you checked "Other", specify the type of primary containment in the space provided.
464b. PIPING SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (i.e., secondary piping, trench) provided for the product/waste piping. For single-wall piping systems, check "None."
464c. If you checked "Other", specify the type of secondary containment in the space provided.
464d. PIPING/TURBINE CONTAINMENT SUMP TYPE – Indicate the type of piping/turbine containment sump(s). Check "None" if not present.
464e-e1 VENT PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vent piping. (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
464f-f1 VENT SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping,) provided for the vent piping. For single-wall piping systems, check "None." (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
464g-g1 VR PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vapor recovery piping. For tanks without vapor recovery piping (e.g., Diesel tanks), check "None." Specify Other type of containment in the space provided.
464h-h1 VR SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping) provided for the vapor recovery piping. For single-wall piping systems, check "None." Specify Other type of containment in the space provided.
464i. VENT PIPING TRANSITION SUMP TYPE – Indicate type of transition sump(s). Check "None" if not present.
464j-j1 RISER PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) piping for all risers (not drop tubes) other than annular space risers (i.e., risers for filling or gauging of the primary tank). Specify Other type of containment in the space provided.
464k-k1 RISER SECONDARY CONTAINMENT – Check the material(s) used to construct secondary containment system(s) (i.e., secondary piping, sumps) provided for the riser piping. For risers without secondary containment, check "None." Specify Other type of containment in the space provided.
451a-c. FILL COMPONENTS INSTALLED – Check the appropriate boxes to show that spill containment, tank bottom protection, and fill containment sumps (if applicable) are installed.
469a. UDC CONSTRUCTION TYPE – Check the box to describe the type of dispenser containment system(s) (i.e., dispenser sumps or pans). If the system has no dispensers (e.g., standby generator tank system), check "No Dispensers." If the system has a dispenser, but no UDC, check "None".
469b. UDC CONSTRUCTION MATERIAL – Check the box to describe the materials used to construct the UDC.
469c. If you checked "Other", specify the construction material in the space provided.
448. STEEL COMPONENT PROTECTION – All systems contain some steel components. Check the appropriate box(es) to describe all corrosion protection methods used. "Isolation" means electrical isolation from soil, backfill, and groundwater. Examples include fiberglass cladding, non-metallic secondary containment systems which isolate steel components from the sub-surface environment, and insulating bushings.

APPLICANT SIGNATURE – The same person who signs the UST Operating Permit Application – Facility Information Form shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true and accurate, and that the UST system is compatible with the hazardous substance stored.

470. DATE – Enter the date the form was signed.
471. APPLICANT NAME – Print or type the name of the person signing the form.
472. APPLICANT TITLE – Enter the title of the person signing the form.

OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8700 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANKS
(one page per tank) Page of

TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430
☐ 1. NEW PERMIT ☐ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a | DATE EXISTING UST DISCOVERED: 430b

I. FACILITY INFORMATION

FACILITY ID # (*Agency Use Only*) 1

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3
JOHNNY QUICK #143

BUSINESS SITE ADDRESS 103
2126 TAFT HWY

CITY 104
BAKERSFIELD

II. TANK DESCRIPTION

TANK ID # 432
2

TANK MANUFACTURER 433

TANK CONFIGURATION: THIS TANK IS 434
☒ 1. A STAND-ALONE TANK
☐ 2. A COMPARTMENTED UNIT

DATE UST SYSTEM INSTALLED 435

TANK CAPACITY IN GALLONS 436
10,000

NUMBER OF COMPARTMENTS IN THE UNIT 437
1

III. TANK USE AND CONTENTS

TANK USE 439
☒ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a

CONTENTS PETROLEUM: 440
☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☒ 1b. PREMIUM UNLEADED
☐ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a

NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL
☐ 11. OTHER NON-PETROLEUM (Specify): 440b

IV. TANK CONSTRUCTION

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

PRIMARY CONTAINMENT ☒ 1. STEEL ☐ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER 444
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a

SECONDARY CONTAINMENT ☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED 445
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445a

OVERFILL PREVENTION ☐ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☒ 3. FILL TUBE SHUT-OFF VALVE 452.
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION ☐ 1. SINGLE-WALLED ☒ 2. DOUBLE-WALLED ☐ 99. OTHER 460

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

PRIMARY CONTAINMENT ☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC 464
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER(Specify): 464a

SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 8. FLEXIBLE ☒ 10. RIGID PLASTIC 464b
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c

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

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

VENT PRIMARY CONTAINMENT ☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464e 464e1

VENT SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☒ 90. NONE ☐ 99. OTHER (Specify) 464f 464f1

VR PRIMARY CONTAINMENT ☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464g 464g1

VR SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☒ 90. NONE ☐ 99. OTHER (Specify) 464h 464h1

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

RISER PRIMARY CONTAINMENT ☒ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464j 464j1

RISER SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☒ 90. NONE ☐ 99. OTHER (Specify) 464k 464k1

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

VII. UNDER DISPENSER CONTAINMENT (UDC)

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

CONSTRUCTION MATERIAL ☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 99. OTHER (Specify) 469b-c

VIII. CORROSION PROTECTION

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

IX. APPLICANT SIGNATURE

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

APPLICANT SIGNATURE [signature] DATE 10-1-12 470.

APPLICANT NAME (print) 471. JAMES T RICH

APPLICANT TITLE 472. CONTRACTOR

OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8700 Fax (661) 862-8701

Unified Program Consolidated Form (UPCF)
UNDERGROUND STORAGE TANKS

(one page per tank) Page of

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

☐ 1. NEW PERMIT ☐ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a | DATE EXISTING UST DISCOVERED: 430b

I. FACILITY INFORMATION

FACILITY ID # (*Agency Use Only*) 1

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3
JOHNNY QUICK #143

BUSINESS SITE ADDRESS 103
2126 TAFT Hwy

CITY 104
BAKERSFIELD

II. TANK DESCRIPTION

TANK ID # 432	TANK MANUFACTURER 433	TANK CONFIGURATION: THIS TANK IS 434
3		☒ 1. A STAND-ALONE TANK ☐ 2. A COMPARTMENTED UNIT
DATE UST SYSTEM INSTALLED 435	**TANK CAPACITY IN GALLONS 436**	**NUMBER OF COMPARTMENTS IN THE UNIT 437**
	10,000	1

III. TANK USE AND CONTENTS

TANK USE ☒ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING 439
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a

CONTENTS PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED 440
☒ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a

NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL
☐ 11. OTHER NON-PETROLEUM (Specify): 440b

IV. TANK CONSTRUCTION

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

PRIMARY CONTAINMENT ☒ 1. STEEL ☐ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER 444
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a

SECONDARY CONTAINMENT ☐ 1. STEEL ☒ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED 445
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445a

OVERFILL PREVENTION ☐ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☒ 3. FILL TUBE SHUT-OFF VALVE 452.
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION ☐ 1. SINGLE-WALLED ☒ 2. DOUBLE-WALLED ☐ 99. OTHER 460

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

PRIMARY CONTAINMENT ☐ 1. STEEL ☒ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC 464
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER(Specify): 464a

SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 8. FLEXIBLE ☒ 10. RIGID PLASTIC 464b
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c

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

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

VENT PRIMARY CONTAINMENT	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464e 464e1
VENT SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify)	464f 464f1
VR PRIMARY CONTAINMENT	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464g 464g1
VR SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify)	464h 464h1
VENT PIPING TRANSITION SUMP TYPE	☐ 1. SINGLE WALL		☐ 2. DOUBLE WALL	☒ 90. NONE		464i. 464i1
RISER PRIMARY CONTAINMENT	☒ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464j 464j1
RISER SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☒ 90. NONE	☐ 99. OTHER (Specify)	464k 464k1
FILL COMPONENTS INSTALLED	☒ 1. SPILL BUCKET	☐ 3. STRIKER PLATE/BOTTOM PROTECTOR	☐ 4. CONTAINMENT SUMP			451a-c

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE	☒ 1. SINGLE WALL	☐ 2. DOUBLE WALL	☐ 3. NO DISPENSERS	☐ 90. NONE	469a
CONSTRUCTION MATERIAL	☐ 1. STEEL	☒ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 99. OTHER (Specify)	469b-c

VIII. CORROSION PROTECTION

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

IX. APPLICANT SIGNATURE

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

APPLICANT SIGNATURE	DATE 470.
	10-1-12
APPLICANT NAME (print) 471.	**APPLICANT TITLE 472.**
JAMES T RICH	CONTRACTOR

UNDERGROUND STORAGE TANKS
NEW CONSTRUCTION/MODIFICATION APPLICATION

KERN COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301
(661) 862-8700 Fax (661) 862-8701

(one page per site) Page ____ of ____

TYPE OF ACTION (Check one item only) ☐ 1. NEW SITE CONSTRUCTION ☒ 2. MODIFICATION ☐ 3. NEW TANK INSTALLATION AT EXISTING FACILITY A

I. FACILITY / SITE INFORMATION

FACILITY ID#	1	5	[redacted]	0	1	0	[redacted]	0	0					1	UST FILE NUMBER B

BUSINESS NAME (same as FACILITY NAME or DBA – Doing Business As) 3
JOHNNY QUICK #143

BUSINESS SITE ADDRESS 103
2126 TAFT Hwy

CITY 104: BAKERSFIELD | BUSINESS PHONE 102: 661-345-1356

NEAREST CROSS STREET 401
HIGHWAY 99

II. CONTRACTOR INFORMATION

CONTRACTOR NAME C: RICH ENVIRONMENTAL | CONTRACTOR PHONE D: 661-392-8687

MAILING OR STREET ADDRESS E
5643 BROOKS CT

CITY F: BAKERSFIELD | STATE G: CA | ZIP CODE H: 93308

CALIFORNIA CONTRATORS LICENSE NUMBER I: 809850 C/61/D40 HAZ A | LICENSE TYPE J: A - HAZ (click for drop-down)

CERTIFIED INSTALLER K: JAMES J RICH | ICC INSTALLER CERTIFICATION NUMBER L: 1064166

III. SCOPE OF WORK

BRIEFLY DESCRIBE THE PROPOSED SCOPE OF WORK: M
INSTALL REPAIR PENARATION & CUT REMOVE & REPLACE CONCRETE TO MAKE REPAIRS ON UNDERGROUND SECONDARY PIPING

IV. TANK LIST N

TANK NUMBER	PRODUCT(S)	CAPACITY
1	UNL-87	
2	PREM-91	
3	DIESEL	
(add additional on separate sheet)		

V. INTERGRITY TESTING/ENHANCED LEAK DETECTION

TESTING COMPANY O | PHONE P

TEST METHOD Q

VII. APPLICANT SIGNATURE

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

SIGNATURE OF APPLICANT | DATE 424: 10-1-12 | PHONE 425: 661-706-8687

NAME OF APPLICANT (print) 426: JAMES J RICH | TITLE OF APPLICANT 427: CONTRACTOR

US New Construction/Modification Applicati

Complete the UST – New Construction/Modification page for any new installations or modifications at a UST facility. This page must be submitted 30 days and a permit issued prior to beginning any work.

A Completed UST- Facility page and a UST – Tank Information Page for each tank is to be included with the application. Two sets of scaled facility plot plans and site specific detailed drawings of the proposed work are also to be submitted with this application.

Please number all pages of your submittal. This helps the Kern County Environmental Health Services Division (KCEHSD) identify whether the submittal is complete and if any pages are separated.

A. TYPE OF ACTION - Check the reason the page is being completed. CHECK ONE ITEM ONLY.
1. FACILITY ID NUMBER - Leave this blank. This number is assigned by KCEHSD. This is the unique number which identifies your facility.
B. UST FILE NUMBER – Leave this blank. This number is assigned by KCEHSD.
3. BUSINESS NAME - Enter the full legal name of the business.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. CITY - Enter the city or unincorporated area in which business site is located.
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
401. NEAREST CROSS STREET - Enter the name of the cross street nearest to the site of the tank.
C. CONTRACTOR NAME - Enter the name of the contracting firm performing the installation or modification of the UST system. The permit will not be issued until valid contractor information is provided.
D. CONTRACTOR PHONE - Enter the phone number, area code first, and any extension.
E. MAILING OR STREET ADDRESS - Enter the contractor's address information.
F. CITY - Enter the contractor's city.
G. STATE - Enter the contractor's state.
H. ZIP - Enter the contractor's zip code
I. CALIFORNIA CONTRACTORS LICENSE NUMBER - Enter the appropriate contractor's license number.
J. LICENSE TYPE - Enter the type of contractor's license.
K. CERTIFIED INSTALLER – Enter the name of the ICC (International Code Council) certified installer that will be on site during construction.
L. ICC INSTALLER CERTIFICATION NUMBER – Enter the ICC certification number.
M. SCOPE OF WORK – Briefly describe the proposed scope of work. This is required for any modifications.
N. TANK LIST - Enter the owner's assigned tank number, contents and capacity of all the tanks on the site including any tanks being installed.
O. TESTING COMPANY – Enter the name of the company that will complete the post modification or construction testing, if required.
P. PHONE – Enter the phone number of the testing company.
Q. TEST METHOD – Enter the testing method that will be used.
424. DATE – Enter the date the form was signed.
425. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
426. APPLICANT NAME – Print or type the full name of the person signing the form.
427. APPLICANT TITLE – Enter the title of the person signing the form.

UNDERGROUND STORAGE TANK SYSTEM

☐ NEW CONSTRUCTION –OR- ☐ MODIFICATION

EQUIPMENT DESCRIPTION CHECKLIST

(Complete all applicable sections)

1. TANK CONSTRUCTION

☐ Double Wall Fiberglass
☐ Double Wall Steel with Fiberglass coating
☐ Double Wall Steel primary/ Fiberglass secondary
☐ Other _____

Tank Manufacturer: _____

2. LEAK MONITORING SYSTEM

Console Manufacturer: _____ Console Model #: _____

3. SENSORS

Sensors	Positive Shut Down	Manufacturer	Model #
Tank Annular Space Sensor	☐ Yes ☐ No		
Tank Turbine Sumps Sensor	☐ Yes ☐ No		
Tank Fill Sumps Sensor	☐ Yes ☐ No		
Dispenser Pan Sumps Sensor	☐ Yes ☐ No		
Sump Annular Space Sensor	☐ Yes ☐ No		
Piping Annular Space Sensor	☐ Yes ☐ No		
Positive Shut Down w/ Failsafe for system disconnection	☐ Yes ☐ No		

4. PIPELINE SYSTEM

☐ Pressure
☐ Suction
☐ Gravity

5. LINE LEAK DETECTOR

☐ Mechanical Manufacturer: _____ Model #: _____
☐ Electronic Manufacturer: _____ Model #: _____

6. PIPING CONTRUCTION PRODUCT AND VENT/VAPOR LINES

☐ Double Wall Fiberglass
☐ Double Wall Flex Pipe
☐ Other: _____

Manufacturer: _____ Model #: _____

7. AUTOMATIC TANK GAUGE

Manufacturer: _____ Model #: _____

8. OVERSPILL CONTAINER WITH DRAIN VALVE

Manufacturer: _____ Model #: _____

9. OVERFILL PREVENTION

☐ External Alarm with Audible and Visual Alarm
Manufacturer: _____ Model #: _____Product Level: _____

☐ Flow Restrictor with Ball Float
Manufacturer: _____Model #: _____Product Level: _____

☐ Flow Restrictor with Ball Float and External Alarm
Manufacturer: _____Model #: _____Product Level: _____

☐ Positive shut off valve with Flapper
Manufacturer: _____Model #: _____Product Level: _____

10. DISPENSER CONTAINMENT

Manufacturer: _____ Model #: _____

11. TANK TOP SUMPS

Manufacturer: _____ Model #: _____

12. AUXILLARY SUMPS (TANK GAUGE RISERS, VENT BOXES, ETC)

Manufacturer: _____ Model #: _____

13. PENETRATION FITTINGS

Manufacturer: _____ Model #: _____

14. PENETRATION SEALANT

Manufacturer: Model #:

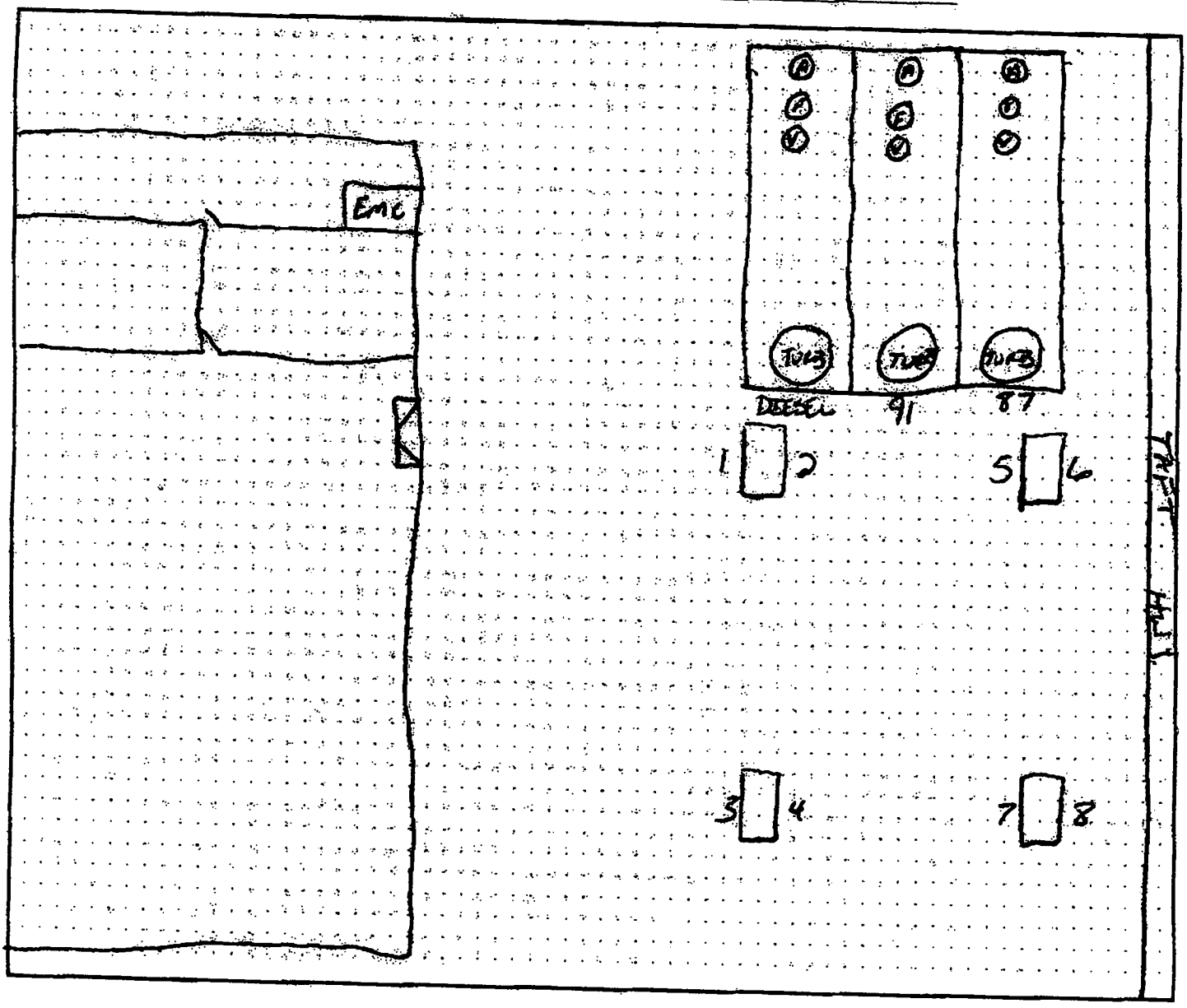
15. BEDDING AND BACKFILL MATERIAL

☐ Sand ☐ Pea Gravel

45398

UST Monitoring Site Plan

Site Address: 2126 TAFT HWY. BAKERSFIELD, CA. 93313



Date map was drawn: 2/23/10

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.

1706

RICH ENVIRONMENTAL SERVICE STATION
5643 BROOKS CT 661-392-8687
BAKERSFIELD, CA 93308-3708

90-7162
3222 44841

DATE 10/8/12

PAY TO THE ORDER OF Kern County Environmental Health $

DOLLARS Security Features Included Details on Back

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

FOR Johnny Quick - Taft MP

⑈001706⑈ ⑆322271627⑆ 9182270833⑈

OFFICIAL RECEIPT
COUNTY OF KERN

B 33969

BATCH , CALIF. REF. No. FA 21691 DATE 10/8 20 12

RECEIVED FROM Johnny Quik #143

THE SUM OF One thousand seven hundred seventy DOLLARS $ 1,770-

ACCOUNT OF Environmental

ACCOUNT		HOW PAID		
AMT. OF ACCOUNT	$ 1,770-	CASH	☐	ENVIRONMENTAL HEALTH DIVISION
AMT. PAID	$ 1,770	CHECK	☑ 1706 BANK NO.	
BALANCE DUE	$ 0	M. O.	☐ AGENCY	BY

White - Customer Copy Canary - Accounting Copy Pink - Book Copy

1706

RICH ENVIRONMENTAL SERVICE STATION
5643 BROOKS CT 661-392-8687
BAKERSFIELD, CA 93308-3708

90-7162/3222 44841

DATE 10/8/12

PAY TO THE ORDER OF Kern County Environmental Health $ 1770 00

SEVENTEEN HUNDRED & SEVENTY DOLLARS & 00 DOLLARS

Security Features Included Details on Back

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

FOR Johnny Quick - Taft

⑈001706⑈ ⑆322271627⑆ 918227083⑈

MP

Make checks payable to:

COUNTY OF KERN
ENVIRONMENTAL HEALTH SERVICES DEPARTMENT
2700 M STREET, SUITE 300
BAKERSFIELD, CA 93301-2730
(661) 862-8713 Food
(661) 862-8714 Solid Waste
(661) 862-8733 Haz Mat
(661) 862-8797 Water/Housing

INVOICE

Invoice ID	Account ID	Date
IN0250830	AR0002691	10/11/2012

FA0002691
JOHNNY QUIK #143

To avoid 50% Penalty, pay by: 01/01/1999
Total Due: $1,770.00
Amount Paid:

We Now Accept Visa and Mastercard Payments

KULJIT SINGH GHUMAN
JOHNNY QUIK #143
2126 TAFT HWY
BAKERSFIELD, CA 93313

Please return the top portion of this invoice notice with payment

County of Kern
Environmental Health Services Department

RE: JOHNNY QUIK #143, FA0002691
2126 TAFT HWY
BAKERSFIELD, CA 93313

Date	Program Element	Description	Record Identifier	Amount
Invoice # IN0250830 -- Date of Invoice: 10/11/2012				
10/11/2012	CS04	UST MODIFICATION		1,770.00

Total For this Invoice: 1,770.00

Total Amount Due for this Invoice
-- Please Remit this Amount -- $1,770.00

You must notify Environmental Health of any changes of :
* Ownership * Billing Address
* Business Name * Closure

FAILURE to notify Environmental Health may result in LATE PENALTIES, PERMIT DENIAL, OR REVOCATION
Permits and Fees Paid are NOT TRANSFERABLE

Home > My ICC

Certified Professional Information:

Last, First MI: Koop, Aaron
Certified under this name: Aaron Koop
Address: 3116 Bristol Ave
City, State Zip: Bakersfield, CA 93308
Certification Type(s): California UST Service Technician (expires 05/24/2013)
UST Installation/Retrofitting (expires 05/24/2013)

Contact Information

1-888-ICC-SAFE (422-7233), ext. 5524

Contact Us

Listings here may not reflect today's changes, additions, exam results, or certifications from organizations other than ICC (including BOCA, ICBO, and SBCCI). Listings are updated nightly on this web site, so please allow a full 24 hours for changes to be reflected here. ICC certification for code enforcement professions attests to competent knowledge of construction codes and standards in effect on the date of certification or renewal.

ICC does its best to maintain the privacy requests of its members and constituents. If you believe that phone number or address information listed here should not be displayed please contact us at 1-888-ICC-SAFE (422-7233) between 8am and 7pm (CT) for personal assistance.

Terms of Use: This listing is provided as a service to the constituents of ICC for these purposes: locating a certified professional or contractor in your area, or confirming status for individuals. Any other use, sale, transfer, or reproduction in any form without the express written consent of ICC is strictly prohibited. ICC reserves the right to incorporate some false names to detect improper use of this service.

Home > My ICC

Certified Professional Information:

Last, First MI: RICH, JAMES

Certified under this name: JAMES RICH

City, State Zip: Bakersfield, CA 93308

Phone: (661)392-8687

Certification Type(s): California UST Service Technician (expires 05/31/2013)
California UST System Operator (expires 11/05/2012)
Vapor Recovery System Installation and Repair (expires 11/05/2012)
Vapor Recovery System Testing and Repair (expires 01/11/2013)

Contact Information

1-888-ICC-SAFE (422-7233), ext. 5524

Contact Us

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DEPARTMENT OF CONSUMER AFFAIRS

Contractors State License Board

Contractor's License Detail - License # 809850

DISCLAIMER: A license status check provides information taken from the CSLB license database. Before relying on this information, you should be aware of the following limitations.

- CSLB complaint disclosure is restricted by law (B&P 7124.6) If this entity is subject to public complaint disclosure, a link for complaint disclosure will appear below. Click on the link or button to obtain complaint and/or legal action information.
- Per B&P 7071.17 , only construction related civil judgments reported to the CSLB are disclosed.
- Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
- Due to workload, there may be relevant information that has not yet been entered onto the Board's license database.

License Number	**809850**	**Extract Date** 10/15/2012
Business Information	RICH ENVIRONMENTAL Business Phone Number: (661) 392-8687 5643 BROOKS CT BAKERSFIELD, CA 93308	
Entity	Sole Ownership	
Issue Date	06/25/2002	
Expire Date	06/30/2014	
License Status	**ACTIVE** This license is current and active. **All information below should be reviewed.**	

Classifications

CLASS	DESCRIPTION
D40	SERVICE STATION EQUIPMENT AND MAINTENANCE
A	GENERAL ENGINEERING CONTRACTOR

Certifications

CERT	DESCRIPTION
HAZ	HAZARDOUS SUBSTANCES REMOVAL

Bonding

CONTRACTOR'S BOND

This license filed a Contractor's Bond with AMERICAN CONTRACTORS INDEMNITY COMPANY.

Bond Number: SC6326078

Bond Amount: $12,500

Effective Date: 03/02/2009

Contractor's Bond History

BOND OF QUALIFYING INDIVIDUAL

1. This license filed Bond of Qualifying Individual number **100202579** for KOOP AARON JESSE in the amount of **$12,500** with AMERICAN CONTRACTORS INDEMNITY COMPANY.

Effective Date: 08/08/2012
BQI's Bond History

Workers' Compensation	**WORKERS' COMPENSATION** This license has workers compensation insurance with STATE COMPENSATION INSURANCE FUND **Policy Number:** 661-0502267 **Effective Date:** 02/06/2012 **Expire Date:** 02/06/2013 Workers' Compensation History

Personnel listed on this license (current or disassociated) are listed on other licenses.

Personnel List	Other Licenses

ACE
PETROLEUM SERVICES, INC.

15540 Strebor Drive
Bakersfield, CA 93314
(661) 387-6522

Invoice

Date	Invoice #
6/1/2005	2645

Bill To
JOHNNY QUICK #143 2126 TAFT HWY BAKERSFIELD, CA 93313

06-15-05 14:08 RCVD

P.O. No.	Terms
	Net 30

Item	Quantity	Description	Rate	Serviced	Amount
		SERVICE REQUESTED: NEED DISPENSER PAN SENSORS INSTALLED SERVICE PERFORMED: INSTALLED 4 DISPENSER STAND ALONE SENSORS (BEAUDREAU CONTROLLERS AND SENSORS)			
MISCELLANE...	1	MISC. SUPPLIES	5.00		5.00T
BEAU-404-4	4	BEAUDREAU CONTROLLER	260.00		1,040.00T
BEAU-406BS	4	BEAUDREAU SENSOR	140.00		560.00T
LBRTVL	3	LABOR/TRAVEL @ 48.00 PER HOUR	48.00		144.00
MILEAGE	25	Mileage @ .50 a mile.	0.50		12.50

Thank you. There will be a late payment charge of 2% per month on any unpaid balances.

Subtotal	$1,761.50
Sales Tax (7.25%)	$116.36
Total	$1,877.86

500

3200284

RICH ENVIRONMENTAL

5643 BROOKS CT BAKERSFIELD, CA. 93308
OFFICE (661) 392-8687 & FAX (661) 392-0621

FAX TRANSMITTAL COVER SHEET

Date: 11/22/04 Time: _____ No. of pages: 1

Attention: Jamel Funk

Company: Kern County

Fax #: 862-8701

From: James J. Rich

RE: Notification to schedule
Date: 12/06/04 Time: 1:00pm
Test: Install Mechanical line leak Di
Site: Johnny Quick
2126 Taft Hwy
Bakersfield, Ca 93313
Tech: Ryan Mason

If you have questions please contact me at my office. Thank you!

* I'm Sorry, I put wrong date.

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

STEVE McCALLEY, R.E.H.S., Director
2700 "M" STREET, SUITE 300
BAKERSFIELD, CA 93301-2370
Voice: (661) 862-8700
Fax: (661) 862-8701
TTY Relay: (800) 735-2929
e-mail: eh@co.kern.ca.us

RESOURCE MANAGEMENT AGENCY

DAVID PRICE III, RMA DIRECTOR
Community and Economic Development Department
Engineering & Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

PERMIT TO MODIFY UNDERGROUND STORAGE FACILITY

PERMIT NUMBER: 320028M

FACILITY
Johnny Quick #143
2126 Taft Hwy
Bakersfield, CA

OWNER(S) NAME/ADDRESS:
Kujit Ghuman
2126 Taft Hwy
Bakersfield, CA 93313

Phone No. (661) 834-9113

CONTRACTOR:
Redwine Testing Services
P O Box 1567
Bakersfield, CA 93302
License #: 532878
Phone No. (661) 834-6993

_ NEW CONSTRUCTION
X MODIFICATION
_ OTHER

PERMIT EXPIRES February 12, 2005

APPROVAL DATE August 12, 2004

APPROVED BY Laurel Funk
Laurel Funk
Hazardous Materials Specialist

POST ON PREMISES

CONDITIONS AS FOLLOW:

Standard Instructions

1. This permit applies only to the modification of an existing facility involving the upgrade of the EVR Phase I system.
2. All construction to be as per facility plans approved by this department and verified by inspection by Permitting Authority.
3. All equipment and materials in this construction must be installed in accordance with all manufacturers' specifications.
4. The KCEHSD may require soil samples to be collected below each sump to determine the presence of soil contamination. KCEHSD is to be notified at least 48 hours ahead of time to inspect the soil before installation is backfilled.
5. Owner is responsible for contacting the air pollution district for any of their requirements that may apply.

ACCEPTED BY: _____ DATE: 8-16-04

320028M.wpd

KERN COUNTY
ENVIRONMENTAL HEALTH SERVICES DEPARTMENT
2700 "M" STREET, SUITE 300
BAKERSFIELD, CA 93301

PERMIT NO. 320028
APN NUMBER
APPLICATION DATE: 8-11-04

APPLICATION FOR PERMIT TO CONSTRUCT/MODIFY UNDERGROUND HAZARDOUS SUBSTANCES STORAGE FACILITY

Type Of Application (check):
☐ New Facility ☒ Modification of Facility ☐ New Tank Installation at Existing Facility

A. Number of Tanks To Be Installed -0- Existing Facility Permit #
Type of Business GAS STATION AND MINI MART
Facility Name JOHNNY QUICK #143
Address 2126 TAFT HWY City BAKERSFIELD 93313
T____ R____ SEC____ (Rural Locations Only) Nearest Cross Street HWY 99

B. Tank Owner KUSIT G HUMAN Phone #: (661) 834 9113
Address 2126 TAFT HWY City/State BAKERSFIELD, CA. Zip 93313

C. Water To Facility Provided By CAL WATER
Depth To Groundwater 500' Soil Characteristics At Facility SANDY LOAM

D. Contractor REDLAND TESTING BONDED/INS CA Contractor's License No. 532878 A HAZ
Address P.O. BOX 1567 City BAKERSFIELD Zip 9330 Phone #(661) 834-6993
Worker's Compensation Certification # 1659245-03 Insurer STATE FUND
Proposed Starting Date 8-16-04 Proposed Completion Date 8-20-04

E. If This Application Is For Modification Of An Existing Tank System, Briefly Describe Modifications Proposed (Excluding New Tank Installation at Existing Facilities) INSTALLATION OF OPW DIRECT BURY ENHANCED VAPOR RECOVERY, HAVE TO BREAK CONCRETE

F. Tank(s) Storage (Check All That Apply):

Tank #	Unleaded	Unleaded Plus	Premium	Diesel	Other* Fuel	Waste Oil	Other* Waste	Other* Product
1	(X)	( )	( )	( )	( )	( )	( )	( )
2	( )	(X)	( )	( )	( )	( )	( )	( )
3	( )	( )	(X)	( )	( )	( )	( )	( )
____	( )	( )	( )	( )	( )	( )	( )	( )

* Describe other products/waste:

G. Initial Tank Integrity Test Information:

Testing Company Name: Phone #
Test Method: Licensed Tester:

A tank integrity test is not required if the tank is equipped with an interstitial monitor certified to meet the performance standards of a "tank integrity test." GILBARCO ~~88~~ 350

This form has been completed under penalty of perjury and to the best of my knowledge is true and correct.

Signature [signature] Title V. P. Date 8-11-04

TANK INFORMATION FORM

(Complete separate form for each tank)

Facility ID: _____
1998: ☐ Yes ☐ No

A Tank Information

Please Print

Tank Number 1243 Contents REG, PREMIUM, M/D Capacity 10K EACH

Tank Manufacturer: _____ Date Installed __/__/88

Tank Construction: ☐ Single-Wall ☒ Double-Wall ☐ Jacketed
☐ Vaulted ☐ Other _____

Tank Material: ☐ Carbon Steel ☒ Fiberglass-Clad ☐ Fiberglass
☐ Concrete ☐ Other _____

Methanol Compatible ☐ Yes ☐ No

Tank Interior Lining: ☐ Unlined ☐ Lined (material) FIBERGLASS

Corrosion Protection: ☒ Fiberglass-Clad ☐ Sacrificial Anode ☐ None
☐ Polyethylene/Vinyl ☐ Other _____
☐ Impressed Current (describe) _____

Spill Containment: (make & model) OPW Year Installed 88

Overfill Prevention: (make & model) OPW Year Installed 88

Tank Repairs: (dates & descriptions) UNKNOWN

B Piping Information

Please Print

Type of System: ☒ Pressure ☐ Suction ☐ Gravity ☐ None
Approximate length of this pipe run: 25'

Pipe Construction: ☐ Single-Wall ☒ Double-Wall ☐ Liner Raceway
☐ PVC Sleeve ☐ Other _____

Pipe Material: ☐ Steel ☒ Fiberglass ☐ Flexible
☐ Other _____

Pipe Manufacturer: _____ Date Installed __/__/88

C Monitoring Information

Please Print and Check All That Apply

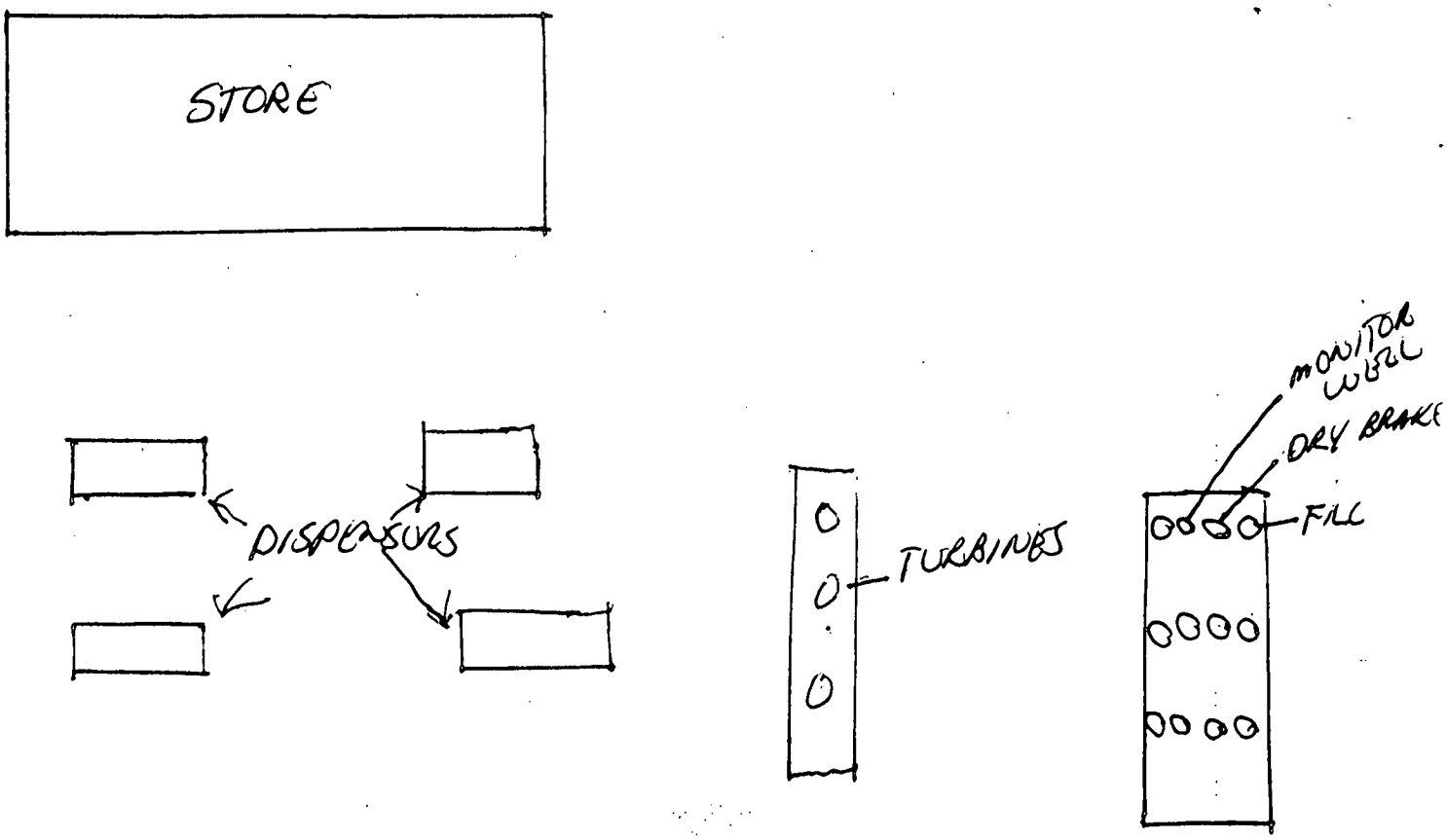
Tank Monitoring: Primary: ☒ Auto-tank gauge ☐ Inventory Reconciliation
☐ Statistical Inventory Reconciliation ☐ Groundwater
☐ Vadose Zone ☐ Other _____
Describe make and model GILBARCO MODEL PA026201000G0

Secondary: ☒ Liquid Sensor ☐ Vapor Sensor ☐ Hydrostatic
☐ Other _____
Describe make & model TRI STATE
Alarm: ☒ Yes ☐ No

Pipe Monitoring: Primary: ☐ Reduced Flow Line Leak Detector ☒ Shut Down Line Leak Detector ☐ Other _____
Describe make & model _____

Secondary: ☒ Liquid Sensor ☐ Vapor Sensor ☐ Other _____
Describe make & model _____
Alarm: ☒ Yes ☐ No
Pump Shut Down: ☒ Yes ☐ No

JOHNNY QUICK #143 C SHELL STATION
2126 TAFT HWY BAKERSFIELD CA. 93[redacted]3



PHASE I VAPOR RECOVERY EQUIPMENT DESCRIPTION

Component	Manufacturer	Model Number
Fill Adapter	OPW	61SALP 1020 EVR
Liquid Fill Cap	OPW	634TT-7085
Vapor Fill Cap	OPW	171T-7085
Vapor Adapter	OPW	61USA 1020-EVR
Drop-Tube	OPW	61SOC
Extractor Assembly	N/A	
Float Vent Valve	N/A	
Pressure/Vacuum Relief Valve	HUSKY	4885
Overfill Protection		
(List Any Additional Components Required)		

EQUIPMENT TO BE INSTALLED

Please Continue on Reverse Side

KERN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
HAZARDOUS SUBSTANCES SECTION

1700 FLOWER STREET
BAKERSFIELD, CA 93305
PHONE (805) 861-3636

INSPECTION RECORD

POST CARD AT JOBSITE

FACILITY Johnny Quik PERMIT #320028B	OWNER Johnny Quik Food Stores
ADDRESS 2126 Taft Hwy	ADDRESS 1715 Minnewawa St
CITY Bakersfield, CA	CITY Clovis, CA
PHONE NO.	

INSTRUCTIONS: Please call for an inspector only when each group of inspections with the same number are ready. They will run in consecutive order beginning with number 1. DO NOT cover work for any numbered group until all items in that group are signed off by the Permitting Authority. Following these instrutions will reduce the number of required inspection visits and therefore prevent assessment of additional fees.

- TANKS & BACKFILL -

	INSPECTION	DATE	INSPECTOR
1	Backfill of Tank(s)		
1	Spark Test Certification		
	Cathodic Protection of Tank(s)		

- PIPING SYSTEM -

2	Piping & Raceway w/Collection Sump		
2	Corrosion Protection of Piping, Joints, Fill Pipe		
2	Electrical Isolation of Piping From Tank(s)		
	Cathodic Protection System-Piping		
2	Secondary Cont. at piping		

- SECONDARY CONTAINMENT, OVERFILL PROTECTION, LEAK DETECTION -

	Liner Installation - Tank(s)		
	Liner Installation - Piping		
	Vault With Product Compatible Sealer		
3	Level Gauges or Sensors, Float Vent Valves		
3	Product Compatible Fill Box(es)		
3	Product Line Leak Detector(s)		
3	Leak Detector(s) for Annular Space-D.W. Tank(s)		
	Monitoring Well(s)/Sump(s)		
	Leak Detection Device(s) For Vadose/Groundwater		

- FINAL -

3	Monitoring Wells, Caps & Locks		
3	Fill Box Lock		
	Monitoring Requirements		

CONTRACTOR Banks & Co LICENSE # 383550
CONTACT _____ PH # (209) 299 0228

This Shipping Order must be legibly filled in with Ink, in Indelible Pencil or in Carbon and signed by the Agent.

Shipper's No. 13380

MODERN WELDING CO
(Name of Carrier)

Carrier's No.

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading,

at FRESNO, CALIFORNIA 93711 Nov 30 19 88 From MODERN WELDING COMPANY, INC.

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Banks & Co % Johnny Quick Station # 143

(Mail or street address of consignee—For purposes of notification only.)

Destination Bakersfield State Ca County Delivery Address ★ Hwy 99 & 119

(★ To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Route

Delivering Carrier Car or Vehicle Initials No.

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
1	10,000 gallon Double WallGlasteel	19,100#		
	Underground tank.			
	UL # J394045			
1	Glasteel field kits			
	35,000 volt Holiday test witnessed by:			

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $
to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:
$

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

per

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

MODERN WELDING COMPANY, INC. Shipper, Per B Battles

Permanent post-office address of shipper, FRESNO, CALIFORNIA 93711

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

This Shipping Order must be legibly filled in ink, in Indelible Pencil or in Carbon and signed by the Agent.

Shipper's No. 13379

MODERN WELDING CO
(Name of Carrier)

Carrier's No.

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading,

at FRESNO, CALIFORNIA 93711 Nov 30 19 88 From MODERN WELDING COMPANY, INC.

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Banks & Co & Johnny Quick Station #143
(Mail or street address of consignee—For purposes of notification only.)

Destination N Bakersfield State Ca County Delivery Address ★Hwy 99 & 119
(★ To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Route

Delivering Carrier Car or Vehicle Initials Terry No.

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
2	10,000 gallon Double Wall Glasteel			
	Underground tank.	19,100#		
	UL Label# J394048, J394049			
2	Gllasteel field kits			
	Terry Carpenter			
	35,000 volt holiday test witnessed by:			

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per
(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

$

†Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

per

†The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

MODERN WELDING COMPANY, INC. Shipper, Per B Bartlett

Permanent post-office address of shipper, FRESNO, CALIFORNIA 93711

☞ Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

2

2700 M STREET
MAILING ADDRESS
1415 TRUXTUN AVENUE
BAKERSFIELD, CA 93301
(805) 861-3636

KERN COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

HEALTH OFFICER
Leon M Hebertson, M.D.

DIRECTOR OF ENVIRONMENTAL HEALTH
Vernon S. Reichard

PERMIT TO CONSTRUCT
UNDERGROUND STORAGE FACILITY

PERMIT NUMBER #320028B

FACILITY NAME/ADDRESS:	OWNER(S) NAME/ADDRESS:	CONTRACTOR:
Johnny Quik Food Store 2126 Taft Hwy. Bakersfield, CA	Johnny Quik Food Store 1715 Minnewawa St. #104 Clovis, CA 93612	Bank and Company 2403 E. Belmont Fresno, CA 93701 License #383550

[XX] NEW BUSINESS	PERMIT EXPIRES May 25, 1989
[__] CHANGE OWNERSHIP	
[__] RENEWAL	APPROVAL DATE May 25, 1988
[__] MODIFICATION	
[__] OTHER	APPROVED BY Joe Canas

POST ON PREMISES

CONDITIONS AS FOLLOWS:

1. All construction to be as per facility plans approved by this department and verified by inspection by Permitting Authority.
2. All equipment and materials in this construction must be installed in accordance with all manufacturers' specifications.
3. Permittee must contact Permitting Authority for on-site inspection(s) with 48 hour advance notice.
4. Backfill material for piping and tanks to be as per manufacturers' specifications.
5. Float vent valves are required on vent/vapor lines of underground tanks to prevent overfillings
6. Construction inspection record card is included with permit given to Permittee. This card must be posted at jobsite prior to initial inspection. Permittee must contact Permitting Authority and arrange for each group of required inspections numbered as per instructions on card. Generally, inspections will be made of:
   a. Tank and backlfill
   b. Piping system with secondary containment
   c. Overfill protection and leak detection/monitoring
   d. Any other inspection deemed necessary by Permitting Authority

PERMIT TO CONSTRUCT UNDERGROUND STORAGE FACILITY

PERMIT NUMBER 320028B
ADDENDUM

7. All underground metal connections (e.g. piping, fittings, fill pipes) to tank(s) must be electrically isolated, and wrapped to a minimum 20 mil thickness with corrosion-preventive, gasoline-resistant tape or otherwise protected from corrosion.
8. Spark testing (35,000 volts) required at site prior to installation of tank(s). Test(s) must be certified by the manufacturer, and a copy of test certification supplied to the Permitting Authority.
9. No product shall be stored in tank(s) until approval is granted by the Permitting Authority.
10. Monitoring requirements for this facility will be described on final "Permit to Operate."

ACCEPTED BY _____ DATE 11/10/88

Permit Application Checklist

Facility Name Johnny Quick

Facility Address 2126 Taft Hwy

Application Category:
__ Standard Design (Secondary Containment)
__ Motor Vehicle Fuel Exemption Design (Non-Secondary Containment)

Approved

_____ Permit Application Form Properly Completed
Deficiencies: _____

SC 3 Copies of Plot Plan Depicting:
SC Property lines _____
Area encompassed by minimum 100 foot radius around tank(s) and piping _____
All tank(s) identified by a number and product to be stored __
Tanks not shown on plot plan
SC Adequate scale (minimum 1"=16'0" in detail) 1" = 20'
North arrow _____
All structures within 50 foot radius of tank(s) and piping ___
Location and labeling of all product piping and dispenser islands _____
Environmental sensitivity data including:
*Depth to first groundwater at site _____
*Any domestic or agricultural water well within 100 feet of tank(s) and piping _____
*Any surface water in unlined conveyance within 100 feet of tank(s) and piping _____
*All utility lines within 25 feet of tank(s) and piping (telephone, electrical, water, sewage, gas, leach lines, seepage pits, drainage systems) _____

_____ *Asterisked items: appropriate documentation if permittee seeks a motor vehicle fuel exemption from secondary containment _____

Comments: _____

Approved

JC 3 Copies of Construction Drawings Depicting:
Side View of Tank Installation with Backfill, Raceway(s), Secondary Containment and/or Leak Monitoring System in Place

Top View of Tank Installation with Raceway(s), Secondary Containment and/or Leak Monitoring System in Place

A Materials List (indicating those used in the construction):

JC Backfill Sand
Tank(s) Modern 10,000 gal
Product Piping Ameron 2" Fiberglass
Raceway(s)

Sealer(s)
JC Secondary Containment Pipe Jacket 3" Telescoping pipe
JC Leak Detector(s) Red Jacket
MSA Tankgard #4826607 Annular space probe
Overfill Protection Emco Wheaton A1003-A
EBW # 308 Ball Float Valve
JC Gas or Vapor Detector(s)

Sump(s) 36" Sump for piping

Monitoring Well(s)

Additional: MSA probe in annulus and piping Sump.
Review STEIL level gauge
Documentation of Product Performance

Additional Comments

Reviewed By Joe Cannon Date 5/19/88

SITE INSPECTION: ____ Approved ____ Disapproved
Comments:

Inspector Date

Kern County Health Department
Division of Environmental Hea[redacted]
1700 Flower Street, Bakersfield, CA 93305
(805) 861-3636

Permit No. 32002-8B
App[redacted]on Date 3-25-88
TAFT HWY & HWY 99

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND HAZARDOUS SUBSTANCES STORAGE FACILITY

Type Of Application (check):
☑ New Facility ☐ Modification Of Facility ☐ Existing Facility ☐ Transfer Of Ownership

A. Emergency 24-Hour Contact (name, area code, phone): Days GEORGE BEAL 209-299-0228
Nights GEORGE BEAL 209-299-0228
Facility Name JOHNNY QUIK FOOD STORE No. Of Tanks 3
Type Of Business (check): ☐ Gasoline Station ☑ Other (describe) CONVENIENCE STORE
Is Tank(s) Located On An Agricultural Farm? ☐ Yes ☑ No
Is Tank(s) Used Primarily For Agricultural Purposes? ☐ Yes ☑ No
Facility Address 2126 Taft Hwy. Nearest Cross St. Hwy. 99
T _____ R _____ SEC _____ (Rural Locations Only)
Owner JOHNNY QUIK FOOD STORES Contact Person GEORGE BEAL
Address 1715 MINNEWAWA STE 104 Zip CLOVIS, CA 93612 Telephone (209) 299-0228
Operator JOHNNY QUIK FOOD STORES Contact Person GEORGE BEAL
Address 1715 MINNEWAWA #104 Zip CLOVIS, CA 93612 Telephone (209) 299-0228

B. Water To Facility Provided By _____ Depth to Groundwater _____
Soil Characteristics At Facility _____
Basis For Soil Type and Groundwater Depth Determinations _____

C. Contractor BANKS & CO. CA Contractor's License No. 383550
Address 2403 E. BELMONT FRESNO Zip CA, 93701 Telephone (209) 299-0228
Proposed Starting Date _____ Proposed Completion Date _____
Worker's Compensation Certification No. NOS-084023 Insurer FARMERS INS.

D. If This Permit Is For Modification Of An Existing Facility, Briefly Describe Modifications Proposed N/A

E. Tank(s) Store (check all that apply):

Tank #	Waste	Product	Motor Vehicle Fuel	Unleaded	Regular	Premium	Diesel	Waste Oil
PREM-1	☐	☑	☑	☐	☐	☑	☐	☐
UNL-1	☐	☑	☑	☑	☐	☐	☐	☐
REG-1	☐	☑	☑	☐	☑	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐	☐

F. Chemical Composition Of Materials Stored (not necessary for motor vehicle fuels)

Tank #	Chemical Stored (non-commercial name)	CAS # (if known)	Chemical Previously Stored (if different)
N/A			

G. Transfer Of Ownership
Date Of Transfer _____ Previous Owner _____
Previous Facility Name _____
I, _____ accept fully all obligations of Permit No. _____ issued to _____. I understand that the Permitting Authority may review and modify or terminate the transfer of the Permit to Operate this underground storage facility upon receiving this completed form.

This form has been completed under penalty of perjury and to the best of my knowledge is true and correct.

Signature Bill Noope Title BANKS & CO. Date 3/11/88

TANK # PREM-1 (FILL OUT SEPAR[illegible] FORM FOR EACH TANK) 0038B

FOR EA[illegible]CTION, CHECK ALL A[illegible]ROPRI[illegible]OXES

I. 1. Tank is: ☐ Vaulted ☐ Non-Vaulted ☑ Double-Wall ☐ Single-Wall

2. Tank Material
☐ Carbon Steel ☐ Stainless Steel ☐ Polyvinyl Chloride ☑ Fiberglass-Clad Steel
☐ Fiberglass-Reinforced Plastic ☐ Concrete ☐ Aluminum ☐ Bronze ☐ Unknown
☐ Other (describe): _____

3. Primary Containment
Date Installed: MAY 1988 Thickness (Inches): 1/4 Capacity (Gallons): 10,000 Manufacturer: MODERN WELDING

4. Tank Secondary Containment
☑ Double-Wall ☐ Synthetic Liner ☐ Lined Vault ☐ None ☐ Unknown
☐ Other (describe): _____ Manufacturer: _____
Material _____ Thickness (Inches) _____ Capacity (Gals.) _____

5. Tank Interior Lining
☐ Rubber ☐ Alkyd ☐ Epoxy ☐ Phenolic ☐ Glass ☐ Clay ☑ Unlined ☐ Unknown
☐ Other (describe): _____

6. Tank Corrosion Protection
☐ Galvanized ☑ Fiberglass-Clad ☐ Polyethylene Wrap ☐ Vinyl Wrapping
☐ Tar or Asphalt ☐ Unknown ☐ None ☐ Other (describe): _____
Cathodic Protection: ☑ None ☐ Impressed Current System ☐ Sacrificial Anode System
☐ Describe System & Equipment: _____

7. Leak Detection, Monitoring, and Interception
a. Tank: ☐ Visual (vaulted tanks only) ☐ Groundwater Monitoring Well(s)
☐ Vadose Zone Monitoring Well(s) ☐ U-Tube Without Liner
☐ U-Tube with Compatible Liner Directing Flow To Monitoring Well(s)*
☐ Vapor Detector * ☐ Liquid Level Sensor * ☐ Conductivity Sensor *
☑ Pressure Sensor In Annular Space Of Double Wall Tank * _____
☐ Liquid Retrieval & Inspection From U-Tube, Monitoring Well Or Annular Space
☐ Daily Gauging & Inventory Reconciliation ☐ Periodic Tightness Testing
☐ None ☐ Unknown ☐ Other _____

b. Piping: ☐ Flow-Restricting Leak Detector(s) For Pressurized Piping*
☐ Monitoring Sump With Raceway ☐ Sealed Concrete Raceway
☐ Half-Cut Compatible Pipe Raceway ☐ Synthetic Liner Raceway ☐ None
☐ Unknown ☐ Other

*Describe Make & Model: M.S.A. TANKGUARD # 481532 CONSOLE W/ # 481215 LIQUID PROBE

8. Tank Tightness
Has This Tank Been Tightness Tested? ☐ Yes ☑ No ☐ Unknown
Date Of Last Tightness Test: N/A Results Of Test: N/A
Test Name: N/A Testing Company: N/A

9. Tank Repair
Tank Repaired? ☐ Yes ☑ No ☐ Unknown
Date(s) Of Repair(s) _____
Describe Repairs _____

10. Overfill Protection
☐ Operator Fills, Controls, & Visually Monitors Level
☑ Tape Float Gauge ☒ Float Vent Valves ☐ Auto Shut-Off Controls
☐ Capacitance Sensor ☐ Sealed Fill Box ☐ None ☐ Unknown
☐ Other: _____ List Make & Model For Above Devices

11. Piping
a. Underground Piping: ☑ Yes ☐ No ☐ Unknown Material: FIBERGLASS
Thickness (inches) SCH. 40 Diameter 2" Manufacturer: AMERON
☑ Pressure ☐ Suction ☐ Gravity Approximate Length Of Pipe Run 300'

b. Underground Piping Corrosion Protection:
☐ Galvanized ☐ Fiberglass-Clad ☐ Impressed Current ☐ Sacrificial Anode
☐ Polyethylene Wrap ☐ Electrical Isolation ☐ Vinyl Wrap ☐ Tar or Asphalt
☐ Unknown ☑ None ☐ Other (describe): FIBERGLASS PIPE

c. Underground Piping, Secondary Containment:
☑ Double-Wall ☐ Synthetic Liner System ☐ None ☐ Unknown
☐ Other (describe): _____

TANK # UNL-1 (FILL OUT SEPARATE FORM FOR EACH TANK) 330028 B

FOR EACH SECTION, CHECK ALL APPROPRIATE BOXES

I. 1. Tank is: ☐ Vaulted ☐ Non-Vaulted ☑ Double-Wall ☐ Single-Wall

2. Tank Material
☐ Carbon Steel ☐ Stainless Steel ☐ Polyvinyl Chloride ☑ Fiberglass-Clad Steel
☐ Fiberglass-Reinforced Plastic ☐ Concrete ☐ Aluminum ☐ Bronze ☐ Unknown
☐ Other (describe): _____

3. Primary Containment

Date Installed	Thickness (Inches)	Capacity (Gallons)	Manufacturer
MAY 1988	1/4	10,000	MODERN WELDING

4. Tank Secondary Containment
☑ Double-Wall ☐ Synthetic Liner ☐ Lined Vault ☐ None ☐ Unknown
☐ Other (describe): _____ Manufacturer: _____
Material _____ Thickness (Inches) _____ Capacity (Gals.) _____

5. Tank Interior Lining
☐ Rubber ☐ Alkyd ☐ Epoxy ☐ Phenolic ☐ Glass ☐ Clay ☑ Unlined ☐ Unknown
☐ Other (describe): _____

6. Tank Corrosion Protection
☐ Galvanized ☑ Fiberglass-Clad ☐ Polyethylene Wrap ☐ Vinyl Wrapping
☐ Tar or Asphalt ☐ Unknown ☐ None ☐ Other (describe): _____
Cathodic Protection: ☑ None ☐ Impressed Current System ☐ Sacrificial Anode System
☐ Describe System & Equipment: _____

7. Leak Detection, Monitoring, and Interception
a. Tank: ☐ Visual (vaulted tanks only) ☐ Groundwater Monitoring Well(s)
☐ Vadose Zone Monitoring Well(s) ☐ U-Tube Without Liner
☐ U-Tube with Compatible Liner Directing Flow To Monitoring Well(s)*
☐ Vapor Detector * ☐ Liquid Level Sensor * ☐ Conductivity Sensor*
☑ Pressure Sensor In Annular Space Of Double Wall Tank * _____
☐ Liquid Retrieval & Inspection From U-Tube, Monitoring Well Or Annular Space
☐ Daily Gauging & Inventory Reconciliation ☐ Periodic Tightness Testing
☐ None ☐ Unknown ☐ Other _____
b. Piping: ☐ Flow-Restricting Leak Detector(s) For Pressurized Piping*
☐ Monitoring Sump With Raceway ☐ Sealed Concrete Raceway
☐ Half-Cut Compatible Pipe Raceway ☐ Synthetic Liner Raceway ☐ None
☐ Unknown ☐ Other _____
*Describe Make & Model: M.S.A. TANKGUARD # 481532 CONSOLE W/ # 481215 LIQUID PROBE

8. Tank Tightness
Has This Tank Been Tightness Tested? ☐ Yes ☑ No ☐ Unknown
Date Of Last Tightness Test N/A Results Of Test N/A
Test Name N/A Testing Company N/A

9. Tank Repair
Tank Repaired? ☐ Yes ☑ No ☐ Unknown
Date(s) Of Repair(s) _____
Describe Repairs _____

10. Overfill Protection
☐ Operator Fills, Controls, & Visually Monitors Level
☑ Tape Float Gauge ☐ Float Vent Valves ☐ Auto Shut-Off Controls
☐ Capacitance Sensor ☐ Sealed Fill Box ☐ None ☐ Unknown
☐ Other: _____ List Make & Model For Above Devices

11. Piping
a. Underground Piping: ☑ Yes ☐ No ☐ Unknown Material FIBERGLASS
Thickness (inches) SCH. 40 Diameter 2" Manufacturer AMERON
☑ Pressure ☐ Suction ☐ Gravity Approximate Length Of Pipe Run 300'
b. Underground Piping Corrosion Protection:
☐ Galvanized ☐ Fiberglass-Clad ☐ Impressed Current ☐ Sacrificial Anode
☐ Polyethylene Wrap ☐ Electrical Isolation ☐ Vinyl Wrap ☐ Tar or Asphalt
☐ Unknown ☑ None ☐ Other (describe): FIBERGLASS PIPE
c. Underground Piping, Secondary Containment:
☑ Double-Wall ☐ Synthetic Liner System ☐ None ☐ Unknown
☐ Other (describe): _____

TANK # REG-1 (FILL OUT SEPARATE FORM FOR EACH TANK) 32-0028B

FOR EACH SECTION, CHECK ALL APPROPRIATE BOXES

I. 1. Tank is: ☐ Vaulted ☐ Non-Vaulted ☑ Double-Wall ☐ Single-Wall

2. Tank Material
☐ Carbon Steel ☐ Stainless Steel ☐ Polyvinyl Chloride ☑ Fiberglass-Clad Steel
☐ Fiberglass-Reinforced Plastic ☐ Concrete ☐ Aluminum ☐ Bronze ☐ Unknown
☐ Other (describe): _____

3. Primary Containment

Date Installed	Thickness (Inches)	Capacity (Gallons)	Manufacturer
MAY, 1988	1/4	10,000	MODERN WELDING

4. Tank Secondary Containment
☑ Double-Wall ☐ Synthetic Liner ☐ Lined Vault ☐ None ☐ Unknown
☐ Other (describe): _____ Manufacturer: _____
Material _____ Thickness (Inches) _____ Capacity (Gals.) _____

5. Tank Interior Lining
☐ Rubber ☐ Alkyd ☐ Epoxy ☐ Phenolic ☐ Glass ☐ Clay ☑ Unlined ☐ Unknown
☐ Other (describe): _____

6. Tank Corrosion Protection
☐ Galvanized ☑ Fiberglass-Clad ☐ Polyethylene Wrap ☐ Vinyl Wrapping
☐ Tar or Asphalt ☐ Unknown ☐ None ☐ Other (describe): _____
Cathodic Protection: ☑ None ☐ Impressed Current System ☐ Sacrificial Anode System
☐ Describe System & Equipment: _____

7. Leak Detection, Monitoring, and Interception
a. Tank: ☐ Visual (vaulted tanks only) ☐ Groundwater Monitoring Well(s)
☐ Vadose Zone Monitoring Well(s) ☐ U-Tube Without Liner
☐ U-Tube with Compatible Liner Directing Flow To Monitoring Well(s)*
☐ Vapor Detector * ☐ Liquid Level Sensor * ☐ Conductivity Sensor*
☑ Pressure Sensor In Annular Space Of Double Wall Tank * _____
☐ Liquid Retrieval & Inspection From U-Tube, Monitoring Well Or Annular Space
☐ Daily Gauging & Inventory Reconciliation ☐ Periodic Tightness Testing
☐ None ☐ Unknown ☐ Other _____
b. Piping: ☐ Flow-Restricting Leak Detector(s) For Pressurized Piping*
☐ Monitoring Sump With Raceway ☐ Sealed Concrete Raceway
☐ Half-Cut Compatible Pipe Raceway ☐ Synthetic Liner Raceway ☐ None
☐ Unknown ☐ Other _____
*Describe Make & Model: M.S.A. TANKGUARD # 481532 CONSOLE W/# 481215 LIQUID PROBE

8. Tank Tightness
Has This Tank Been Tightness Tested? ☐ Yes ☑ No ☐ Unknown
Date Of Last Tightness Test N/A Results Of Test N/A
Test Name N/A Testing Company N/A

9. Tank Repair
Tank Repaired? ☐ Yes ☑ No ☐ Unknown
Date(s) Of Repair(s) _____
Describe Repairs _____

10. Overfill Protection
☐ Operator Fills, Controls, & Visually Monitors Level
☑ Tape Float Gauge ☐ Float Vent Valves ☐ Auto Shut-Off Controls
☐ Capacitance Sensor ☐ Sealed Fill Box ☐ None ☐ Unknown
☐ Other: _____ List Make & Model For Above Devices

11. Piping
a. Underground Piping: ☑ Yes ☐ No ☐ Unknown Material FIBERGLASS
Thickness (inches) SCH. 40 Diameter 2" Manufacturer AMERON
☑ Pressure ☐ Suction ☐ Gravity Approximate Length Of Pipe Run 300'
b. Underground Piping Corrosion Protection:
☐ Galvanized ☐ Fiberglass-Clad ☐ Impressed Current ☐ Sacrificial Anode
☐ Polyethylene Wrap ☐ Electrical Isolation ☐ Vinyl Wrap ☐ Tar or Asphalt
☐ Unknown ☑ None ☐ Other (describe): FIBERGLASS PIPE
c. Underground Piping, Secondary Containment:
☑ Double-Wall ☐ Synthetic Liner System ☐ None ☐ Unknown
☐ Other (describe): _____

OWNER'S CERTIFICATE

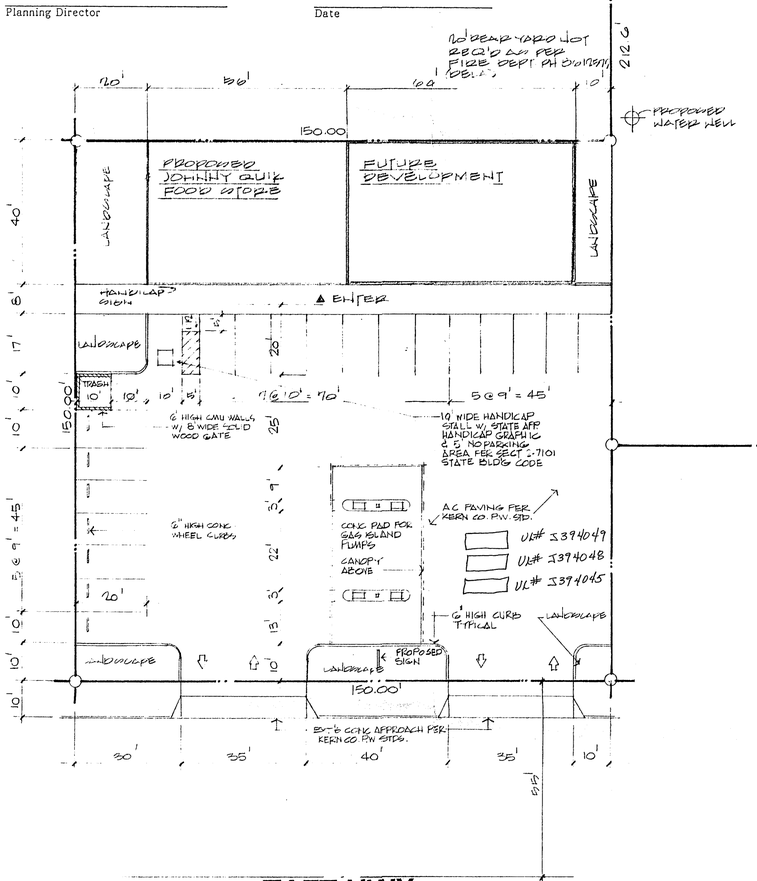
I (we), the undersigned, owner(s) of the property shown on this plan, hereby certify that I am (we are) aware of the proposals shown hereon, and I (we) hereby agree that all property dedications and improvements shown and required hereon will be completed prior to use or occupancy of the premises.

Date _____ Signature(s) of Property Owner(s) _____

PLANNING DIRECTOR'S CERTIFICATE

I hereby certify that I have conducted a public hearing on this P-D (Precise Development) Plan, pursuant to the requirements of the Ordinance Code of Kern County, and, after hearing all persons wishing to be heard, and considering all testimony, written and oral, approved this plan subject to the conditions shown hereon.

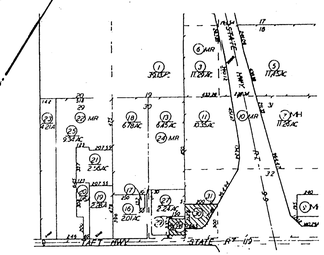
Planning Director _____ Date _____



TAFT HWY.

SITE PLAN

SCALE 1" = 20'



VICINITY MAP

STATISTICS

APN : 3193 - 120 - 10
ZONE: C2 PD

LOT AREA : 22,500 S.F.
BUILDING HEIGHT : 15'-0"

FLOOR AREA	: 2240 S.F.	9.95 %	OF LOT AREA
GAS ISLAND CANOPY	: 1200 S.F	5.33 %	"
FUTURE BUILDING	: 1960 S.F	8.18 %	"
TOTAL COVERAGE	: 7200 S.F.	32 %	"
LANDSCAPE AREA	: 15,300 S.F	68.00 %	"
PROPOSED PARKING:	20 STALLS		

CONTENTS

TAFT HWY.

DRAWN

DATE

JOB 8790

RLC DESIGN PROGRESSIONS
6222 N. FIRST, SUITE 108 FRESNO, CA 93710
PHONE (209) 435 5445

PROJECT

JOHNNY QUIK FOOD STORES

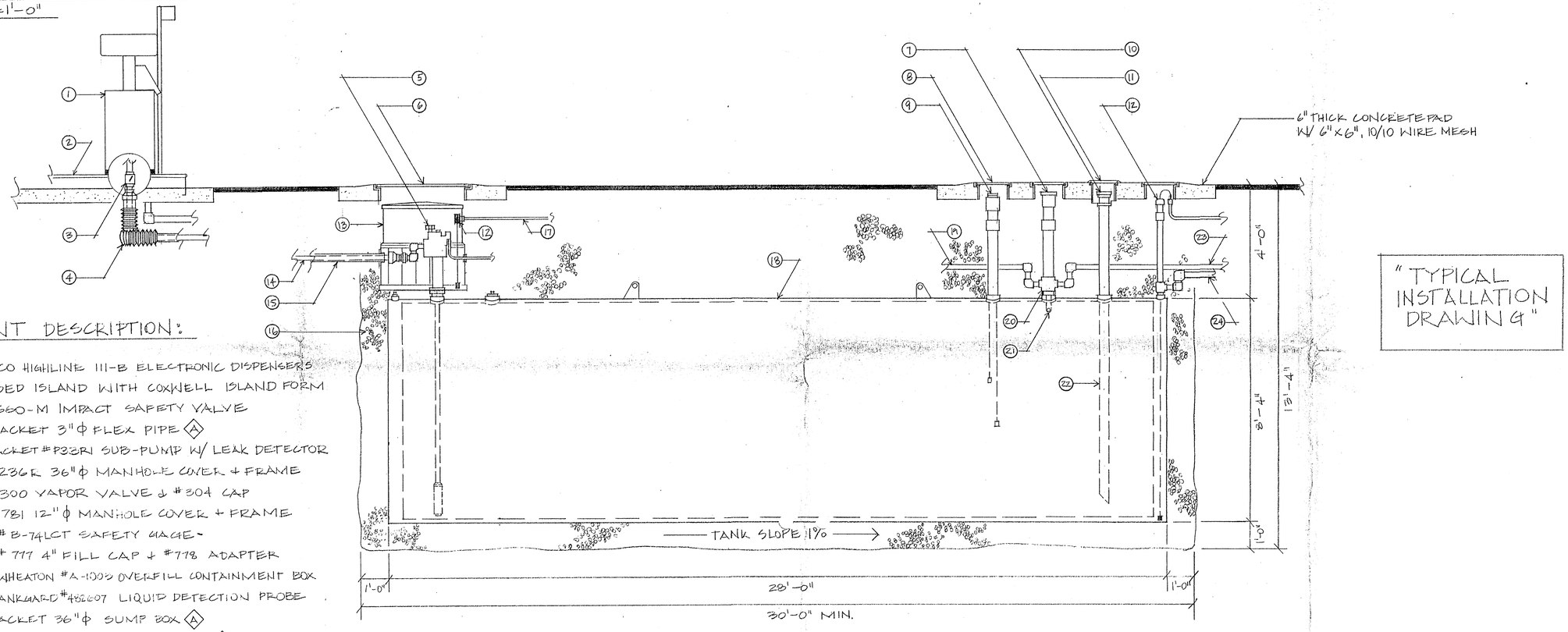
BUILDER

SHEET NO. 1 OF SHEETS

107076

UNDERGROUND FUEL TANK DETAILS

SCALE: 1/2" = 1'-0"



"TYPICAL INSTALLATION DRAWING"

EQUIPMENT DESCRIPTION:

1. GILBARCO HIGHLINE III-B ELECTRONIC DISPENSERS
2. 6" RAISED ISLAND WITH COXWELL ISLAND FORM
3. EBW #660-M IMPACT SAFETY VALVE
4. PIPE JACKET 3" ϕ FLEX PIPE (A)
5. RED JACKET #P32RI SUB-PUMP W/ LEAK DETECTOR
6. CNI #236R 36" ϕ MANHOLE COVER & FRAME
7. EBW #300 VAPOR VALVE & #304 CAP
8. EBW #781 12" ϕ MANHOLE COVER & FRAME
9. STEIL #B-74LCT SAFETY GAGE
10. EBW #777 4" FILL CAP & #778 ADAPTER
11. EMCO-WHEATON #A-100S OVERFILL CONTAINMENT BOX
12. M.S.A. TANKGARD #482607 LIQUID DETECTION PROBE
13. PIPE JACKET 36" ϕ SUMP BOX (A)
14. 2" ϕ F.R.P. PRODUCT SUPPLY LINE (B)
15. PIPE JACKET 3" ϕ TELESCOPING PIPE (A)
16. CLEAN SAND BACKFILL MATERIAL
17. U.G. ELECTRICAL CONDUITS FOR PROBES & PUMP (C)
18. MODERN WELDING ENVIRO-10 D.W.T. W/ GLASSTEEL
19. 2" ϕ F.R.P. PHASE II VAPOR RETURN LINE
20. EBW #330 EXTRACTOR VALVE
21. EBW #308 BALL FLOAT VALVE
22. EBW #782 4" ϕ FILL TUBE
23. 2" ϕ F.R.P. PRIMARY TANK ATMOSPHERIC VENT (B)
24. 2" ϕ F.R.P. SECONDARY TANK ATMOSPHERIC VENT (B)

MISC. NOTES:

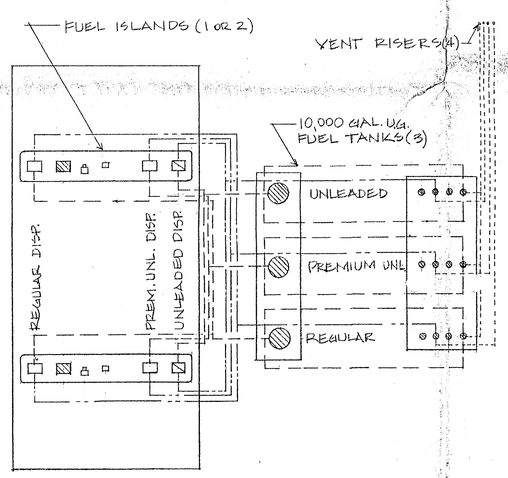
(A) SECONDARY CONTAINMENT SYSTEM FOR PRESSURE PIPING BY "PIPE JACKET", TOTAL CONTAINMENT

(B) ALL FIBERGLASS REINFORCED PLASTIC (F.R.P.) PIPING BY AMERON, DUALOY-3000. ALL PIPING TO SLOPE 1% TOWARD TANK. ALL PIPING TO CONFORM TO ALL STATE AND LOCAL CODES.

(C) ALL ELECTRICAL TO CONFORM TO NATIONAL ELECTRICAL CODE

U.G. PLUMBING SCHEMATIC

SCALE: 1" = 10'-0"

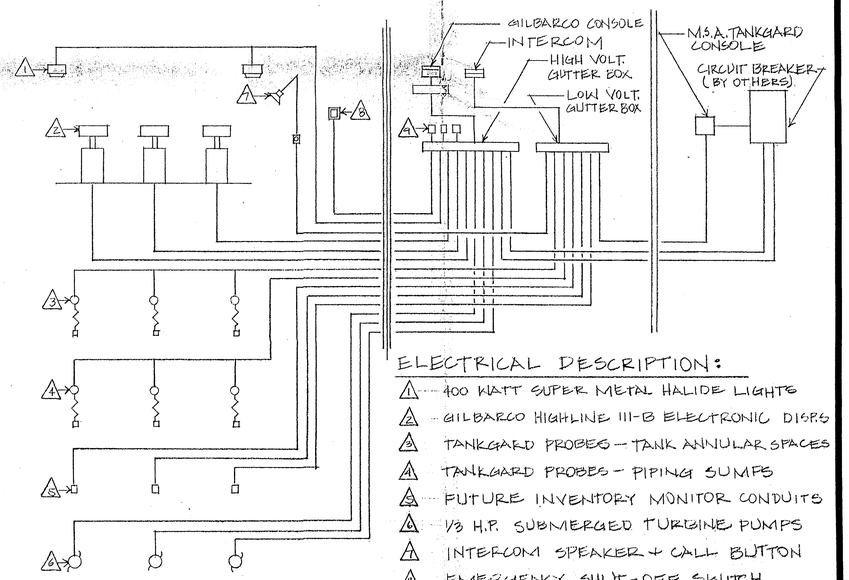


PIPING LEGEND:

- = PRODUCT SUPPLY LINES (A)
- = PHASE II VAPOR RETURN LINES
- = ATMOSPHERIC VENT LINES

FUELING EQUIPMENT ELECTRICAL SCHEMATIC

NOT-TO-SCALE



ELECTRICAL DESCRIPTION:

1. 400 WATT SUPER METAL HALIDE LIGHTS
2. GILBARCO HIGHLINE III-B ELECTRONIC DISPS
3. TANKGARD PROBES — TANK ANNULAR SPACES
4. TANKGARD PROBES — PIPING SUMPS
5. FUTURE INVENTORY MONITOR CONDUITS
6. 1/3 H.P. SUBMERGED TURBINE PUMPS
7. INTERCOM SPEAKER & CALL BUTTON
8. EMERGENCY SHUT-OFF SWITCH
9. SUBMERGED TURBIN PUMP CONTROL RELAYS

REVISIONS	BY

FUELING INSTALLATION DETAILS

BY: BANKS & CO.
2403 E. BELMONT AVE.
FRESNO, CA. 93701
(209) 486-3456

FOR: JOHNNY-QUIK FOOD STORES
1715 MINNEWANA, SUITE #104
CLOVIS, CA 93612
(209) 299-0258

DRAWN	BILL MOORE
CHECKED	
DATE	OCT. 20, 1987
SCALE	1/2" = 1'-0"
JOB NO.	
SHEET	ONE
OF	THREE SHEETS

5 December 2013

Kuljit Ghuman
2126 Taft Highway
Bakersfield, CA 93313

REVIEW – SOIL ASSESSMENT REPORT, UNDERGROUND STORAGE TANK RELEASE, JOHNNY QUICK #143, 2126 TAFT HIGHWAY, BAKERSFIELD, KERN COUNTY, RB CASE 5T15000929

The *Soil investigation Report* (Report) dated September 2013, was submitted by the consultant, Advanced Environmental Concepts, Inc. (AEC), in response to the Central Valley Regional Water Quality Control Board (Central Valley Water Board) staff letter dated 17 July 2013. The Report summarizes investigation to define the vertical and lateral extent of petroleum fuel constituents detected in soil during May 2013 underground storage tank (UST) system piping replacement. This letter summarizes the Report, addresses concerns and provides comments, and requests additional submittals prior to final consideration of case closure of the UST site (Site).

SUMMARY

After the UST system piping was replaced, a vertical 2-inch diameter pipe was installed at the UST release source area (dispenser), and another 10 feet to the west, as drilling guides for direct-push borings TH-1 and TH-2, respectively. The piping trench was backfilled with pea gravel and then paved with concrete. On 29 July 2013, AEC attempted to advance TH-1, but encountered drilling problems which prevented sample collection. TH-2 and an additional lateral boring, TH-3, located 15 feet north of the source area, were successfully drilled and sampled. Soil samples were collected at five-foot intervals beginning at five feet below ground surface (bgs), to a maximum depth of 30 feet bgs.

On September 9, 2013, concrete and backfill were removed from the area, and TH-1 was successfully advanced and sampled at five-foot intervals from 10 feet to 40 feet bgs. TH-4, was also sampled as an additional lateral boring five feet north of TH-3, since a low concentration of gasoline constituents was detected in the sample collected from TH-3 at 25 feet bgs. TH-4 was sampled at five-foot intervals from 25 to 40 feet bgs.

The samples were submitted to a California-certified laboratory for analysis for total petroleum hydrocarbons as gasoline (TPHg); benzene, toluene, ethylbenzene, and xylenes (BTEX); and the fuel oxygenate methyl tertiary butyl ether (MTBE). Selected samples were also analyzed for total petroleum hydrocarbons as diesel (TPHd). The sample from TH-1 at 10 feet bgs was also analyzed for volatile organic compounds, including naphthalene. TPHg and TPHd were detected at 10 feet in TH-1 at 260 and 682 milligrams per kilogram (mg/kg), respectively, and naphthalene was detected at 12 mg/kg. TPHg was detected at less than 10 mg/kg in samples from 15 and

DEC – 9 2013

20 feet bgs, but no deeper. Benzene was not detected in samples from TH-1 or the other borings. Ethylbenzene was detected at 0.3 mg/kg at 20 feet in TH-1. Xylenes were detected to 20 feet bgs in TH-1 from 1.8 to 14 mg/kg, and at less than 1 mg/kg from 25 to 35 feet bgs.

TPHg was detected at less than 1 mg/kg at 25 feet bgs in lateral borings TH-2 and TH-3, and toluene was also detected at less than 1 mg/kg at 25 feet in TH-2. No analytes were detected in samples from lateral boring TH-4.

AEC concluded that significant concentrations of gasoline and diesel constituents did not migrate below 15 feet bgs through the permeable sandy soil, and remain within an approximate 10-foot radius of the release point. The presence of silt lenses, encountered from 20 – 24 and 32 -36 feet bgs, did not cause extensive lateral fluid migration. Groundwater was not affected by the release. AEC recommends case closure.

COMMENTS

Central Valley Water Board staff concurs that gasoline and diesel constituents are confined to shallow depths, and did not migrate to groundwater. The investigation summarized in the Report defines the vertical and lateral extent of affected soil – **additional investigation is not requested**. Little hydrocarbon mass remains, and secondary source removal is not practicable. Gasoline and diesel constituent concentrations detected in shallow soil during May and September 2013 suggest that human health risk is less than the level of concern.

Low-Threat Underground Storage Tank Case Closure Policy Evaluation

Central Valley Water Board staff is required by State Water Resources Control Board Resolution No. 2012-0062 to review UST release cases for closure in accordance with the *Low-Threat Underground Storage Tank Case Closure Policy* (Policy). The subject UST release may be eligible for closure under the Policy, based on data contained in the Report and case file. Policy criteria remaining to be satisfied are discussed below:

The following General Criteria are **not** satisfied:

e.) Development of a Conceptual Site Model (CSM) that assesses the nature and mobility of the release. Sufficient supporting information and data for the CSM are contained in the Report and case file, with the exception of a Sensitive Receptor Survey (SRS), and an estimate of the remaining hydrocarbon mass.

- **A SRS is requested** - provide documentation of any water wells within 1,000 feet of the release, including private domestic, irrigation, and other wells, with construction details, based on examination of DWR records and other records. Utilities and other enclosed spaces in the vicinity of the release, and any other potential receptors also need to be identified. The SRS should include a field reconnaissance.

- **Calculate the remaining hydrocarbon mass** - include the data used, calculations, and assumptions.

The following tasks in the Policy's Low-Threat Case Closure section needs to be completed prior to closure:

a.) Notification of the proposed case closure to water districts, water replenishment districts, special act districts with groundwater management authority, agencies with authority to issue building permits for land affected by the unauthorized release, and the owners and occupants of the property affected by the unauthorized release, and owners and occupants of all parcels adjacent to the impacted property.

- **An Off-Site Property Owner Survey (Survey) is requested** - provide a mailing list for distribution of a Public Notice to be prepared by Central Valley Water Board staff. The Survey should be conducted by obtaining the property owner names and mailing addresses, business and residences mailing addresses, and assessors' parcel maps and numbers for all properties overlying soil and groundwater historically impacted by the UST release and adjacent properties. The data should be presented in a table or spreadsheet. Central Valley Water Board staff will request will proceed with closure after a 60 day public comment period, if comments adverse to closure are not received.

b.) The removal and proper disposal of waste piles, drums, debris and other investigation derived materials in accordance with regulatory agency requirements.

By 5 February 2014, please submit the Off-Site Property Owner Survey and hydrocarbon mass calculation.

Please call me at (559) 445-5504 or email at jwhiting@waterboards.ca.gov if you have any questions, and in advance of fieldwork.

John D. Whiting

JOHN D. WHITING
Engineering Geologist
PG No. 5951

Shelton R. Gray

SHELTON R. GRAY
Senior Engineering Geologist

cc: Lydia V. von Sydow, Kern County Environmental Health Division, Bakersfield
Jonathon Buck, Advanced Environmental Concepts, Inc., Bakersfield

60297

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: **JOHNNY QUICK** Bldg. No.:
Site Address: **2126 TAFT HWY** City: **BAKERSFIELD** Zip: **93313**
Facility Contact Person: **MR. KOOL** Contact Phone No.: **(661) 834-9113**
Make/Model of Monitoring System: **TLS-350** Date of Testing/Servicing: **2/23/2015**

B. Inventory of Equipment Tested/Certified

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

Tank ID: REG87
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: PREM91
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: DIESEL
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:
- ☐ In-Tank Gauging Probe. Model:
- ☐ Annular Space or Vault Sensor. Model:
- ☐ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1/2
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3/4
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5/6
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7/8
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ 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): **BRANDON MASON** Signature:
Certification No.: **5284980-UT / B34335** License. No.: **C61/ D40 A HAZ 809850**
Testing Company Name: **RICH ENVIRONMENTAL** Phone No.: **(661) 392-8687**
Testing Company Address: **5643 BROOKS CT. BAKERSFIELD, CA 93308** Date of Testing/Servicing: **2/23/2015**

D. Results of Testing/Servicing

Software Version Installed: **332.00**

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☐ Yes	☒ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☒ Yes	☐ No* ☐ 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)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ 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? %
☒ Yes*	☐ 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.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ 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:

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:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In 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:

☒ Yes	☐ No* ☐ 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: ☒ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☒ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

Monitoring System Certification Form: Addendum for Vacuum/Pressure Interstitial Sensors

I. Results of Vacuum/Pressure Monitoring Equipment Testing

This page should be used to document testing and servicing of vacuum and pressure interstitial sensors. A copy of this form must be included with the Monitoring System Certification Form, which must be provided to the tank system owner/operator. The owner/operator must submit a copy of the Monitoring System Certification Form to the local agency regulating UST systems within 30 days of test date.

Manufacturer: N/A	**Model:**	**System Type:** ☐ Pressure; ☐ Vacuum

Sensor ID	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail

How was interstitial communication verified?
☐ Leak Introduced at Far End of Interstitial Space;[1] ☐ Gauge; ☐ Visual Inspection; ☐ Other *(Describe in Sec. J, below)*

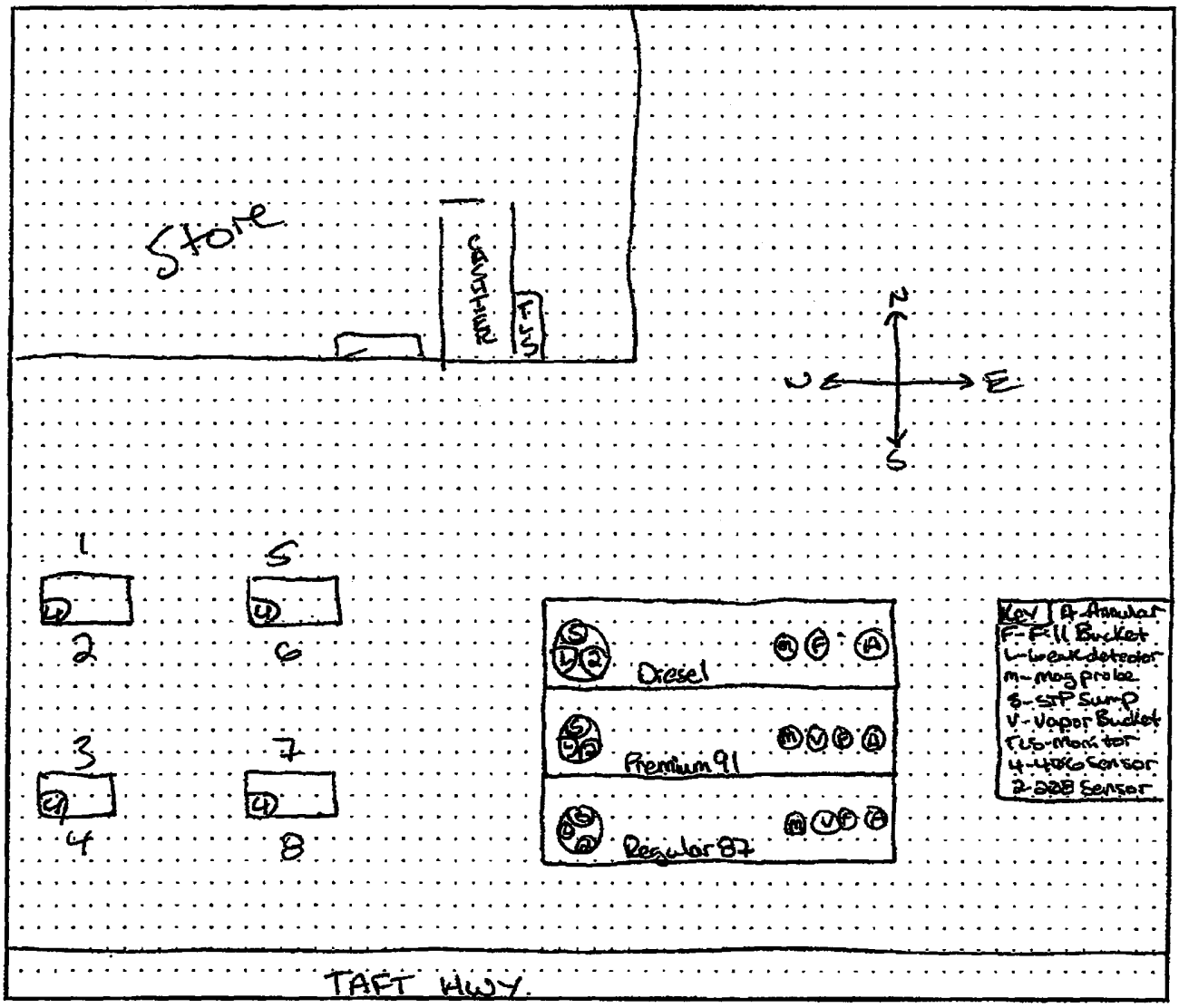
Was vacuum/pressure restored to operating levels in all interstitial spaces? ☐ Yes ☐ No *(If no, describe in Sec. J, below)*

J. Comments: N/A

[1] If the sensor successfully detects a simulated vacuum/pressure leak introduced in the interstitial space at the furthest point from the sensor, vacuum/pressure has been demonstrated to be communicating throughout the interstice.

UST Monitoring Site Plan

Site Address: 2126 TAFT HWY. BAKERSFIELD, CA.



Date map was drawn: 2/14/2013.

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.

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RICH ENVIRONMENTAL

5643 BROOKS CT. BAKERSFIELD, CA. 93308
OFFICE (661)392-8687 FAX (661)392-0621

PRODUCT LINE LEAK DETECTOR TEST

WORK SHEET

W/0#: _____

FACILITY NAME: JOHNNY QUICK

FACILITY ADDRESS: 2126 TAFT HWY. BAKERSFIELD

PRODUCT LINE TYPE: PRESSURE

PRODUCT	LEAK DETECTOR TYPE SERIAL NUMBER	TEST BELOW 3 G.P.H.	TRIP P.S.I.	PASS OR FAIL
REG87	L/D TYPE : RED JACKET SERIAL # 2347	YES	10	PASS
PREM91	L/D TYPE : RED JACKET SERIAL # 1262	YES	10	PASS
DIESEL	L/D TYPE : RED JACKET SERIAL # 3246	YES	10	PASS
	L/D TYPE : __ SERIAL # __	YES NO		PASS FAIL

I CERTIFY THE ABOVE TESTS WERE CONDUCTED ON THIS DATE ACCORDING TO RED JACKET PUMPS FIELD TEST APPARATUS TESTING PROCEDURE AND LIMITATIONS. THE MECHANICAL LEAK DETECTOR TEST PASS / FAIL IS DETERMINED BY USING A LOW FLOW THRESHOLD TRIP RATE OF 3 GALLONS PER HOUR OR LESS AT 10 P.S.I. I ACKNOWLEDGE THAT ALL DATA COLLECTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TECHNICIAN: BRANDON MASON

SIGNATURE: _____ **DATE:** 2/23/15

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SWRCB, January 2006

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:	JOHHNY QUICK	Date of Testing:	2/23/15
Facility Address:	2126 TAFT HWY. BAKERSFIELD		
Facility Contact:	MR. KOOL	Phone:	(661) 834-9113
Date Local Agency Was Notified of Testing :	1/14/15		
Name of Local Agency Inspector *(if present during testing)*:	MARTY		

2. TESTING CONTRACTOR INFORMATION

Company Name:	RICH ENVIRONMENTAL
Technician Conducting Test:	BRANDON MASON
Credentials[1]:	☐ CSLB Contractor X ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s):	5284980-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	X Hydrostatic	☐ Vacuum	☐ Other	
Test Equipment Used: VISUAL			Equipment Resolution: 0.00	
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	**1 REG87-FILL**	**2 PREM91-FILL**	**3 DIESEL**	**4**
Bucket Installation Type:	X Direct Bury ☐ Contained in Sump	X Direct Bury ☐ Contained in Sump	X 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:	30MIN	30MIN	30MIN	
Test Start Time (T_I):	9:00	9:00	9:00	
Initial Reading (R_I):	10"	10"	10"	
Test End Time (T_F):	10:00	10:00	10:00	
Final Reading (R_F):	10"	10"	10"	
Test Duration ($T_F - T_I$):	60MIN	60MIN	60MIN	
Change in Reading ($R_F - R_I$):	0	0	0	
Pass/Fail Threshold or Criteria:	0	0	0	
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ 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: 2/23/15

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

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VERSION 332.00
SOFTWARE# 346332-100-A
CREATED - 11.05.27.16.12

S-MODULE# 330160-004-a
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS
ISD/APM

SYSTEM SETUP
- - - - - - - - - - - - - -
FEB 23, 2015 11:04 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

JOHNNY QUICK 143
2126 TAFT HWY
BAKERSFIELD CA 93313
661-834-9113

SHIFT TIME 1 : 8:00 AM
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S.

COMMUNICATIONS SETUP
- - - - - - - - - - - - - - -

PORT SETTINGS:

COMM BOARD : 1 (EDIM)
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 2 (RS-232)
BAUD RATE : 9600
PARITY : NONE
STOP BIT : 1 STOP
DATA LENGTH: 8 DATA
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 3 (RS-232)
BAUD RATE : 1200
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RS-232 END OF MESSAGE
DISABLED

IN-TANK SETUP
- - - - - - - - - - - - - -

T 1:UNL87
PRODUCT CODE : 1
THERMAL COEFF : .000700
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0
WATER ALARM FILTER: LOW

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

60297

T 2:PREM91
PRODUCT CODE : 2
THERMAL COEFF :.000700
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0
WATER ALARM FILTER: LOW

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

T 3:DIESEL
PRODUCT CODE : 3
THERMAL COEFF :.000450
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0
WATER ALARM FILTER: LOW

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

LEAK TEST METHOD
- - - - - - - - - - - - - -

TEST ON DATE : ALL TANK
MAY 27, 2011
START TIME : DISABLED
TEST RATE :0.20 GAL/HR
DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
NORMAL

LIQUID SENSOR SETUP
- - - - - - - - - - - - - -

L 1:87 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:91 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 3:DSL ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 4:87 STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 5:91 STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 6:DSL STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

ALARM SETUP

R 1:87
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 1

LIQUID SENSOR ALMS
L 1:FUEL ALARM
L 4:FUEL ALARM
L 1:SENSOR OUT ALARM
L 4:SENSOR OUT ALARM

ISD SITE ALARMS
ISD GROSS PRES FAIL
ISD DEGRD PRES FAIL
ISD VAPOR LEAK FAIL
ISD VP PRES FAIL
ISD VP STATUS FAIL

ISD HOSE ALARMS
ALL:FLOW COLLECT FAIL

R 2:91
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 2

LIQUID SENSOR ALMS
L 2:FUEL ALARM
L 5:FUEL ALARM
L 2:SENSOR OUT ALARM
L 5:SENSOR OUT ALARM

ISD SITE ALARMS
ISD GROSS PRES FAIL
ISD VAPOR LEAK FAIL
ISD VP PRES FAIL
ISD VP STATUS FAIL

ISD HOSE ALARMS
ALL:FLOW COLLECT FAIL

R 3:DSL
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 3

LIQUID SENSOR ALMS
L 3:FUEL ALARM
L 6:FUEL ALARM
L 3:SENSOR OUT ALARM
L 6:SENSOR OUT ALARM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:87 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 23, 2015 9:55 AM

FUEL ALARM
FEB 23, 2015 9:44 AM

FUEL ALARM
FEB 21, 2014 10:24 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:87 STP
STP SUMP
SENSOR OUT ALARM
FEB 23, 2015 9:55 AM

FUEL ALARM
FEB 23, 2015 9:39 AM

SENSOR OUT ALARM
FEB 21, 2014 10:24 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:91 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 23, 2015 9:55 AM

FUEL ALARM
FEB 23, 2015 9:46 AM

FUEL ALARM
FEB 21, 2014 10:24 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:91 STP
STP SUMP
SENSOR OUT ALARM
FEB 23, 2015 9:55 AM

FUEL ALARM
FEB 23, 2015 9:38 AM

FUEL ALARM
MAR 11, 2014 3:24 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:DSL ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 23, 2015 9:55 AM

FUEL ALARM
FEB 23, 2015 9:48 AM

FUEL ALARM
FEB 21, 2014 10:24 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:DSL STP
STP SUMP
SENSOR OUT ALARM
FEB 23, 2015 9:55 AM

FUEL ALARM
FEB 23, 2015 9:38 AM

SENSOR OUT ALARM
FEB 21, 2014 10:24 AM

60297

MONITOR CERT. FAILURE REPORT

SITE NAME: JOHNNY QUICK DATE: 2/23/15

ADDRESS: 2126 TAFT HWY TECHNICIAN: BRANDON MASON

CITY: BAKERSFIELD SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS: NONE

LABOR: NONE

PARTS INSTALLED: NONE

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

KERN COUNTY
Public Health Services
DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)

MATTHEW CONSTANTINE
DIRECTOR

2700 M STREET, SUITE 300 BAKERSFIELD, CALIFORNIA 93301-2370 VOICE: 661-862-8740 FAX: 661-862-8701 WWW.CO.KERN.CA.US/EH

HAZARDOUS MATERIALS BUSINESS PLAN (HMBP) INSPECTION REPORT

Facility Name: JOHNNY QUIK #143		**Facility ID:** FA0002691
Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313		**CERS ID:** 10233775
Phone: (661) 834-9113	**Consent Granted By:** KULJIT GHUMAN	**Inspection Date:** 04/07/2015
Inspection Type: ☒ Routine ☐ Reinspection		**Reinspection required:** ☒ Yes ☐ No
Inspection Element: BUS PLAN MED LOW RISK 1 UNIT		

File/CERS Review Violations

V	Viol #	Summary	Code
	H335	Failure to adequately complete and submit a HMBP into the California Environmental Reporting System (CERS)	HSC 6.95 25505, 25508(a)(1), 25508(d)
✓	H344	Failure to complete and submit the Business Activities Page and/or Business Owner Operator Identification Page in CERS	HSC 6.95 25508(a)(1); 19 CCR 4 2729.2(a)(1);
✓	H342	Failure to complete and submit hazardous material inventory information for all reportable hazardous materials on site in CERS	HSC 6.95 25505(a)(1), 25506, 25508(a)(1)
	H341	Failure to annually review and electronically certify that the business plan is complete, accurate, and up-to-date in CERS	HSC 6.95 25508(c), 25508.2
✓	H346	Failure to complete and submit a site map with all required content in CERS	HSC 6.95 25505(a)(2), 25508(a)(1)
✓	H347	Failure to submit an adequate emergency response plan and procedures in CERS	HSC 6.95 25505(a)(3), 25508(a)(1)
✓	H353	Failure to submit an adequate training program in CERS	HSC 6.95 25505(a)(4), 25508(a)(1)
	H340	Failure to notify property owner in writing that a HMBP is required	HSC 6.95 25505.1
	H336	Failure to provide property owner a copy of the HMBP upon request	HSC 6.95 25505.1

Onsite Inspection Violations

V	Viol #	Summary	Code
	H334	Failure to adequately establish and implement a HMBP	HSC 6.95 25507
	H343	Failure to revise HMBP in CERS within 30 days upon a substantial change in the handler's operation	HSC 6.95 25508.1(f)
	H345	Failure to update Facility Information and/or Hazardous Materials Inventory in CERS within 30 days upon a significant change	HSC 6.95 25508.1(a)-(e)
	H348	Failure to provide initial and annual safety training to all employees and/or failure to document and maintain training records for 3 years	HSC 6.95 25505(a)(4)
	H338	Failure to report a release or threatened release of a hazardous material to the CUPA and to California Office of Emergency Services	HSC 6.95 25510(a)

Inspector: MARTY A BROWNFIELD **Inspection Date:** 04/07/2015

CONDITIONAL EXEMPTIONS FROM REPORTING REQUIREMENTS

Agricultural handlers are conditionally exempt from electronically submitting Emergency Response and Employee Training Plans in CERS if the following requirements are met:

- Owner/Operator annually submits the Facility Information and Hazardous Materials Inventory electronically into CERS
- Each location/building, where hazardous materials (i.e. pesticides, petroleum products, fertilizers, etc.) are stored, is posted with warning signs that meet the following requirements:
  - Shall be conspicuous and visible from any direction of probable approach
  - Shall be of such size that it is readable from 25 feet and shall be labeled as follows:

> DANGER HAZARDOUS MATERIAL STORAGE AREA
> (the hazardous materials stored within shall be noted by category
> [i.e. pesticides, petroleum products, fertilizers, etc.])
> ALL UNAUTHORIZED PERSONS-KEEP OUT - IN AN EMERGENCY, CONTACT:
> (list the name and phone number of an emergency contact person(s))

  - Shall be repeated in an appropriate language other than English when persons who do not understand the English language may enter the posted location/building
- Owner/Operator provides training for all new employees and annual training, including refresher courses, for all employees in safety procedures in the event of a release or threatened release of a hazardous material, including, but not limited to, familiarity with the emergency plans and procedures

Exempt Facility Violations

V	Viol #	Summary	Code
	H760	Failure to submit Emergency Response/Contingency Plan in CERS when not meeting agricultural handler exemption requirements	HSC 6.95 25507.1, 25508(a)(1); 19 CCR 4 2733, 2734
	H758	Failure to submit Employee Training Plan in CERS when not meeting agricultural handler exemption requirements	HSC 6.95 25507.1, 25508(a)(1); 19 CCR 4 2733, 2734
	H759	Failure to establish and submit a HMBP in CERS when not meeting remote unstaffed facility exemption requirements	HSC 6.95 25505, 25506, 25507, 25507.2, 25508(a)(1)

SUMMARY OF OBSERVATIONS/VIOLATIONS

☐ **No violations of hazardous materials business plan laws/regulations were discovered. KERN CUPA greatly appreciates your efforts to comply with all the laws and regulations applicable to your facility.**

☒ **Violations were observed/discovered as listed below. ALL VIOLATIONS MUST BE CORRECTED WITHIN 30 DAYS OR AS SPECIFIED. CUPA must be informed in writing with a certification that compliance has been achieved. A false statement that compliance has been achieved is a violation of the law and punishable by a fine of not less than $2,000 or more than $25,000 for each violation. Your facility may be reinspected any time during normal business hours. If a second reinspection becomes necessary due to non compliance, a reinspection charge of $100.00 per hour may be charged to the facility.**

You may request a meeting with the Program Manager to discuss the inspection findings and/or the proposed corrective actions. The issuance of this Summary of Violations does not preclude the CUPA from taking administrative, civil, or criminal action.

VIOLATIONS

Violation Number	Violation Text	Violation Degree	Comply by
H342	**Failure to complete and electronically submit hazardous material inventory information for all reportable hazardous materials on site. HSC 6.95 25506, 25505(a)(1), 25508(a)(1)**	**CLASS II VIOLATION**	**05/07/2015**
Violation Details & Corrective Action Required:	*PLEASE UPDATE YOUR HAZARDOUS MATERIALS INVENTORY TO SHOW THAT CARBON DIOXIDE AND LPG ARE STORED AT GREATER THAN AMBIENT PRESSURE*		

Inspector: MARTY A BROWNFIELD **Inspection Date:** 04/07/2015

H344	**Failure to complete and electronically submit the Business Activities Page and/or Business Owner Operator Identification Page. HSC 6.95 25508(a)(1), 19 CCR 4 2729.2(a)(1)**	**CUPA MINOR VIOLATION**	**05/07/2015**
Violation Details & Corrective Action Required:	*PLEASE UPDATE YOUR BEGINNING AND ENDING DATES ON THE BUSINESS OWNER/OPERATOR PAGE IN THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS).*		

H346	**Failure to complete and electronically submit an annotated site map with all required content (north orientation, loading areas, internal roads, adjacent streets, storm and sewer drains, access and exit points, emergency shutoffs, evacuation staging areas, hazardous material handling and storage areas, and emergency response equipment). Updates to existing maps to meet these requirements shall be completed by January 1, 2015. HSC 25505(a)(2), 25508(a)(1)**	**CLASS II VIOLATION**	**05/07/2015**
Violation Details & Corrective Action Required:	*PLEASE UPDATE YOUR SITE/FACILITY MAP TO SHOW WHERE YOUR CO2 IS BEING STORED AT.*		

H347	**Failure to establish and electronically submit an adequate Emergency Response Plan and procedures in the event of a reportable release or threatened release of a hazardous material, including, but not limited to, all of the following:** **(A) Immediate notification to the appropriate local emergency rescue personnel and to the unified program agency.** **(B) Procedures for the mitigation of a release or threatened release to minimize any potential harm or damage to persons, property, or the environment.** **(C) Evacuation plans and procedures, including immediate notice, for the business site. HSC 6.95 25505(a)(3), 25508(a)(1)**	**CLASS II VIOLATION**	**05/07/2015**
Violation Details & Corrective Action Required:	*PLEASE COMPLETE AND UPLOAD INTO THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) THE CONSOLIDATED CONTINGENCY PLAN TEMPLATE FORM LAUREL FUNK E-MAILED YOU*		

H353	**Failure to include and electronically submit an adequate training program in the Hazardous Materials Business Plan (HMBP), which is reasonable and appropriate for the size of the business and the nature of the hazardous materials handled. HSC 6.95 25505(a)(4), 25508(a)(1)**	**CLASS II VIOLATION**	**05/07/2015**
Violation Details & Corrective Action Required:	*PLEASE COMPLETE AND UPLOAD INTO THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) THE EMPLOYEE TRAINING PLAN TEMPLATE TEMPLATE FORM LAUREL FUNK E-MAILED YOU*		

INSPECTION COMMENTS:

COMMENTS: **Go to http://www.co.kern.ca.us/eh/ (Hazardous Materials) for forms and information.**

Inspector: MARTY A BROWNFIELD

Signature of Facility Representative:

Inspection Date: 04/07/2015

Certification: I certify under penalty of perjury that this facility has complied with the corrective actions listed on this inspection form.

Printed Name of Owner/Operator	**Title**
Signature of Owner/Operator	**Date**

KERN COUNTY
Public Health Services
DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)

MATTHEW CONSTANTINE
DIRECTOR

2700 M STREET, SUITE 300 BAKERSFIELD, CALIFORNIA 93301-2370 VOICE: 661-862-8740 FAX: 661-862-8701 WWW.CO.KERN.CA.US/EH

UNDERGROUND STORAGE TANK INSPECTION REPORT

Facility Name: JOHNNY QUIK #143		**Facility ID:** FA0002691
Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313		**CERS ID:** 10233775 **BOE #:**
Phone: (661) 834-9113	**Consent Granted By:** KULJIT GHUMAN	**Inspection Date:** 04/07/2015
Designated Operator: RICH ENVIRONMENTAL	**Testing Company:** RICH ENVIRONMENTAL	
Inspection Type: ☒ Routine ☐ Reinspection	**Reinspection required:** ☒ Yes ☐ No	

File/CERS Review Violations

V	Viol #	Summary	Code
	H650	FAILURE TO OBTAIN/MAINTAIN A VALID OPERATING PERMIT	23 CCR 16 2712(i); HSC 6.7 25284
✓	H651	FAILURE TO SUBMIT ACCURATE UST FACILITY/TANK INFORMATION	23 CCR 16 2711; HSC 6.7 25286(a)
✓	H653	FAILURE TO SUBMIT STATEMENT OF DESIGNATED OPERATOR/UST COMPLIANCE	23 CCR 16 2715(a), 2715(b)
	H654	FAILURE TO SUBMIT/MAINTAIN AN ACCURATE RESPONSE PLAN	23 CCR 16 2632, 2634(e), 2641(h), 2712(i)
	H655	FAILURE TO SUBMIT/MAINTAIN AN ACCURATE PLOT PLAN	23 CCR 16 2632(d)(1)(C), 2711(a)(8)
	H660	MAKING FALSE STATEMENTS/REPRESENTATION ON ANY DOCUMENT	HSC 6.7 25299
	H662	FAILURE TO COMPLETE/SUBMIT ANNUAL MONITORING CERTIFICATION	23 CCR 16 2638
	H663	FAILURE TO COMPLETE SECONDARY CONTAINMENT TESTING	23 CCR 16 2637
	H664	FAILURE TO ANNUALLY TEST SPILL CONTAINMENT	HSC 6.7 25284.2
	H665	FAILURE TO SUBMIT SECONDARY CONTAINMENT TEST RESULTS	23 CCR 16 2637(e)

General Violations

V	Viol #	Summary	Code
	H741	FAILURE TO COMPLY WITH ALL OPERATING PERMIT CONDITIONS	23 CCR 16 2712
	H680	IMPROPER PROGRAMING/OPERATION OF LEAK DETECTION EQUIPMENT	23 CCR 16 2632, 2634, 2636, 2666
	H681	FAILURE OF LEAK DETECTION EQUIPMENT TO HAVE AUDIBLE/VISUAL ALARMS	23 CCR 16 2632, 2634, 2636, 2666
	H683	FAILURE TO INSTALL CORRECT LEAK DETECTION SYSTEM	23 CCR 16 2638; HSC 6.7 25290.1, 25290.2, 2529122 CCR 12 66262.34(d)(2);
	H684	FAILURE TO PROPERLY LABEL CERTIFIED MONITORING EQUIPMENT	23 CCR 16 2638(f)
	H690	FAILURE TO PROPERLY MONITOR UNDER DISPENSER CONTAINMENT	23 CCR 16 2636(f)(1)
	H694	FAILURE OF SENSOR TO BE LOCATED IN THE PROPER POSITION	23 CCR 16 2630(d), 2641(a)
	H695	TAMPERING WITH LEAK DETECTION EQUIPMENT	HSC 6.7 25299(a)(9)
	H704	FAILURE TO INSTALL LINE LEAK DETECTORS ON PRESSURIZED PIPING	HSC 6.7 25290.1(h), 25290.2(g), 25291(f), 25292(e)
	H708	FAILURE OF LINE LEAK DETECTOR TO FUNCTION AS REQUIRED	23 CCR 16 2636(f)(2)
	H711	FAILURE TO KEEP SECONDARY CONTAINMENT FREE OF DEBRIS/ LIQUID AND IN GOOD CONDITION	HSC 6.7 25290.1, 25290.2, 25291
	H717	FAILURE TO KEEP SPILL BUCKET FREE OF DEBRIS/LIQUID AND IN GOOD CONDITION	23 CCR 16 2635(b), 2715(c)(2)
	H676	FAILURE TO OBTAIN PERMITS TO INSTALL, REPLACE, REPAIR OR MODIFY PART OF THE UST SYSTEM	23 CCR 16 2712

Inspector: MARTY A BROWNFIELD **Inspection Date:** 04/07/2015

General Violations - continued

V	Viol #	Summary	Code
	H719	FAILURE TO OPERATE THE UST SYSTEM TO PREVENT SPILLS/ OVERFILLS	HSC 6.7 25292.1(a)
	H720	FAILURE OF THE OVERFILL PREVENTION SYSTEM TO FUNCTION AS REQUIRED	23 CCR 16 2635(b)(2), 2665
	H721	FAILURE OF INDIVIDUALS WORKING ON/MAINTAINING THE UST SYSTEM TO HAVE A PROPER/CURRENT ICC CERTIFICATION	23 CCR 16 2715
	H747	FAILURE TO COMPLY WITH TEMPORARY CLOSURE REQUIREMENTS	23 CCR 16 2670, 2671; HSC 6.7 25298
	H748	FAILURE TO COMPLY WITH ALL PERMANENT CLOSURE REQUIREMENTS	23 CCR 16 2670, 2672; HSC 6.7 25298

Double Walled Tank Violations

V	Viol #		Code
	H682	FAILURE TO CONTINUOUSLY MONITOR SECONDARY CONTAINMENT THAT ACTIVATES AN AUDIBLE/VISUAL ALARM	23 CCR 16 2631(g), 2632(c)(2)(A)&(B), 2633(c), 2636(f)
	H699	FAILURE TO CONTINUOUSLY MONITOR SECONDARY CONTAINMENT USING VACUUM/PRESSURE/HYDROSTATIC	HSC 6.7 25290.1(e)
	H714	FAILURE TO MAINTAIN PRODUCT TIGHT SECONDARY CONTAINMENT	23 CCR 16 2662; HSC 6.7 25290.1(c)(2), 25290.2(c)(2), 25291(a), 25292(e)

Double Walled Piping Violations

V	Viol #	Summary	Code
	H666	FAILURE TO COMPLY WITH ANNUAL LINE INTEGRITY TESTING	23 CCR 16 2636(f)(4)
	H686	FAILURE OF SECONDARY CONTAINMENT MONITORING TO PROVIDE FAIL SAFE AND POSITIVE SHUT DOWN	23 CCR 16 2636(f)(5)
	H687	FAILURE TO CONTINUOUSLY MONITOR SECONDARY CONTAINMENT THAT ACTIVATES AN AUDIBLE/VISUAL ALARM	23 CCR 16 2636(f)(1)
	H705	FAILURE TO CHECK MONITORING SYSTEM DAILY TO MAINTAIN EMERGENCY GENERATOR LINE LEAK DETECTOR EXEMPTION	23 CCR 16 2636(f)(2), 2666(c)
	H712	FAILURE TO MANTAIN SECONDARY CONTAINMENT TO ALLOW PRODUCT TO BE DETECTED AT THE EARLIEST POSSIBLE	23 CCR 16 2630(d), 2641(a)

Single Walled Tank Violations

V	Viol #	Summary	Code
	H685	FAILURE TO USE THE AUTOMATIC TANK GAUGE AND MANUAL INVENTORY RECONCILIATION FOR LOW VOLUME TANK TESTING	23 CCR 16 2643(b)(2)
	H688	FAILURE TO CONDUCT 0.2 GALLON/HOUR CONTINUOUS IN TANK LEAK DETECTION TEST MONTHLY AND DOCUMENT	23 CCR 16 2643(b)(5)
	H689	FAILURE TO CONDUCT 0.2 GALLON/HOUR IN TANK LEAK DETECTION TEST MONTHLY AND DOCUMENT	23 CCR 16 2643(b)(1)
	H692	FAILURE TO INSTALL AUTOMATIC TANK GAUGING/LEAK DETECTION	23 CCR 16 2643; HSC 6.7 25292(a)
	H701	FAILURE TO MAINTAIN/INSPECT CORROSION PROTECTION SYSTEM AS REQUIRED	23 CCR 16 2635(a)(2), 2662(c)(1)(B)
	H755	FAILURE TO INSTALL A FUNCTIONAL CORROSION PROTECTION	23 CCR 16 2635(a)(2)(A)
	H669	FAILURE TO RECERTIFY INTERIOR LINED TANKS AS REQUIRED	23 CCR 16 2663
	H671	FAILURE TO CONDUCT ENHANCED LEAK DETECTION TESTING AS REQUIRED	23 CCR 16 2644.1(a)(3)
	H672	FAILURE TO SUBMIT ENHANCED LEAK DETECTION TEST RESULTS AS REQUIRED	23 CCR 16 2644.1(a)(5)
	H749	FAILURE TO CORRECT ANY FAILURES DETECTED DURING ENHANCED LEAK DETECTION TESTING	HSC 6.7 25292.4(d), 25292.5(c)

Single Walled Piping Violations

V	Viol #	Summary	Code
	H703	FAILURE TO PERFORM MONTHLY 0.2 GALLON/HOUR OR ANNUAL 0.1 GALLON/HOUR LINE INTEGRITY TESTS	23 CCR 16 2641(a), 2643(c)
	H707	FAILURE OF THE LINE LEAK DETECTOR TO PROVIDE FAIL SAFE AND POSITIVE SHUT DOWN	23 CCR 16 2666(c)

On Site Records Violations

V	Viol #	Summary	Code
	H652	FAILURE TO OBTAIN/MAINTAIN A VALID BOARD OF EQUALIZATION ACCOUNT NUMBER	HSC 6.7 25286(c)
	H661	FAILURE TO NOTIFY THE CUPA OF A CHANGE IN DESIGNATED OPERATOR	23 CCR 16 2715(a)
✓	H724	FAILURE TO SUBMIT/MAINTAIN A CURRENT CERTIFICATION OF FINANCIAL RESPONSIBILITY	23 CCR 16 2711; 23 CCR 18 2808.1, 2809-2809.2; HSC 6.7 25292.2; HSC 6.75 25299.30-25299.34
	H726	FAILURE TO MAINTAIN COPIES OF DESIGNATED OPERATOR'S INSPECTION REPORTS AND LIST OF TRAINED EMPLOYEES	23 CCR 16 2715
	H727	FAILURE OF DESIGNATED OPERATOR TO COMPLY WITH ALL MONTHLY INSPECTION REQUIREMENTS	23 CCR 16 2715
	H729	FAILURE TO MAINTAIN ALARM LOGS AND FOLLOW-UP DOCUMENTATION	23 CCR 16 2632, 2634, 2712(b)
	H731	FAILURE OF DESIGNATED OPERATOR TO PROVIDE APPROPRIATE EMPLOYEE TRAINING	23 CCR 16 2715(c)(6), 2715(f)
	H736	FAILURE TO MAINTAIN MONITORING, MAINTENANCE, AND REPAIR RECORDS	23 CCR 16 2712(b)
	H737	FAILURE TO MAINTAIN CORROSION PROTECTION RECORDS	23 CCR 16 2635, 2712(b)
	H738	FAILURE TO MAINTAIN AN APPROVED MONITORING PLAN ON SITE	23 CCR 16 2632, 2634, 2711, 2712(i)
	H739	FAILURE TO SUBMIT/MAINTAIN A WRITTEN OWNER/OPERATOR AGREEMENT	23 CCR 16 2620(b); HSC 6.7 25284(a)(3)
	H740	FAILURE TO RECORD AND/OR REPORTSUSPECTED OR ACTUAL UNAUTHORIZED RELEASE CORRECTLY	HSC 6.7 29294, 29295

SUMMARY OF OBSERVATIONS/VIOLATIONS

☐ **No violations of underground storage tank laws/regulations were discovered. KERN CUPA greatly appreciates your efforts to comply with all the laws and regulations applicable to your facility.**

☒ **Violations were observed/discovered as listed below. All violations must be corrected by implementing the corrective action listed by each violation. If you disagree with any of the violations or corrective actions required, please inform the CUPA in writing.**

ALL VIOLATIONS MUST BE CORRECTED WITHIN 30 DAYS OR AS SPECIFIED. CUPA must be informed in writing with a certification that compliance has been achieved. A false statement that compliance has been achieved is a violation of the law and punishable by a fine of not less than $2,000 or more than $25,000 for each violation. Your facility may be reinspected any time during normal business hours. If a second reinspection becomes necessary due to non compliance, a reinspection charge of $100.00 per hour may be charged to the facility.

You may request a meeting with the Program Manager to discuss the inspection findings and/or the proposed corrective actions. The issuance of this Summary of Violations does not preclude the CUPA from taking administrative, civil, or criminal action.

VIOLATIONS

Violation Number	Violation Text	Violation Degree	Comply by
H651	**Failure to prepare, maintain, and submit accurate CUPA UST Operating Permit Application for Facility information and/or Tank information. 23 CCR 16 2711; HSC 6.7 25286(a)**	**CLASS II VIOLATION**	**05/07/2015**
Violation Details & Corrective Action Required:	*USING THE INFORMATION PROVIDED BY LAUREL FUNK, PLEASE COMPLETE AND RE-SUBMIT YOUR UST OPERATOR APPLICATION AND FORMS INTO THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS).* *THIS INCLUDES:* *1.) UST TANK INFORMATION* *2.) UST MONITORING PLAN*		
H653	**Failure to submit statement of UST compliance and/or Designated Operator current certification. 23 CCR 16 2715(a), 2715(b)**	**CLASS II VIOLATION**	**05/07/2015**
Violation Details & Corrective Action Required:	*USING THE FORM PROVIDED BY LAUREL FUNK, PLEASE COMPLETE AND RE-SUBMIT YOUR DESIGNATED OPERATOR FORM INTO THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS).*		
H724	**Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance. 23 CCR 16 2711; 23 CCR 18 2808.1, 2809-2809.2; HSC 6.7 25292.2; HSC 6.75 25299.30-25299.34**	**CLASS II VIOLATION**	**05/07/2015**
Violation Details & Corrective Action Required:	*USING THE INFORMATION PROVIDED BY LAUREL FUNK, PLEASE COMPLETE AND RE-SUBMIT THE FOLLOWING DOCUMENTS REGARDING THE UST FINANCIAL RESPONSIBILITY INTO THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS).* *1.) CERTIFICATE OF FINANCIAL RESPONSIBILITY* *2.) CHIEF FINANCIAL OFFICER'S LETTER*		

INSPECTION COMMENTS:

THIS WAS A PAPERWORK ONLY INSPECTION - ANNUAL MONITORING CERT WAS COMPLETED ON FEBRUARY 23, 2015 BY BRANDON MASON WITH RICH ENVIRONMENTAL

Inspector: **MARTY A BROWNFIELD** **Inspection Date:** **04/07/2015**

COMMENTS: Go to http://www.co.kern.ca.us/eh/ (Hazardous Materials) for forms and information.

Inspector: MARTY A BROWNFIELD

Signature of Facility Representative:

Inspection Date: 04/07/2015

Certification: I certify under penalty of perjury that this facility has complied with the corrective actions listed on this inspection form.

Printed Name of Owner/Operator	Title
Signature of Owner/Operator	Date

CERTIFIED UNIFIED PROGRAM AGENCY PERMIT

KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT

ENVIRONMENTAL HEALTH SERVICE DIVISION

2700 M ST, SUITE 300, BAKERSFIELD, CA 93301

(661) 862-8740 www.co.kern.ca.us/eh e-mail: hazmatprogram@co.kern.ca.us

REGULATED FACILITY:

JOHNNY QUIK #143
2126 TAFT HWY
BAKERSFIELD CA 93313

IDENTIFICATION NUMBERS:

FACILITY ID: FA0002691
CERS ID: 10233775

OWNER(S) OF RECORD:

KULJIT SINGH GHUMAN

General Health Program	Permit #	Additional Information	PIP*	Effective Thru
BUS PLAN MED LOW RISK 1 UNIT	0000313			06/30/2017
UNDERGROUND STORAGE TANK PROGRAM	0013545			02/28/2017

STATE UST ID#	SIZE(GAL)	CONTENTS
15-010-002691-0001	10,000	REGULAR UNLEADED
15-010-002691-0002	10,000	PREMIUM UNLEADED
15-010-002691-0003	10,000	DIESEL

Permit Issued: 3/1/2015

UST Permit Expiration Date: 02/28/2016

Matthew Constantine
Public Health Services Director

This ENVIRONMENTAL HEALTH PERMIT is issued to the owner(s) and establishment shown above subject to compliance with all applicable laws and regulations. Permit is valid unless revoked or suspended for violation of applicable laws and regulations.

The underground storage tank portion of this permit must be renewed by: 02/28/2016

PERMIT IS NON-TRANSFERABLE AND MUST BE PROMINENTLY DISPLAYED IN THE PLACE OF BUSINESS

* **PIP - P**erformance **I**ncentive **P**rogram is a voluntary program for facilities that handle extremely hazardous material(s).

KULJIT SINGH GHUMAN
KULJIT SINGH GHUMAN
2126 TAFT HWY
BAKERSFIELD, CA 93313

Underground Storage Tank Facilities:

1. The permit holder shall comply with the monitoring, response, and plot plans as submitted in the California Environmental Reporting System (CERS) and accepted by this Division. The underground storage tank facility must also be monitored according to all the applicable requirements in the California Code of Regulations, Title 23, Division 3, Chapter 16.

2. A copy of the facility's underground storage tank leak prevention monitoring program (including facility form, tank form, monitoring plan, response plan, and plot plan), as accepted by this Division, must be accessible at the facility, either electronically or hard copy.

3. Monitoring of the tank system(s) shall be according to the Monitoring Plan(s) as submitted in CERS and accepted by this Division.

4. Monitor panel shall be inspected daily. Inspections shall be documented and maintained on site.

5. The underground storage tank system shall be operated and maintained in accordance with the manufacturer's instructions, including routine maintenance and service checks (at least once per year) for operability or running condition. Other testing shall be performed as required in the accepted monitoring plan in CERS.

6. Reports (ie. Monitoring System Certification) documenting any maintenance, testing, monitoring, and/or changes to the underground storage tanks shall be submitted to this Division within 30 days of testing and/or changes.

7. The facility owner/operator shall ensure that the facility has adequate financial responsibility insurance coverage, as mandated for all underground storage tanks, and supply proof of such coverage electronically in CERS.

8. The owner and/or operator must report any significant unauthorized release from underground storage tanks to this Division within 24 hours of discovery.

9. The underground storage tank permit will be renewed once compliance with all of the above conditions is verified and an onsite inspection is completed by this Division.

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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: **JOHNNY QUICK** Bldg. No.:
Site Address: **2126 TAFT HWY** City: **BAKERSFIELD** Zip: **93313**
Facility Contact Person: **MR. KOOL** Contact Phone No.: **(661) 834-9113**
Make/Model of Monitoring System: **TLS-350** Date of Testing/Servicing: **2/23/2015**

B. Inventory of Equipment Tested/Certified

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

Tank ID: REG87
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: PREM91
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: DIESEL
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:
- ☐ In-Tank Gauging Probe. Model:
- ☐ Annular Space or Vault Sensor. Model:
- ☐ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1/2
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3/4
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5/6
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7/8
- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ 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): **BRANDON MASON** Signature:
Certification No.: **5284980-UT / B34335** License. No.: **C61/ D40 A HAZ 809850**
Testing Company Name: **RICH ENVIRONMENTAL** Phone No.: **(661) 392-8687**
Testing Company Address: **5643 BROOKS CT. BAKERSFIELD, CA 93308** Date of Testing/Servicing: **2/23/2015**

D. Results of Testing/Servicing

Software Version Installed: **332.00**

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☐ Yes	☒ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☒ Yes	☐ No* ☐ 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)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ 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? %
☒ Yes*	☐ 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.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ 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:

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:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In 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:

☒ Yes	☐ No* ☐ 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: ☒ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☒ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

Monitoring System Certification Form: Addendum for Vacuum/Pressure Interstitial Sensors

I. Results of Vacuum/Pressure Monitoring Equipment Testing

This page should be used to document testing and servicing of vacuum and pressure interstitial sensors. A copy of this form must be included with the Monitoring System Certification Form, which must be provided to the tank system owner/operator. The owner/operator must submit a copy of the Monitoring System Certification Form to the local agency regulating UST systems within 30 days of test date.

Manufacturer: N/A	**Model:**	**System Type:** ☐ Pressure; ☐ Vacuum

Sensor ID	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail

How was interstitial communication verified?
☐ Leak Introduced at Far End of Interstitial Space;[1] ☐ Gauge; ☐ Visual Inspection; ☐ Other *(Describe in Sec. J, below)*

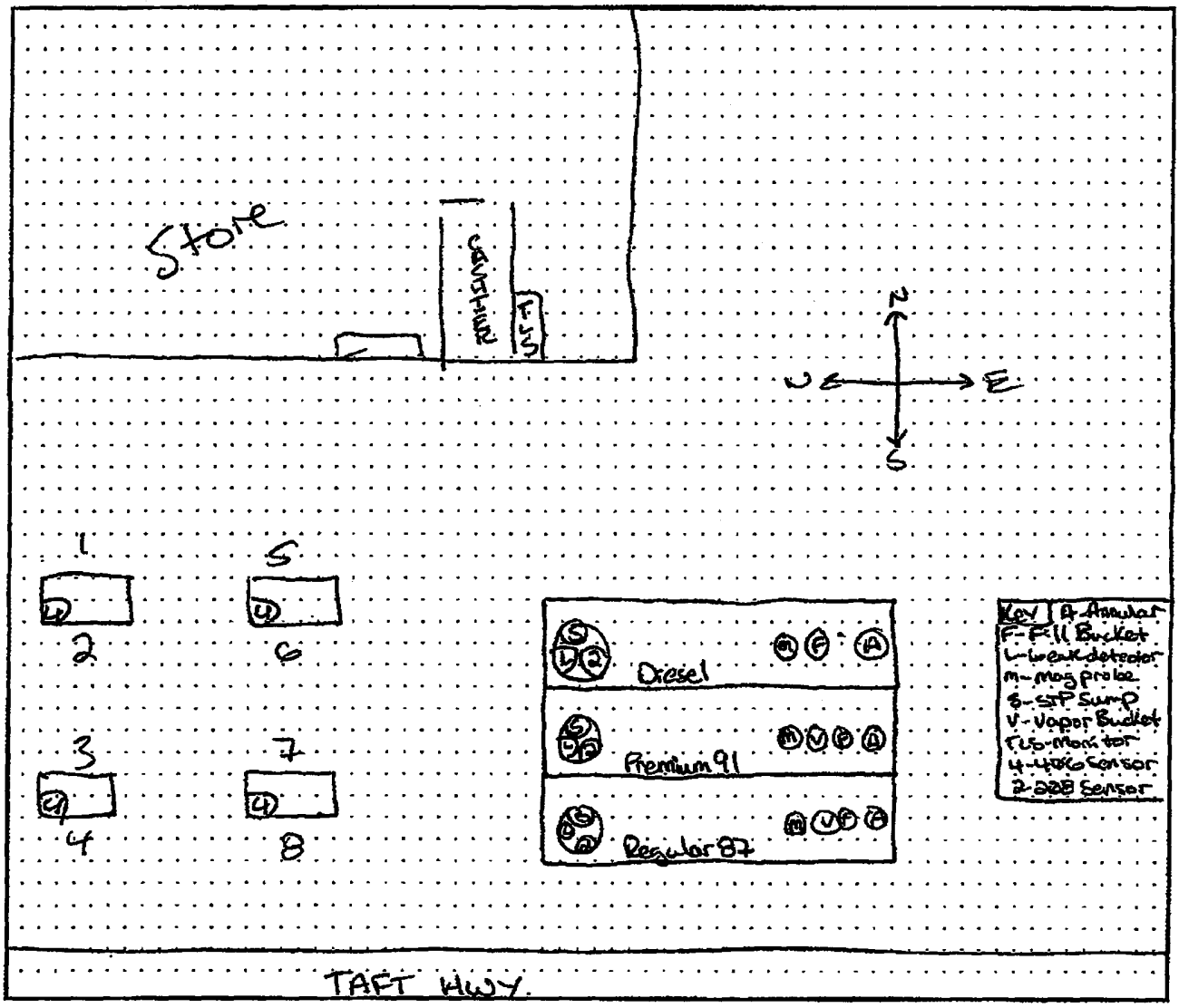
Was vacuum/pressure restored to operating levels in all interstitial spaces? ☐ Yes ☐ No *(If no, describe in Sec. J, below)*

J. Comments: N/A

[1] If the sensor successfully detects a simulated vacuum/pressure leak introduced in the interstitial space at the furthest point from the sensor, vacuum/pressure has been demonstrated to be communicating throughout the interstice.

UST Monitoring Site Plan

Site Address: 2126 TAFT HWY. BAKERSFIELD, CA.



Date map was drawn: 2/14/2013.

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.

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RICH ENVIRONMENTAL

5643 BROOKS CT. BAKERSFIELD, CA. 93308
OFFICE (661)392-8687 FAX (661)392-0621

PRODUCT LINE LEAK DETECTOR TEST

WORK SHEET

W/0#: _____

FACILITY NAME: JOHNNY QUICK

FACILITY ADDRESS: 2126 TAFT HWY. BAKERSFIELD

PRODUCT LINE TYPE: PRESSURE

PRODUCT	LEAK DETECTOR TYPE SERIAL NUMBER	TEST BELOW 3 G.P.H.	TRIP P.S.I.	PASS OR FAIL
REG87	L/D TYPE : RED JACKET SERIAL # 2347	YES	10	PASS
PREM91	L/D TYPE : RED JACKET SERIAL # 1262	YES	10	PASS
DIESEL	L/D TYPE : RED JACKET SERIAL # 3246	YES	10	PASS
	L/D TYPE : __ SERIAL # __	YES NO		PASS FAIL

I CERTIFY THE ABOVE TESTS WERE CONDUCTED ON THIS DATE ACCORDING TO RED JACKET PUMPS FIELD TEST APPARATUS TESTING PROCEDURE AND LIMITATIONS. THE MECHANICAL LEAK DETECTOR TEST PASS / FAIL IS DETERMINED BY USING A LOW FLOW THRESHOLD TRIP RATE OF 3 GALLONS PER HOUR OR LESS AT 10 P.S.I. I ACKNOWLEDGE THAT ALL DATA COLLECTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TECHNICIAN: BRANDON MASON

SIGNATURE: _____ **DATE:** 2/23/15

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SWRCB, January 2006

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:	JOHHNY QUICK	Date of Testing:	2/23/15
Facility Address:	2126 TAFT HWY. BAKERSFIELD		
Facility Contact:	MR. KOOL	Phone:	(661) 834-9113
Date Local Agency Was Notified of Testing :	1/14/15		
Name of Local Agency Inspector *(if present during testing)*:	MARTY		

2. TESTING CONTRACTOR INFORMATION

Company Name:	RICH ENVIRONMENTAL
Technician Conducting Test:	BRANDON MASON
Credentials[1]:	☐ CSLB Contractor X ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s):	5284980-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	X Hydrostatic	☐ Vacuum	☐ Other	
Test Equipment Used: VISUAL			Equipment Resolution: 0.00	
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	**1 REG87-FILL**	**2 PREM91-FILL**	**3 DIESEL**	**4**
Bucket Installation Type:	X Direct Bury ☐ Contained in Sump	X Direct Bury ☐ Contained in Sump	X 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:	30MIN	30MIN	30MIN	
Test Start Time (T_I):	9:00	9:00	9:00	
Initial Reading (R_I):	10"	10"	10"	
Test End Time (T_F):	10:00	10:00	10:00	
Final Reading (R_F):	10"	10"	10"	
Test Duration ($T_F - T_I$):	60MIN	60MIN	60MIN	
Change in Reading ($R_F - R_I$):	0	0	0	
Pass/Fail Threshold or Criteria:	0	0	0	
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ 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: 2/23/15

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

60297

VERSION 332.00
SOFTWARE# 346332-100-A
CREATED - 11.05.27.16.12

S-MODULE# 330160-004-a
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS
ISD/APM

SYSTEM SETUP
- - - - - - - - - - - - - -
FEB 23, 2015 11:04 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

JOHNNY QUICK 143
2126 TAFT HWY
BAKERSFIELD CA 93313
661-834-9113

SHIFT TIME 1 : 8:00 AM
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S.

COMMUNICATIONS SETUP
- - - - - - - - - - - - - - -

PORT SETTINGS:

COMM BOARD : 1 (EDIM)
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 2 (RS-232)
BAUD RATE : 9600
PARITY : NONE
STOP BIT : 1 STOP
DATA LENGTH: 8 DATA
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 3 (RS-232)
BAUD RATE : 1200
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RS-232 END OF MESSAGE
DISABLED

IN-TANK SETUP
- - - - - - - - - - - - - -

T 1:UNL87
PRODUCT CODE : 1
THERMAL COEFF : .000700
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0
WATER ALARM FILTER: LOW

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

60297

T 2:PREM91
PRODUCT CODE : 2
THERMAL COEFF :.000700
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0
WATER ALARM FILTER: LOW

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

T 3:DIESEL
PRODUCT CODE : 3
THERMAL COEFF :.000450
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0
WATER ALARM FILTER: LOW

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

LEAK TEST METHOD
- - - - - - - - - - - - - -

TEST ON DATE : ALL TANK
MAY 27, 2011
START TIME : DISABLED
TEST RATE :0.20 GAL/HR
DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
NORMAL

LIQUID SENSOR SETUP
- - - - - - - - - - - - - -

L 1:87 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:91 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 3:DSL ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 4:87 STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 5:91 STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 6:DSL STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

ALARM SETUP

R 1:87
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 1

LIQUID SENSOR ALMS
L 1:FUEL ALARM
L 4:FUEL ALARM
L 1:SENSOR OUT ALARM
L 4:SENSOR OUT ALARM

ISD SITE ALARMS
ISD GROSS PRES FAIL
ISD DEGRD PRES FAIL
ISD VAPOR LEAK FAIL
ISD VP PRES FAIL
ISD VP STATUS FAIL

ISD HOSE ALARMS
ALL:FLOW COLLECT FAIL

R 2:91
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 2

LIQUID SENSOR ALMS
L 2:FUEL ALARM
L 5:FUEL ALARM
L 2:SENSOR OUT ALARM
L 5:SENSOR OUT ALARM

ISD SITE ALARMS
ISD GROSS PRES FAIL
ISD VAPOR LEAK FAIL
ISD VP PRES FAIL
ISD VP STATUS FAIL

ISD HOSE ALARMS
ALL:FLOW COLLECT FAIL

R 3:DSL
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 3

LIQUID SENSOR ALMS
L 3:FUEL ALARM
L 6:FUEL ALARM
L 3:SENSOR OUT ALARM
L 6:SENSOR OUT ALARM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:87 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 23, 2015 9:55 AM

FUEL ALARM
FEB 23, 2015 9:44 AM

FUEL ALARM
FEB 21, 2014 10:24 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:87 STP
STP SUMP
SENSOR OUT ALARM
FEB 23, 2015 9:55 AM

FUEL ALARM
FEB 23, 2015 9:39 AM

SENSOR OUT ALARM
FEB 21, 2014 10:24 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:91 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 23, 2015 9:55 AM

FUEL ALARM
FEB 23, 2015 9:46 AM

FUEL ALARM
FEB 21, 2014 10:24 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:91 STP
STP SUMP
SENSOR OUT ALARM
FEB 23, 2015 9:55 AM

FUEL ALARM
FEB 23, 2015 9:38 AM

FUEL ALARM
MAR 11, 2014 3:24 PM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:DSL ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 23, 2015 9:55 AM

FUEL ALARM
FEB 23, 2015 9:48 AM

FUEL ALARM
FEB 21, 2014 10:24 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:DSL STP
STP SUMP
SENSOR OUT ALARM
FEB 23, 2015 9:55 AM

FUEL ALARM
FEB 23, 2015 9:38 AM

SENSOR OUT ALARM
FEB 21, 2014 10:24 AM

60297

MONITOR CERT. FAILURE REPORT

SITE NAME: JOHNNY QUICK DATE: 2/23/15

ADDRESS: 2126 TAFT HWY TECHNICIAN: BRANDON MASON

CITY: BAKERSFIELD SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS: NONE

LABOR: NONE

PARTS INSTALLED: NONE

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

ENVIRONMENTAL HEALTH
DIVISION

2700 M STREET, SUITE 300, BAKERSFIELD, CA 93301-2370
VOICE: (661) 862-8740 FAX: (661) 862-8701
Web: www.co.kern.ca.us/eh E-mail: eh@co.kern.ca.us
"ONE VOICE"

MATTHEW CONSTANTINE, DIRECTOR
PUBLIC HEALTH SERVICES

CLAUDIA JONAH, MD
PUBLIC HEALTH OFFICER

CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
HAZARDOUS MATERIAL INSPECTION FORM

Report Date: 02/15/2013 Facility ID: FA0002691 File #: 003201

Facility Name: JOHNNY QUIK #143				**Inspection Type**
Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313				☒ **Routine**
				☐ **Reinspection**
Phone: (661)834-9113				☐ **Complaint**
PROGRAMS INSPECTED:	☐ Business Plan	☐ HW Generator	☒ UST	☐ APSA
REINSPECTION REQUIRED:	☐ Business Plan	☐ HW Generator	☐ UST	☐ APSA

INSPECTOR: JEFFREY MARSHALL **INSPECTION DATE:** 02/14/2013

FACILITY NAME: JOHNNY QUIK #143 **ADDRESS:** 2126 TAFT HWY BAKERSFIELD, CA 93313 **FA ID:** FA0002691 **FILE ID:** 003201

VIOLATION	VIOLATION NUMBER	UNDERGROUND STORAGE TANK REQUIREMENTS
	UT01	Facility has a site certificate of financial responsibility for underground storage tanks on file with regulatory agency [HSC 25292.2(a)].
	UT02	Facility has an approved designated operator and that operator is performing the required inspections and training [Title 23, CCR 2715].
	UT03	Facility has a written monitoring and response plan for USTs on site and on file with regulatory agency [Title 23, CCR 2632(d)(1) & 2641(h)].
	UT05	Facility completed an annual monitoring system certification for an underground storage tank system and submitted it to the regulatory agency [Title 23, CCR 2630(d) 2641(j)].
	UT06	Cathodic protection systems for underground storage tank systems (where appropriate) certified every three years. Facility provided certification results to regulatory agency [Title 23, CCR 2635(a) 2662(b)].
✓	**UT07**	Secondary containment systems for undeground storage tank systems tested every three years. Facility provided results to the agency [Title 23, CCR 2637(a)].
	UT08	Underground storage tank systems (with single walled components) within 1000' of a drinking well must be tested with enhanced leak detection methods (ELD) every three years. Facility provided results to regulatory agency [Title 23, CCR 2640(e) & 2644.1].
	UT11	Facility's underground storage tank monitoring system is functioning as designed [Title 23, CCR 2632].
	UT12	The underground storage system at the facility is monitored according to site's monitoring plan or permit [HSC 25293].
	UT13	Monitoring records for the undeground storage tank system are available upon request [Title 23, CCR 2712(b)].
	UT14	Overspill and overfill equipment for underground storage tank(s) is present, properly installed, and functioning [Title 23, CCR 2635].
	UT16	Change of ownership or monitoring method reported to the permitting agency within 30 days of change [HSC 25284(c); Title 23, CCR 2712].
	UT22	Under Dispenser Containment (UDC) installed [HSC 25284.1 (a)(5)(c)].
	UT23	Under Dispenser Containment (UDC) has approved and functional monitoring equipment [Title 23, CCR 2636(f)(1) and (g)].
	UT24	Leak detection sensors are properly secured at lowest point in sumps and annular spaces [Title 23, CRR 2641(a)].
	UT25	Monitoring system shuts down the pump if a release is detected or the monitor fails or is disconnected [Positive Shut Down (PSD)]. Annual line integrity testing completed if no PSD [Title 23, CCR 2636(f)] .
	UT26	Automatic line leak detectors installed on pressurized piping that detects a 3.0 gph leak [Title 23, CCR 2636(f)(2)].
✓	**UT27**	Secondary containment and overspill containers are liquid/debris free [Title 23, CCR 2631(d)(4) & 2635(b)(1)].

INSPECTOR: JEFFREY MARSHALL **INSPECTION DATE:** 02/14/2013

VIOLATION	VIOLATION NUMBER	UNDERGROUND STORAGE TANK REQUIREMENTS (Continued)
	UT28	No liquid leaks visible [Title 23, CCR 2632].
	UT29	Fuel filters managed properly [HSC 25189(a)].
	UT30	Documentation of hazardous and designated waste disposal [Title 22, CCR 66262.23].

FACILITY NAME: JOHNNY QUIK #143 **ADDRESS:** 2126 TAFT HWY BAKERSFIELD, CA 93313 **FA ID:** FA0002691 **FILE ID:** 003201

SUMMARY OF OBSERVATIONS/VIOLATIONS

☐ **No violations of underground storage tank, hazardous materials, or hazardous waste laws/regulations were discovered. KERN CUPA greatly appreciates your efforts to comply with all the laws and regulations applicable to your facility.**

☒ **Violations were observed/discovered as listed below. All violations must be corrected by implementing the corrective action listed by each violation. If you disagree with any of the violations or corrective actions required, please inform the CUPA in writing.**

ALL VIOLATIONS MUST BE CORRECTED WITHIN 30 DAYS OR AS SPECIFIED. CUPA must be informed in writing with a certification that compliance has been achieved. A false statement that compliance has been achieved is a violation of the law and punishable by a fine of not less than $2,000 or more than $25,000 for each violation. Your facility may be reinspected any time during normal business hours. If a second reinspection becomes necessary due to non compliance, a reinspection charge of $100.00 per hour may be charged to the facility.

You may request a meeting with the Program Manager to discuss the inspection findings and/or the proposed corrective actions. The issuance of this Summary of Violations does not preclude the CUPA from taking administrative, civil, or criminal action.

VIOLATIONS

VIOLATION #	DEGREE OF VIOLATION	CORRECTIVE ACTION REQUIRED
UT27	CLASS II VIOLATION	Clean out containment and properly handle any hazardous waste. **LIQUID WAS OBSERVED IN THE UNDER DISPENSER CONTAINMENT (UDC) FOR DISPENSER #5/6 AND IN THE DIESEL TURBINE SUMP. THE ON-SITE SERVICE TECHNICIAN REMOVED AND DISPOSED OF ALL LIQUID.**

INSPECTOR: JEFFREY MARSHALL **INSPECTION DATE:** 02/14/2013

UT07	CLASS II VIOLATION	Test secondary containment system or if recently tested provide written results to regulatory agency. **A SECONDARY CONTAINMENT TEST (SB 989) WAS CONDUCTED AT THE FACILITY ON JUNE 19, 2012. FAILURES WERE OBSERVED FOR THE 87 OCTANE, 91 OCTANE AND DIESEL SECONDARY PIPING; THE 87 OCTANE AND 91 OCTANE TURBINE SUMP; AND THE UNDER DISPENSER CONTAINMENT #3/4. AN UNDERGROUND STORAGE TANK MODIFICATION PERMIT WAS ISSUED TO THE FACILITY ON NOVEMBER 01, 2012 AND A PRODUCT LINE TEST WAS CONDUCTED ON DECEMBER 04, 2012. THESE FAILURES HAVE NOT BEEN CORRECTED AND THE MODIFICATION PERMIT EXPIRES ON MAY 01, 2013.**

INSPECTION COMMENTS:

AN INSPECTION WAS CONDUCTED AT THE FACILITY ON FEBRUARY 14, 2013. FOR ANY QUESTIONS, PLEASE CONTACT JEFFREY MARSHALL AT 1-661-862-8775.

COMMENTS: **Go to http://www.co.kern.ca.us/eh/cupaprogram.asp for forms and information.**

INSPECTOR: JEFFREY MARSHALL
INSPECTION DATE: 02/14/2013

SIGNATURE OF FACILITY REP:

FA ID: FA0002691 **FACILITY NAME: JOHNNY QUIK #143** **FILE ID: 003201**

Certification: I certify under penalty of perjury that this facility has complied with the corrective actions listed on this inspection form.

Printed Name of Owner/Operator	**Title**
Signature of Owner/Operator	**Date**

ENVIRONMENTAL HEALTH
DIVISION

2700 M STREET, SUITE 300, BAKERSFIELD, CA 93301-2370
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MATTHEW CONSTANTINE, DIRECTOR
PUBLIC HEALTH SERVICES

CLAUDIA JONAH, MD
PUBLIC HEALTH OFFICER

CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
HAZARDOUS MATERIAL INSPECTION FORM

Report Date: 02/15/2013 Facility ID: FA0002691 File #: 003201

Facility Name: JOHNNY QUIK #143				**Inspection Type**
Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313				☒ **Routine**
				☐ **Reinspection**
Phone: (661)834-9113				☐ **Complaint**
PROGRAMS INSPECTED:	☐ Business Plan	☐ HW Generator	☒ UST	☐ APSA
REINSPECTION REQUIRED:	☐ Business Plan	☐ HW Generator	☐ UST	☐ APSA

INSPECTOR: JEFFREY MARSHALL **INSPECTION DATE:** 02/14/2013

FACILITY NAME: JOHNNY QUIK #143 **ADDRESS:** 2126 TAFT HWY BAKERSFIELD, CA 93313 **FA ID:** FA0002691 **FILE ID:** 003201

VIOLATION	VIOLATION NUMBER	UNDERGROUND STORAGE TANK REQUIREMENTS
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	UT02	Facility has an approved designated operator and that operator is performing the required inspections and training [Title 23, CCR 2715].
	UT03	Facility has a written monitoring and response plan for USTs on site and on file with regulatory agency [Title 23, CCR 2632(d)(1) & 2641(h)].
	UT05	Facility completed an annual monitoring system certification for an underground storage tank system and submitted it to the regulatory agency [Title 23, CCR 2630(d) 2641(j)].
	UT06	Cathodic protection systems for underground storage tank systems (where appropriate) certified every three years. Facility provided certification results to regulatory agency [Title 23, CCR 2635(a) 2662(b)].
✓	**UT07**	Secondary containment systems for undeground storage tank systems tested every three years. Facility provided results to the agency [Title 23, CCR 2637(a)].
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	UT12	The underground storage system at the facility is monitored according to site's monitoring plan or permit [HSC 25293].
	UT13	Monitoring records for the undeground storage tank system are available upon request [Title 23, CCR 2712(b)].
	UT14	Overspill and overfill equipment for underground storage tank(s) is present, properly installed, and functioning [Title 23, CCR 2635].
	UT16	Change of ownership or monitoring method reported to the permitting agency within 30 days of change [HSC 25284(c); Title 23, CCR 2712].
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	UT23	Under Dispenser Containment (UDC) has approved and functional monitoring equipment [Title 23, CCR 2636(f)(1) and (g)].
	UT24	Leak detection sensors are properly secured at lowest point in sumps and annular spaces [Title 23, CRR 2641(a)].
	UT25	Monitoring system shuts down the pump if a release is detected or the monitor fails or is disconnected [Positive Shut Down (PSD)]. Annual line integrity testing completed if no PSD [Title 23, CCR 2636(f)] .
	UT26	Automatic line leak detectors installed on pressurized piping that detects a 3.0 gph leak [Title 23, CCR 2636(f)(2)].
✓	**UT27**	Secondary containment and overspill containers are liquid/debris free [Title 23, CCR 2631(d)(4) & 2635(b)(1)].

INSPECTOR: JEFFREY MARSHALL **INSPECTION DATE:** 02/14/2013

VIOLATION	VIOLATION NUMBER	UNDERGROUND STORAGE TANK REQUIREMENTS (Continued)
	UT28	No liquid leaks visible [Title 23, CCR 2632].
	UT29	Fuel filters managed properly [HSC 25189(a)].
	UT30	Documentation of hazardous and designated waste disposal [Title 22, CCR 66262.23].

FACILITY NAME: JOHNNY QUIK #143 **ADDRESS:** 2126 TAFT HWY BAKERSFIELD, CA 93313 **FA ID:** FA0002691 **FILE ID:** 003201

SUMMARY OF OBSERVATIONS/VIOLATIONS

☐ **No violations of underground storage tank, hazardous materials, or hazardous waste laws/regulations were discovered. KERN CUPA greatly appreciates your efforts to comply with all the laws and regulations applicable to your facility.**

☒ **Violations were observed/discovered as listed below. All violations must be corrected by implementing the corrective action listed by each violation. If you disagree with any of the violations or corrective actions required, please inform the CUPA in writing.**

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You may request a meeting with the Program Manager to discuss the inspection findings and/or the proposed corrective actions. The issuance of this Summary of Violations does not preclude the CUPA from taking administrative, civil, or criminal action.

VIOLATIONS

VIOLATION #	DEGREE OF VIOLATION	CORRECTIVE ACTION REQUIRED
UT27	CLASS II VIOLATION	Clean out containment and properly handle any hazardous waste. **LIQUID WAS OBSERVED IN THE UNDER DISPENSER CONTAINMENT (UDC) FOR DISPENSER #5/6 AND IN THE DIESEL TURBINE SUMP. THE ON-SITE SERVICE TECHNICIAN REMOVED AND DISPOSED OF ALL LIQUID.**

INSPECTOR: JEFFREY MARSHALL **INSPECTION DATE:** 02/14/2013

UT07	CLASS II VIOLATION	Test secondary containment system or if recently tested provide written results to regulatory agency. **A SECONDARY CONTAINMENT TEST (SB 989) WAS CONDUCTED AT THE FACILITY ON JUNE 19, 2012. FAILURES WERE OBSERVED FOR THE 87 OCTANE, 91 OCTANE AND DIESEL SECONDARY PIPING; THE 87 OCTANE AND 91 OCTANE TURBINE SUMP; AND THE UNDER DISPENSER CONTAINMENT #3/4. AN UNDERGROUND STORAGE TANK MODIFICATION PERMIT WAS ISSUED TO THE FACILITY ON NOVEMBER 01, 2012 AND A PRODUCT LINE TEST WAS CONDUCTED ON DECEMBER 04, 2012. THESE FAILURES HAVE NOT BEEN CORRECTED AND THE MODIFICATION PERMIT EXPIRES ON MAY 01, 2013.**

INSPECTION COMMENTS:

AN INSPECTION WAS CONDUCTED AT THE FACILITY ON FEBRUARY 14, 2013. FOR ANY QUESTIONS, PLEASE CONTACT JEFFREY MARSHALL AT 1-661-862-8775.

COMMENTS: **Go to http://www.co.kern.ca.us/eh/cupaprogram.asp for forms and information.**

INSPECTOR: JEFFREY MARSHALL
INSPECTION DATE: 02/14/2013

SIGNATURE OF FACILITY REP:

FA ID: FA0002691 **FACILITY NAME: JOHNNY QUIK #143** **FILE ID: 003201**

Certification: I certify under penalty of perjury that this facility has complied with the corrective actions listed on this inspection form.

Printed Name of Owner/Operator	**Title**
Signature of Owner/Operator	**Date**

ENVIRONMENTAL HEALTH
DIVISION

2700 M STREET, SUITE 300, BAKERSFIELD, CA 93301-2370
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MATTHEW CONSTANTINE, DIRECTOR
PUBLIC HEALTH SERVICES

CLAUDIA JONAH, MD
PUBLIC HEALTH OFFICER

CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
HAZARDOUS MATERIAL INSPECTION FORM

Report Date: 02/13/2012 Facility ID: FA0002691 File #: 003201

Facility Name: JOHNNY QUIK #143	**Inspection Type**
Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313	☒ **Routine**
Phone: (661)834-9113	☐ **Reinspection**
	☐ **Complaint**

PROGRAMS INSPECTED:	☒ Business Plan	☐ HW Generator	☒ UST	☐ APSA
REINSPECTION REQUIRED:	☐ Business Plan	☐ HW Generator	☐ UST	☐ APSA

VIOLATION	VIOLATION NUMBER	BUSINESS PLAN REQUIREMENTS
	BP01	Inventory of hazardous materials is accurate, up to date, and complete [HSC 6.95, 25504, Title 19 CCR 2729].
	BP02	Site layout/facility maps are accurate [HSC 6.95,25504; Title 19 CCR 2729].
	BP03	Hazardous materials are stored in properly labeled and non-deteriorated containers [HSC 25124(b)(3)(A & B)].
	BP04	The hazardous materials inventory shall be submitted annually on or before March 1 [Title 19 CCR 2729.4(b)].
	ER01	Contingency Plan is complete, updated, and maintained on site [HSC 6.95, 25504;Title 19 CCR 2731 Title 22 CCR 66265.53-54].
	ER02	Facility is operated and maintained to prevent/mitigate fire, explosion, or release of hazardous material or waste which could threaten human health or the environment [Title 22 CCR 66265.31; Title 19 CCR 2731].
	ER03	Business has equipment required to, or appropriate for, safe handling of hazardous materials [Title 22 CCR 66265.32 & .34].
	TR01	Facility has a training program appropriate for the size and complexity of business and nature of hazardous materials handled [Title 19 CCR 2732; Title 22 CCR 66265.16].
	TR02	Training documentation is maintained on site for current personnel [Title 19 CCR 2732; Title 22 CCR 66265.16].

INSPECTOR: ALEXANDRA FRAIRE **INSPECTION DATE:** 02/13/2012

VIOLATION	VIOLATION NUMBER	UNDERGROUND STORAGE TANK REQUIREMENTS
	UT01	Facility has a site certificate of financial responsibility for underground storage tanks on file with regulatory agency [HSC 25292.2(a)].
	UT02	Facility has an approved designated operator and that operator is performing the required inspections and training [Title 23, CCR 2715].
	UT03	Facility has a written monitoring and response plan for USTs on site and on file with regulatory agency [Title 23, CCR 2632(d)(1) & 2641(h)].
	UT05	Facility completed an annual monitoring system certification for an underground storage tank system and submitted it to the regulatory agency [Title 23, CCR 2630(d) 2641(j)].
	UT06	Cathodic protection systems for underground storage tank systems (where appropriate) certified every three years. Facility provided certification results to regulatory agency [Title 23, CCR 2635(a) 2662(b)].
	UT07	Secondary containment systems for undeground storage tank systems tested every three years. Facility provided results to the agency [Title 23, CCR 2637(a)].
	UT08	Underground storage tank systems (with single walled components) within 1000' of a drinking well must be tested with enhanced leak detection methods (ELD) every three years. Facility provided results to regulatory agency [Title 23, CCR 2640(e) & 2644.1].
	UT11	Facility's underground storage tank monitoring system is functioning as designed [Title 23, CCR 2632].
	UT12	The underground storage system at the facility is monitored according to site's monitoring plan or permit [HSC 25293].
	UT13	Monitoring records for the undeground storage tank system are available upon request [Title 23, CCR 2712(b)].
	UT14	Overspill and overfill equipment for underground storage tank(s) is present, properly installed, and functioning [Title 23, CCR 2635].
	UT16	Change of ownership or monitoring method reported to the permitting agency within 30 days of change [HSC 25284(c); Title 23, CCR 2712].
	UT22	Under Dispenser Containment (UDC) installed [HSC 25284.1 (a)(5)(c)].
	UT23	Under Dispenser Containment (UDC) has approved and functional monitoring equipment [Title 23, CCR 2636(f)(1) and (g)].
	UT24	Leak detection sensors are properly secured at lowest point in sumps and annular spaces [Title 23, CRR 2641(a)].
	UT25	Monitoring system shuts down the pump if a release is detected or the monitor fails or is disconnected [Positive Shut Down (PSD)]. Annual line integrity testing completed if no PSD [Title 23, CCR 2636(f)] .
	UT26	Automatic line leak detectors installed on pressurized piping that detects a 3.0 gph leak [Title 23, CCR 2636(f)(2)].
	UT27	Secondary containment and overspill containers are liquid/debris free [Title 23, CCR 2631(d)(4) & 2635(b)(1)].

VIOLATION	VIOLATION NUMBER	UNDERGROUND STORAGE TANK REQUIREMENTS (Continued)
	UT28	No liquid leaks visible [Title 23, CCR 2632].
	UT29	Fuel filters managed properly [HSC 25189(a)].
	UT30	Documentation of hazardous and designated waste disposal [Title 22, CCR 66262.23].

FACILITY NAME: JOHNNY QUIK #143 **ADDRESS:** 2126 TAFT HWY BAKERSFIELD, CA 93313 **FA ID:** FA0002691 **FILE ID:** 003201

SUMMARY OF OBSERVATIONS/VIOLATIONS

☒ **No violations of underground storage tank, hazardous materials, or hazardous waste laws/regulations were discovered. KERN CUPA greatly appreciates your efforts to comply with all the laws and regulations applicable to your facility.**

☐ **Violations were observed/discovered as listed below. All violations must be corrected by implementing the corrective action listed by each violation. If you disagree with any of the violations or corrective actions required, please inform the CUPA in writing.**

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VIOLATIONS

VIOLATION #	DEGREE OF VIOLATION	CORRECTIVE ACTION REQUIRED

INSPECTION COMMENTS:

PLEASE CALL ME AT (661) 862-8727 IF YOU HAVE ANY QUESTIONS REGARDING THIS REPORT.

COMMENTS: **Go to http://www.co.kern.ca.us/eh/cupaprogram.asp for forms and information.**

INSPECTOR: ALEXANDRA FRAIRE
INSPECTION DATE: 02/13/2012

SIGNATURE OF FACILITY REP:

Certification: I certify under penalty of perjury that this facility has complied with the corrective actions listed on this inspection form.

Printed Name of Owner/Operator	**Title**
Signature of Owner/Operator	**Date**

ENVIRONMENTAL HEALTH
DIVISION

2700 M STREET, SUITE 300, BAKERSFIELD, CA 93301-2370
VOICE: (661) 862-8740 FAX: (661) 862-8701
Web: www.co.kern.ca.us/eh E-mail: eh@co.kern.ca.us
"ONE VOICE"

MATTHEW CONSTANTINE, DIRECTOR
PUBLIC HEALTH SERVICES

CLAUDIA JONAH, MD
PUBLIC HEALTH OFFICER

CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
HAZARDOUS MATERIAL INSPECTION FORM

Report Date: 04/28/2011 Facility ID: FA0002691 File #: 003201

Facility Name: JOHNNY QUIK #143	**Inspection Type**
Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313	☒ **Routine**
Phone: (661)834-9113	☐ **Reinspection**
	☐ **Complaint**

PROGRAMS INSPECTED:	☐ Business Plan	☐ HW Generator	☒ UST	☐ APSA
REINSPECTION REQUIRED:	☐ Business Plan	☐ HW Generator	☐ UST	☐ APSA

INSPECTOR: LYDIA VON SYDOW **INSPECTION DATE:** 04/27/2011

VIOLATION	VIOLATION NUMBER	UNDERGROUND STORAGE TANK REQUIREMENTS
	UT01	Facility has a site certificate of financial responsibility for underground storage tanks on file with regulatory agency [HSC 25292.2(a)].
	UT02	Facility has an approved designated operator and that operator is performing the required inspections and training [Title 23, CCR 2715].
	UT03	Facility has a written monitoring and response plan for USTs on site and on file with regulatory agency [Title 23, CCR 2632(d)(1) & 2641(h)].
	UT05	Facility completed an annual monitoring system certification for an underground storage tank system and submitted it to the regulatory agency [Title 23, CCR 2630(d) 2641(j)].
	UT06	Cathodic protection systems for underground storage tank systems (where appropriate) certified every three years. Facility provided certification results to regulatory agency [Title 23, CCR 2635(a) 2662(b)].
	UT07	Secondary containment systems for undeground storage tank systems tested every three years. Facility provided results to the agency [Title 23, CCR 2637(a)].
	UT08	Underground storage tank systems (with single walled components) within 1000' of a drinking well must be tested with enhanced leak detection methods (ELD) every three years. Facility provided results to regulatory agency [Title 23, CCR 2640(e) & 2644.1].
	UT11	Facility's underground storage tank monitoring system is functioning as designed [Title 23, CCR 2632].
	UT12	The underground storage system at the facility is monitored according to site's monitoring plan or permit [HSC 25293].
	UT13	Monitoring records for the undeground storage tank system are available upon request [Title 23, CCR 2712(b)].
	UT14	Overspill and overfill equipment for underground storage tank(s) is present, properly installed, and functioning [Title 23, CCR 2635].
	UT16	Change of ownership or monitoring method reported to the permitting agency within 30 days of change [HSC 25284(c); Title 23, CCR 2712].
	UT22	Under Dispenser Containment (UDC) installed [HSC 25284.1 (a)(5)(c)].
	UT23	Under Dispenser Containment (UDC) has approved and functional monitoring equipment [Title 23, CCR 2636(f)(1) and (g)].
	UT24	Leak detection sensors are properly secured at lowest point in sumps and annular spaces [Title 23, CRR 2641(a)].
	UT25	Monitoring system shuts down the pump if a release is detected or the monitor fails or is disconnected [Positive Shut Down (PSD)]. Annual line integrity testing completed if no PSD [Title 23, CCR 2636(f)] .
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	UT27	Secondary containment and overspill containers are liquid/debris free [Title 23, CCR 2631(d)(4) & 2635(b)(1)].

VIOLATION	VIOLATION NUMBER	UNDERGROUND STORAGE TANK REQUIREMENTS (Continued)
	UT28	No liquid leaks visible [Title 23, CCR 2632].
	UT29	Fuel filters managed properly [HSC 25189(a)].
	UT30	Documentation of hazardous and designated waste disposal [Title 22, CCR 66262.23].

FACILITY NAME: JOHNNY QUIK #143 **ADDRESS:** 2126 TAFT HWY BAKERSFIELD, CA 93313 **FA ID:** FA0002691 **FILE ID:** 003201

SUMMARY OF OBSERVATIONS/VIOLATIONS

☒ **No violations of underground storage tank, hazardous materials, or hazardous waste laws/regulations were discovered. KERN CUPA greatly appreciates your efforts to comply with all the laws and regulations applicable to your facility.**

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VIOLATIONS

VIOLATION #	DEGREE OF VIOLATION	CORRECTIVE ACTION REQUIRED

INSPECTION COMMENTS:

COMMENTS: **Go to http://www.co.kern.ca.us/eh/cupaprogram.asp for forms and information.**

INSPECTOR: LYDIA VON SYDOW
INSPECTION DATE: 04/27/2011

SIGNATURE OF FACILITY REP:

Certification: I certify under penalty of perjury that this facility has complied with the corrective actions listed on this inspection form.

Printed Name of Owner/Operator	**Title**
Signature of Owner/Operator	**Date**

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

MATTHEW CONSTANTINE, R.E.H.S., Director

2700 "M" STREET, SUITE 300
BAKERSFIELD, CA 93301-2370
Voice: (661) 862-8700
Fax: (661) 862-8701
TTY Relay: (800) 735-2929
Web: www.co.kern.ca.us/eh
E-mail: *eh@co.kern.ca.us*

RESOURCE MANAGEMENT AGENCY

TED JAMES, AICP, INTERIM RMA DIRECTOR

Animal Control Department
Community and Economic Development Department
Engineering and Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

February 23, 2010

CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
HAZARDOUS MATERIAL INSPECTION FORM

Date: 02/23/2010 Facility ID: FA0002691 File #: 003201

Facility Name: JOHNNY QUIK #143			**Inspection Type**	
Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313			☒ **Routine**	
			☐ **Reinspection**	
Phone: (661)834-9113			☐ **Complaint**	
PROGRAMS INSPECTED:	☐ Business Plan	☐ HW Generator	☒ UST	☐ APSA
REINSPECTION REQUIRED:	☐ Business Plan	☐ HW Generator	☐ UST	☐ APSA

INSPECTOR: LYDIA VON SYDOW **INSPECTION DATE:** 02/23/2010

VIOLATION	VIOLATION NUMBER	
	UT01	Facility has a site certificate of financial responsibility for underground storage tanks on file with regulatory agency [HSC 25292.2(a)].
	UT02	Facility has an approved designated operator and that operator is performing the required inspections and training [Title 23, CCR 2715].
	UT03	Facility has a written monitoring and response plan for USTs on site and on file with regulatory agency [Title 23, CCR 2632(d)(1) & 2641(h)].
	UT05	Facility completed an annual monitoring system certification for an underground storage tank system and submitted it to the regulatory agency [Title 23, CCR 2630(d) 2641(j)].
	UT06	Cathodic protection systems for underground storage tank systems (where appropriate) certified every three years. Facility provided certification results to regulatory agency [Title 23, CCR 2635(a) 2662(b)].
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	UT11	Facility's underground storage tank monitoring system is functioning as designed [Title 23, CCR 2632].
	UT12	The underground storage system at the facility is monitored according to site's monitoring plan or permit [HSC 25293].
	UT13	Monitoring records for the undeground storage tank system are available upon request [Title 23, CCR 2712(b)].
	UT14	Overspill and overfill equipment for underground storage tank(s) is present, properly installed, and functioning [Title 23, CCR 2635].
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	UT22	Under Dispenser Containment (UDC) installed [HSC 25284.1 (a)(5)(c)].
	UT23	Under Dispenser Containment (UDC) has approved and functional monitoring equipment [Title 23, CCR 2636(f)(1) and (g)].
	UT24	Leak detection sensors are properly secured at lowest point in sumps and annular spaces [Title 23, CRR 2641(a)].
	UT25	Monitoring system shuts down the pump if a release is detected or the monitor fails or is disconnected [Positive Shut Down (PSD)]. Annual line integrity testing completed if no PSD [Title 23, CCR 2636(f)] .
	UT26	Automatic line leak detectors installed on pressurized piping that detects a 3.0 gph leak [Title 23, CCR 2636(f)(2)].
	UT27	Secondary containment and overspill containers are liquid/debris free [Title 23, CCR 2631(d)(4) & 2635(b)(1)].

VIOLATION	VIOLATION NUMBER	
	UT28	No liquid leaks visible [Title 23, CCR 2632].
	UT29	Fuel filters managed properly [HSC 25189(a)].
	UT30	Documentation of hazardous and designated waste disposal [Title 22, CCR 66262.23].

FACILITY NAME: JOHNNY QUIK #143 **ADDRESS:** 2126 TAFT HWY BAKERSFIELD, CA 93313 **FA ID:** FA0002691 **FILE ID:** 003201

SUMMARY OF OBSERVATIONS/VIOLATIONS

☒ **No violations of underground storage tank, hazardous materials, or hazardous waste laws/regulations were discovered. KERN CUPA greatly appreciates your efforts to comply with all the laws and regulations applicable to your facility.**

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VIOLATIONS

VIOLATION #	DEGREE OF VIOLATION	CORRECTIVE ACTION REQUIRED

INSPECTION COMMENTS:

COMMENTS: **Go to http://www.co.kern.ca.us/eh/cupaprogram.asp for forms and information.**

INSPECTOR: LYDIA VON SYDOW
INSPECTION DATE: 02/23/2010

SIGNATURE OF FACILITY REP:

Certification: I certify under penalty of perjury that this facility has complied with the corrective actions listed on this inspection form.

Printed Name of Owner/Operator	**Title**
Signature of Owner/Operator	**Date**

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

MATTHEW CONSTANTINE, R.E.H.S., Director

2700 "M" STREET, SUITE 300
BAKERSFIELD, CA 93301-2370
Voice: (661) 862-8700
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RESOURCE MANAGEMENT AGENCY

DAVID PRICE III, RMA DIRECTOR

Animal Control Department
Community and Economic Development Department
Engineering and Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

February 13, 2009

CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
HAZARDOUS MATERIAL INSPECTION FORM

Date: 02/13/2009 Facility ID: FA0002691 File #: 003201

Facility Name: JOHNNY QUIK #143			**Inspection Type**		
Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313			☒ **Routine**		
			☐ **Reinspection**		
Phone: (661)834-9113			☐ **Complaint**		
PROGRAMS INSPECTED:	☒ Business Plan	☐ HW Generator	☒ UST	☐ AGT	☐ CalARP
REINSPECTION REQUIRED:	☐ Business Plan	☐ HW Generator	☐ UST	☐ AGT	☐ CalARP

VIOLATION

YES	NO/NA	VIOL. #	BUSINESS PLAN REQUIREMENTS
☐	☒	BP01	Inventory of hazardous materials is accurate, up to date, and complete [HSC 6.95, 25504, Title 19 CCR 2729].
☐	☒	BP02	Site layout/facility maps are accurate [HSC 6.95,25504; Title 19 CCR 2729].
☐	☒	BP03	Hazardous materials are stored in properly labeled and non-deteriorated containers [HSC 25124(b)(3)(A & B)].
☐	☒	BP04	The hazardous materials inventory shall be submitted annually on or before March 1 [Title 19 CCR 2729.4(b)].
☐	☒	ER01	Contingency Plan is complete, updated, and maintained on site [HSC 6.95, 25504;Title 19 CCR 2731 Title 22 CCR 66265.53-54].
☐	☒	ER02	Facility is operated and maintained to prevent/mitigate fire, explosion, or release of hazardous material or waste which could threaten human health or the environment [Title 22 CCR 66265.31; Title 19 CCR 2731].
☐	☒	ER03	Business has equipment required to, or appropriate for, safe handling of hazardous materials [Title 22 CCR 66265.32 & .34].
☐	☒	TR01	Facility has a training program appropriate for the size and complexity of business and nature of hazardous materials handled [Title 19 CCR 2732; Title 22 CCR 66265.16].
☐	☒	TR02	Training documentation is maintained on site for current personnel. [Title 19 CCR 2732; Title 22 CCR 66265.16].

COMMENTS: **Go to http://www.co.kern.ca.us/eh/cupaprogram.asp for forms and information.**

GPS Coordinates: Latitude: 35.2670840000 **Longtitude:** -119.0257700000

INSPECTOR: LAUREL D FUNK **DATE:** 02/13/2009

VIOLATION

YES	NO/NA	VIOL. #	UNDERGROUND STORAGE TANK (UST) INSPECTION REQUIREMENTS
☐	☒	UT01	Facility has a site certificate of financial responsibility for Underground Storage Tanks on file with regulatory agency [HSC 25292.2(a)]
☐	☒	UT02	Facility has an approved designated operator and that operator is performing the required inspections and training [CCR 2715].
☐	☒	UT03	Facility has a written monitoring and response plan for USTs on site and on file with regulatory agency [CCR 2632(d)(1) & 2641(h)].
☐	☒	UT05	Facility completed an annual monitoring system certification for an underground storage tank system and submitted it to the regulatory agency [CCR 2630(d) 2641(j)].
☐	☒	UT06	Cathodic Protection systems for underground storage tank systems (where appropriate) certified every three years. Facility provided certification results to regulatory agency [CCR 2635(a) 2662(b)].
☐	☒	UT07	Secondary containment systems for undeground storage tank systems tested every three years. Facility provided results to the agency [CCR 2637(a)].
☐	☒	UT08	Underground storage tank systems (with single walled components) within 1000' of a drinking well must be tested with enhanced leak detection methods (ELD) every three years. Facility provided results to regulatory agency [CCR 2635(a) & 2662(a)].
☐	☒	UT11	Facility's underground storage tank monitoring system is functioning as designed [CCR 2632].
☐	☒	UT12	The underground storage system at the facility is monitored according to site's monitoring plan or permit [HSC 25293].
☐	☒	UT13	Monitoring records for the undeground storage tank system are available upon request [CCR 2712(b)].
☐	☒	UT14	Overspill and overfill equipment for underground storage tank(s) is present, properly installed, and functioning [CCR 2635].
☐	☒	UT16	Change of ownership or monitoring method reported to the permitting agency within 30 days of change (HSC 25284(c); CCR 2712).
☐	☒	UT22	Under Dispenser Containment (UDC) installed. [HSC 25284.1 (a)(5)(c)].
☐	☒	UT23	Under Dispenser Containment (UDC) has approved and functional monitoring equipment. [CCR 2636(f)(1) and (g)].
☐	☒	UT24	Leak detection sensors are properly secured at lowest point in sumps and annular spaces. [CRR 2641(a)].
☐	☒	UT25	Monitoring system shuts down the pump if a release is detected or the monitor fails or is disconnected (Positive Shut Down (PSD)). Annual line integrity testing completed if no PSD. [CCR 2636(f)] .
☒	☐	UT26	Automatic line leak detectors installed on pressurized piping that detects a 3.0 gph leak. [CCR 2636(f)(2)].
☐	☒	UT27	Secondary containment & overspill containers are liquid/debris free. [CCR 2631(d)(4) & 2635(b)(1)]
☐	☒	UT28	No liquid leaks visible. [CCR 2632]
☐	☒	UT29	Fuel filters managed properly. [HSC 25189 (a)]
☐	☒	UT30	Documentation of hazardous and designated waste disposal. [Title 22 CCR 66262.23]

INSPECTOR: LAUREL D FUNK **DATE:** 02/13/2009

SUMMARY OF OBSERVATIONS/VIOLATIONS

☐ **No violations of underground storage tank, hazardous materials, or hazardous waste laws/regulations were discovered. KERN CUPA greatly appreciates your efforts to comply with all the laws and regulations**

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FACILITY NAME: JOHNNY QUIK #143 **ADDRESS:** 2126 TAFT HWY BAKERSFIELD, CA 93313 **FA ID:** FA0002691 **FILE ID:** 003201

VIOLATIONS

VIOL. NO	VIOL. TYPE	CORRECTIVE ACTION REQUIRED
UT26	MINOR VIOLATION	Install automatic line leak detectors that detect a 3.0 gph leak. **Line leak detectors failed on the gas tanks. The contractor replace the LLDs and retested. The violations was corrected on site.**

INSPECTION COMMENTS:

INSPECTOR: LAUREL D FUNK
DATE: 02/13/2009

SIGNATURE OF FACILITY REP:

Certification: I certify under penalty of perjury that this facility has complied with the corrective actions listed on this inspection form.
Signature of Owner/Operator: _____ Title: _____ Date:

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT

MATTHEW CONSTANTINE, R.E.H.S., Director

2700 "M" STREET, SUITE 300
BAKERSFIELD, CA 93301-2370
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e-mail: *eh@co.kern.ca.us*

RESOURCE MANAGEMENT AGENCY

DAVID PRICE III, RMA DIRECTOR

Community and Economic Development Department
Engineering & Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

February 15, 2008

CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
HAZARDOUS MATERIAL INSPECTION FORM

Date: 02/12/2008 Facility ID: FA0002691 File #: 003201

Facility Name: JOHNNY QUIK #143			**Inspection Type**		
Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313			☒ **Routine**		
Phone: (661)834-9113			☐ **Reinspection**		
			☐ **Complaint**		
PROGRAMS INSPECTED:	☐ Business Plan	☐ HW Generator	☒ UST	☐ AGT	☐ CalARP
REINSPECTION REQUIRED:	☐ Business Plan	☐ HW Generator	☐ UST	☐ AGT	☐ CalARP

COMMENTS: **Go to http://www.co.kern.ca.us/eh/HazMatPage.asp for forms and information.**

GPS Coordinates: Latitude: 35.2670840000 **Longitude:** -119.0257700000

INSPECTOR: LAUREL D FUNK **DATE:** 02/12/2008

VIOLATION

YES	NO/NA	VIOL. #	UNDERGROUND STORAGE TANK (UST) INSPECTION REQUIREMENTS
☐	☒	UT01	Facility has a site certificate of financial responsibility for Underground Storage Tanks on file with regulatory agency [HSC 25292.2(a)]
☐	☒	UT02	Facility has an approved designated operator and that is performing the required inspections and training [CCR 2715].
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☐	☒	UT14	Overspill and overfill equipment for underground storage tank(s) is present, properly installed, and functioning [CCR 2635].
☐	☒	UT16	Change of ownership or monitoring method reported to the permitting agency within 30 days of change (HSC 25284(c); CCR 2712).
☐	☒	UT22	Under Dispenser Containment (UDC) installed. [HSC 25284.1 (a)(5)(c)].
☐	☒	UT23	Under Dispenser Containment (UDC) has approved and functional monitoring equipment. [CCR 2636(f)(1) and (g)].
☐	☒	UT24	Leak detection sensors are properly secured at lowest point in sumps and annular spaces. [CRR 2641(a)].
☐	☒	UT25	Monitoring system shuts down the pump if a release is detected or the monitor fails or is disconnected (Positive Shut Down (PSD)). Annual line integrity testing completed if no PSD. [CCR 2636(f)] .
☐	☒	UT26	Automatic line leak detectors installed on pressurized piping that detects a 3.0 gph leak. [CCR 2636(f)(2)].
☐	☒	UT27	Secondary containment & overspill containers are liquid/debris free. [CCR 2631(d)(4) & 2635(b)(1)]
☐	☒	UT28	No liquid leaks visible. [CCR 2632]
☐	☒	UT29	Fuel filters managed properly. [HSC 25189 (a)]
☐	☒	UT30	Documentation of hazardous and designated waste disposal. [Title 22 CCR 66262.23]

INSPECTOR: LAUREL D FUNK **DATE:** 02/12/2008

SUMMARY OF OBSERVATIONS/VIOLATIONS

☒ **No violations of underground storage tank, hazardous materials, or hazardous waste laws/regulations were discovered. KERN CUPA greatly appreciates your efforts to comply with all the laws and regulations**

☐ **Violations were observed/discovered as listed below. All violations must be corrected by implementing the corrective action listed by each violation. If you disagree with any of the violations or corrective actions required, please inform the CUPA in writing.**

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You may request a meeting with the Program Manager to discuss the inspection findings and/or the proposed corrective actions. The issuance of this Summary of Violations does not preclude the CUPA from taking administrative, civil, or criminal action.

FACILITY NAME: JOHNNY QUIK #143 **ADDRESS:** 2126 TAFT HWY BAKERSFIELD, CA 93313 **FA ID:** FA0002691 **FILE ID:** 003201

VIOLATIONS

VIOL. NO	VIOL. TYPE	CORRECTIVE ACTION REQUIRED

INSPECTION COMMENTS:

INSPECTOR: LAUREL D FUNK
DATE: 02/12/2008

SIGNATURE OF FACILITY REP:

Certification: I certify under penalty of perjury that this facility has complied with the corrective actions listed on this inspection form.
Signature of Owner/Operator: _____ **Title:** _____ **Date:**

ENVIRONMENTAL HEALTH SERVICES DEPARTMENT
MATTHEW CONSTANTINE, R.E.H.S., Director
2700 "M" STREET, SUITE 300
BAKERSFIELD, CA 93301-2370
Voice: (661) 862-8700
Fax: (661) 862-8701
TTY Relay: (800) 735-2929
e-mail: *eh@co.kern.ca.us*

RESOURCE MANAGEMENT AGENCY
DAVID PRICE III, RMA DIRECTOR
Community and Economic Development Department
Engineering & Survey Services Department
Environmental Health Services Department
Planning Department
Roads Department

May 25, 2007

CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
HAZARDOUS MATERIAL INSPECTION FORM

Date: 05/24/2007 Facility ID: FA0002691 File #: 003201

Facility Name: JOHNNY QUIK #143	**Inspection Type**
Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313	☒ **Routine**
Phone: (661)834-9113	☐ **Reinspection**
	☐ **Complaint**

PROGRAMS INSPECTED:	☒ Business Plan	☐ HW Generator	☒ UST	☐ AGT	☐ CalARP
REINSPECTION REQUIRED:	☐ Business Plan	☐ HW Generator	☐ UST	☐ AGT	☐ CalARP

VIOLATION

YES	NO/NA	VIOL. #	BUSINESS PLAN REQUIREMENTS
☒	☐	BP01	Inventory of hazardous materials is accurate, up to date, and complete [HSC 6.95, 25504, Title 19 CCR 2729].
☐	☒	BP02	Site layout/facility maps are accurate [HSC 6.95,25504; Title 19 CCR 2729].
☐	☒	BP03	Hazardous materials are stored in properly labeled and non-detoriated containers [HSC 25124(b)(3)(A & B)].
☐	☒	BP04	The hazardous materials inventory shall be submitted annually on or before March 1 [Title 19 CCR 2729.4(b)].
☐	☒	ER01	Contingency Plan is complete, updated, and maintained on site [HSC 6.95, 25504;Title 19 CCR 2731 Title 22 CCR 66265.53-54].
☐	☒	ER02	Facility is operated and maintained to prevent/mitigate fire, explosion, or releases of hazardous material or waste which could threaten human health or the environment [Title 22 CCR 66265.31; Title 19 CCR 2731].
☐	☒	ER03	Business has equipment required to, or appropriate for, safely handling hazardous materials [Title 22 CCR 66265.32 & .34].
☐	☒	TR01	Facility has a training program appropriate for the size and complexity of business and nature of hazardous materials handled [Title 19 CCR 2732; Title 22 CCR 66265.16].
☒	☐	TR02	Training documentation is maintained on site for current personnel. [Title 19 CCR 2732;22 CCR 66265.16].

COMMENTS: **Go to http://www.co.kern.ca.us/eh/HazMatPage.asp for forms and information.**

GPS Coordinates: Latitude: **Longtitude:**

INSPECTOR: LAUREL D FUNK **DATE:** 05/24/2007

VIOLATION

YES	NO/NA	VIOL. #	UNDERGROUND STORAGE TANK (UST) INSPECTION REQUIREMENTS
☒	☐	UT01	Facility has a site certificate of financial responsibility for Underground Storage Tanks on file with regulatory agency [HSC 25292.2(a)]
☐	☒	UT02	Facility has an approved designated operator and that is performing the required inspections and training [CCR 2715].
☐	☒	UT03	Facility has a written monitoring and response plan for USTs on site and on file with regulatory agency [CCR 2632(d)(1) & 2641(h)].
☐	☒	UT05	Facility completed an annual monitoring system certification for an underground storage tank system and submitted it to the regulatory agency [CCR 2630(d) 2641(j)].
☐	☒	UT06	Cathodic Protection systems for underground storage tank systems (where appropriate) certified every three years. Facility provided certification results to regulatory agency [CCR 2635(a) 2662(b)].
☐	☒	UT07	Secondary containment systems for undeground storage tank systems tested every three years. Facility provided results to the agency [CCR 2637(a)].
☐	☒	UT08	Underground storage tank systems (with single walled components) within 1000' of a drinking well must be tested with enhanced leak detection methods (ELD) every three years. Facility provided results to regulatory agency [CCR 2635(a) & 2662(a)].
☐	☒	UT11	Facility's underground storage tank monitoring system is functioning as designed [CCR 2632].
☐	☒	UT12	The underground storage system at the facility is monitored according to site's monitoring plan or permit [HSC 25293].
☐	☒	UT13	Monitoring records for the undeground storage tank system are available upon request [CCR 2712(b)].
☐	☒	UT14	Overspill and overfill equipment for underground storage tank(s) is present, properly installed, and functioning [CCR 2635].
☐	☒	UT16	Change of ownership or monitoring method reported to the permitting agency within 30 days of change (HSC 25284(c); CCR 2712).
☐	☒	UT22	Under Dispenser Containment (UDC) installed. [HSC 25284.1 (a)(5)(c)].
☐	☒	UT23	Under Dispenser Containment (UDC) has approved and functional monitoring equipment. [CCR 2636(f)(1) and (g)].
☐	☒	UT24	Leak detection sensors are properly secured at lowest point in sumps and annular spaces. [CRR 2641(a)].
☐	☒	UT25	Monitoring system shuts down the pump if a release is detected or the monitor fails or is disconnected (Positive Shut Down (PSD)). Annual line integrity testing completed if no PSD. [CCR 2636(f)] .
☐	☒	UT26	Automatic line leak detectors installed on pressurized piping that detects a 3.0 gph leak. [CCR 2636(f)(2)].
☐	☒	UT27	Secondary containment & overspill containers are liquid/debris free. [CCR 2631(d)(4) & 2635(b)(1)]
☐	☒	UT28	No liquid leaks visible. [CCR 2632]
☐	☒	UT29	Fuel filters managed properly. [HSC 25189 (a)]
☐	☒	UT30	Documentation of hazardous and designated waste disposal. [Title 22 CCR 66262.23]

INSPECTOR: LAUREL D FUNK **DATE:** 05/24/2007

SUMMARY OF OBSERVATIONS/VIOLATIONS

☐ **No violations of underground storage tank, hazardous materials, or hazardous waste laws/regulations were discovered. KERN CUPA greatly appreciates your efforts to comply with all the laws and regulations**

☒ **Violations were observed/discovered as listed below. All violations must be corrected by implementing the corrective action listed by each violation. If you disagree with any of the violations or corrective actions required, please inform the CUPA in writing.**

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You may request a meeting with the Program Manager to discuss the inspection findings and/or the proposed corrective actions. The issuance of this Summary of Violations does not preclude the CUPA from taking administrative, civil, or criminal action.

FACILITY NAME: JOHNNY QUIK #143 **ADDRESS:** 2126 TAFT HWY BAKERSFIELD, CA 93313 **FA ID:** FA0002691 **FILE ID:** 003201

VIOLATIONS

VIOL. NO	VIOL. TYPE	CORRECTIVE ACTION REQUIRED
BP01	MINOR	Update inventory of hazardous materials. **Complete a new business plan packet**
TR02	MINOR	Document training. **Update employee training yearly**
UT01	MINOR	File certificate of financial responsibility for Underground Storage Tanks at facility.

INSPECTION COMMENTS:

INSPECTOR: LAUREL D FUNK
DATE: 05/24/2007

SIGNATURE OF FACILITY REP:

Certification: I certify under penalty of perjury that this facility has complied with the corrective actions listed on this inspection form.
Signature of Owner/Operator: _____ **Title:** _____ **Date:**

KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

2700 M STREET, SUITE 300 BAKERSFIELD, CALIFORNIA 93301-2370 VOICE: 661-862-8740 FAX: 661-862-8701 WWW.CO.KERN.CA.US/EH

ENVIRONMENTAL HEALTH DIVISION
INSPECTION CONSENT AND ACKNOWLEDGEMENT CERTIFICATION

Facility Name: Johnny Quik #13 Inspection Date: 2-1-16

Facility ID: _____ CERS ID: 10233775

Consent: By signing this document, you are consenting to an inspection of the above referenced facility by the Kern County Public Health Services Department, Environmental Health Division, Certified Unified Program Agency (CUPA) for the county of Kern. The State of California has authorized the CUPA to conduct business facility inspections for compliance with the programs listed below. These inspections may include the inspection of all business areas on the property, the review and copying of records, the taking of photographs, and the taking of samples to evaluate compliance with CUPA requirements. The following Health and Safety Code (HSC) sections give the CUPA the authority to inspect:

- Hazardous Waste (Health & Safety Code [HSC § 25185, subd. (a)];
- California Accidental Release Prevention (HSC § 25534.5);
- Hazardous Materials Release Response Plans [HSC § 25508, subd. (a)];
- Underground Storage Tanks – (HSC § 25289); and
- Aboveground Storage Tanks – [HSC § 25270.5, subd. (a)].

[signature] [illegible] OWNER 2/11/16

Signature Facility Representative | Print Name and Title | Date Signed

☐ Declined to sign, verbal consent to inspect given. ☐ Inspection Refused

Acknowledgement of Method to Receive Inspection Report:

☐ E-mail to: [illegible]@att.net ☐ Mail to: _____

☐ Fax to: _____

[signature] [illegible] 2/4/16

Signature Inspector | Print Name and Title | Date Signed

KERN COUNTY
Public Health Services
DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)

MATTHEW CONSTANTINE
DIRECTOR

2700 M STREET, SUITE 300 BAKERSFIELD, CALIFORNIA 93301-2370 VOICE: 661-862-8740 FAX: 661-862-8701 WWW.CO.KERN.CA.US/EH

UNDERGROUND STORAGE TANK INSPECTION REPORT

Facility Name: JOHNNY QUIK #143		**Facility ID:** FA0002691
Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313		**CERS ID:** 10233775 **BOE #:**
Phone: (661) 834-9113	**Consent Granted By:** Kuljit Ghuman	**Inspection Date:** 02/04/2016
Designated Operator: Rich Env.	**Testing Company:** Rich Env.	
Inspection Type: ☒ Routine ☐ Reinspection	**Reinspection required:** ☐ Yes ☒ No	

File/CERS Review Violations

V	Viol #	Summary	Code
	H650	FAILURE TO OBTAIN/MAINTAIN A VALID OPERATING PERMIT	23 CCR 16 2712(i); HSC 6.7 25284
	H651	FAILURE TO SUBMIT ACCURATE UST FACILITY/TANK INFORMATION	23 CCR 16 2711; HSC 6.7 25286(a)
	H653	FAILURE TO SUBMIT STATEMENT OF DESIGNATED OPERATOR/UST COMPLIANCE	23 CCR 16 2715(a), 2715(b)
	H654	FAILURE TO SUBMIT/MAINTAIN AN ACCURATE RESPONSE PLAN	23 CCR 16 2632, 2634(e), 2641(h), 2712(i)
	H655	FAILURE TO SUBMIT/MAINTAIN AN ACCURATE PLOT PLAN	23 CCR 16 2632(d)(1)(C), 2711(a)(8)
	H660	MAKING FALSE STATEMENTS/REPRESENTATION ON ANY DOCUMENT	HSC 6.7 25299
	H662	FAILURE TO COMPLETE/SUBMIT ANNUAL MONITORING CERTIFICATION	23 CCR 16 2638
	H663	FAILURE TO COMPLETE SECONDARY CONTAINMENT TESTING	23 CCR 16 2637
	H664	FAILURE TO ANNUALLY TEST SPILL CONTAINMENT	HSC 6.7 25284.2
	H665	FAILURE TO SUBMIT SECONDARY CONTAINMENT TEST RESULTS	23 CCR 16 2637(e)

General Violations

V	Viol #	Summary	Code
	H741	FAILURE TO COMPLY WITH ALL OPERATING PERMIT CONDITIONS	23 CCR 16 2712
	H680	IMPROPER PROGRAMING/OPERATION OF LEAK DETECTION EQUIPMENT	23 CCR 16 2632, 2634, 2636, 2666
	H681	FAILURE OF LEAK DETECTION EQUIPMENT TO HAVE AUDIBLE/VISUAL ALARMS	23 CCR 16 2632, 2634, 2636, 2666
	H683	FAILURE TO INSTALL CORRECT LEAK DETECTION SYSTEM	23 CCR 16 2638; HSC 6.7 25290.1, 25290.2, 2529122 CCR 12 66262.34(d)(2);
	H684	FAILURE TO PROPERLY LABEL CERTIFIED MONITORING EQUIPMENT	23 CCR 16 2638(f)
	H690	FAILURE TO PROPERLY MONITOR UNDER DISPENSER CONTAINMENT	23 CCR 16 2636(f)(1)
	H694	FAILURE OF SENSOR TO BE LOCATED IN THE PROPER POSITION	23 CCR 16 2630(d), 2641(a)
	H695	TAMPERING WITH LEAK DETECTION EQUIPMENT	HSC 6.7 25299(a)(9)
	H704	FAILURE TO INSTALL LINE LEAK DETECTORS ON PRESSURIZED PIPING	HSC 6.7 25290.1(h), 25290.2(g), 25291(f), 25292(e)
	H708	FAILURE OF LINE LEAK DETECTOR TO FUNCTION AS REQUIRED	23 CCR 16 2636(f)(2)
	H711	FAILURE TO KEEP SECONDARY CONTAINMENT FREE OF DEBRIS/ LIQUID AND IN GOOD CONDITION	HSC 6.7 25290.1, 25290.2, 25291
	H717	FAILURE TO KEEP SPILL BUCKET FREE OF DEBRIS/LIQUID AND IN GOOD CONDITION	23 CCR 16 2635(b), 2715(c)(2)
	H676	FAILURE TO OBTAIN PERMITS TO INSTALL, REPLACE, REPAIR OR MODIFY PART OF THE UST SYSTEM	23 CCR 16 2712

Inspector: Brody Saleen **Inspection Date:** 02/04/2016

General Violations - continued

V	Viol #	Summary	Code
	H719	FAILURE TO OPERATE THE UST SYSTEM TO PREVENT SPILLS/ OVERFILLS	HSC 6.7 25292.1(a)
	H720	FAILURE OF THE OVERFILL PREVENTION SYSTEM TO FUNCTION AS REQUIRED	23 CCR 16 2635(b)(2), 2665
	H721	FAILURE OF INDIVIDUALS WORKING ON/MAINTAINING THE UST SYSTEM TO HAVE A PROPER/CURRENT ICC CERTIFICATION	23 CCR 16 2715
	H747	FAILURE TO COMPLY WITH TEMPORARY CLOSURE REQUIREMENTS	23 CCR 16 2670, 2671; HSC 6.7 25298
	H748	FAILURE TO COMPLY WITH ALL PERMANENT CLOSURE REQUIREMENTS	23 CCR 16 2670, 2672; HSC 6.7 25298

Double Walled Tank Violations

V	Viol #		Code
	H682	FAILURE TO CONTINUOUSLY MONITOR SECONDARY CONTAINMENT THAT ACTIVATES AN AUDIBLE/VISUAL ALARM	23 CCR 16 2631(g), 2632(c)(2)(A)&(B), 2633(c), 2636(f)
	H699	FAILURE TO CONTINUOUSLY MONITOR SECONDARY CONTAINMENT USING VACUUM/PRESSURE/HYDROSTATIC	HSC 6.7 25290.1(e)
	H714	FAILURE TO MAINTAIN PRODUCT TIGHT SECONDARY CONTAINMENT	23 CCR 16 2662; HSC 6.7 25290.1(c)(2), 25290.2(c)(2), 25291(a), 25292(e)

Double Walled Piping Violations

V	Viol #	Summary	Code
	H666	FAILURE TO COMPLY WITH ANNUAL LINE INTEGRITY TESTING	23 CCR 16 2636(f)(4)
	H686	FAILURE OF SECONDARY CONTAINMENT MONITORING TO PROVIDE FAIL SAFE AND POSITIVE SHUT DOWN	23 CCR 16 2636(f)(5)
	H687	FAILURE TO CONTINUOUSLY MONITOR SECONDARY CONTAINMENT THAT ACTIVATES AN AUDIBLE/VISUAL ALARM	23 CCR 16 2636(f)(1)
	H705	FAILURE TO CHECK MONITORING SYSTEM DAILY TO MAINTAIN EMERGENCY GENERATOR LINE LEAK DETECTOR EXEMPTION	23 CCR 16 2636(f)(2), 2666(c)
	H712	FAILURE TO MANTAIN SECONDARY CONTAINMENT TO ALLOW PRODUCT TO BE DETECTED AT THE EARLIEST POSSIBLE	23 CCR 16 2630(d), 2641(a)

Single Walled Tank Violations

V	Viol #	Summary	Code
	H685	FAILURE TO USE THE AUTOMATIC TANK GAUGE AND MANUAL INVENTORY RECONCILIATION FOR LOW VOLUME TANK TESTING	23 CCR 16 2643(b)(2)
	H688	FAILURE TO CONDUCT 0.2 GALLON/HOUR CONTINUOUS IN TANK LEAK DETECTION TEST MONTHLY AND DOCUMENT	23 CCR 16 2643(b)(5)
	H689	FAILURE TO CONDUCT 0.2 GALLON/HOUR IN TANK LEAK DETECTION TEST MONTHLY AND DOCUMENT	23 CCR 16 2643(b)(1)
	H692	FAILURE TO INSTALL AUTOMATIC TANK GAUGING/LEAK DETECTION	23 CCR 16 2643; HSC 6.7 25292(a)
	H701	FAILURE TO MAINTAIN/INSPECT CORROSION PROTECTION SYSTEM AS REQUIRED	23 CCR 16 2635(a)(2), 2662(c)(1)(B)
	H755	FAILURE TO INSTALL A FUNCTIONAL CORROSION PROTECTION	23 CCR 16 2635(a)(2)(A)
	H669	FAILURE TO RECERTIFY INTERIOR LINED TANKS AS REQUIRED	23 CCR 16 2663
	H671	FAILURE TO CONDUCT ENHANCED LEAK DETECTION TESTING AS REQUIRED	23 CCR 16 2644.1(a)(3)
	H672	FAILURE TO SUBMIT ENHANCED LEAK DETECTION TEST RESULTS AS REQUIRED	23 CCR 16 2644.1(a)(5)
	H749	FAILURE TO CORRECT ANY FAILURES DETECTED DURING ENHANCED LEAK DETECTION TESTING	HSC 6.7 25292.4(d), 25292.5(c)

Single Walled Piping Violations

V	Viol #	Summary	Code
	H703	FAILURE TO PERFORM MONTHLY 0.2 GALLON/HOUR OR ANNUAL 0.1 GALLON/HOUR LINE INTEGRITY TESTS	23 CCR 16 2641(a), 2643(c)
	H707	FAILURE OF THE LINE LEAK DETECTOR TO PROVIDE FAIL SAFE AND POSITIVE SHUT DOWN	23 CCR 16 2666(c)

On Site Records Violations

V	Viol #	Summary	Code
	H652	FAILURE TO OBTAIN/MAINTAIN A VALID BOARD OF EQUALIZATION ACCOUNT NUMBER	HSC 6.7 25286(c)
	H661	FAILURE TO NOTIFY THE CUPA OF A CHANGE IN DESIGNATED OPERATOR	23 CCR 16 2715(a)
	H724	FAILURE TO SUBMIT/MAINTAIN A CURRENT CERTIFICATION OF FINANCIAL RESPONSIBILITY	23 CCR 16 2711; 23 CCR 18 2808.1, 2809-2809.2; HSC 6.7 25292.2; HSC 6.75 25299.30-25299.34
	H726	FAILURE TO MAINTAIN COPIES OF DESIGNATED OPERATOR'S INSPECTION REPORTS AND LIST OF TRAINED EMPLOYEES	23 CCR 16 2715
	H727	FAILURE OF DESIGNATED OPERATOR TO COMPLY WITH ALL MONTHLY INSPECTION REQUIREMENTS	23 CCR 16 2715
	H729	FAILURE TO MAINTAIN ALARM LOGS AND FOLLOW-UP DOCUMENTATION	23 CCR 16 2632, 2634, 2712(b)
	H731	FAILURE OF DESIGNATED OPERATOR TO PROVIDE APPROPRIATE EMPLOYEE TRAINING	23 CCR 16 2715(c)(6), 2715(f)
	H736	FAILURE TO MAINTAIN MONITORING, MAINTENANCE, AND REPAIR RECORDS	23 CCR 16 2712(b)
	H737	FAILURE TO MAINTAIN CORROSION PROTECTION RECORDS	23 CCR 16 2635, 2712(b)
	H738	FAILURE TO MAINTAIN AN APPROVED MONITORING PLAN ON SITE	23 CCR 16 2632, 2634, 2711, 2712(i)
	H739	FAILURE TO SUBMIT/MAINTAIN A WRITTEN OWNER/OPERATOR AGREEMENT	23 CCR 16 2620(b); HSC 6.7 25284(a)(3)
	H740	FAILURE TO RECORD AND/OR REPORTSUSPECTED OR ACTUAL UNAUTHORIZED RELEASE CORRECTLY	HSC 6.7 29294, 29295

SUMMARY OF OBSERVATIONS/VIOLATIONS

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INSPECTION COMMENTS:

COMMENTS: **Go to http://www.co.kern.ca.us/eh/ (Hazardous Materials) for forms and information.**

Brody Saleen

Inspector: Brody Saleen

Signature of Facility Representative:

Inspection Date: 02/04/2016

64156

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: **JOHNNY QUICK** Bldg. No.:
Site Address: **2126 TAFT HWY** City: **BAKERSFIELD** Zip: **93313**
Facility Contact Person: **MR. KOOL** Contact Phone No.: **(661) 834-9113**
Make/Model of Monitoring System: **TLS-350** Date of Testing/Servicing: **2/4/2016**

B. Inventory of Equipment Tested/Certified

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

Tank ID: REG87
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: **420**
- ☒ Piping Sump / Trench Sensor(s). Model: **208**
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: **RED JACKET**
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: PREM91
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: **420**
- ☒ Piping Sump / Trench Sensor(s). Model: **208**
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: **RED JACKET**
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: DIESEL
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: **420**
- ☒ Piping Sump / Trench Sensor(s). Model: **208**
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: **RED JACKET**
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:
- ☐ In-Tank Gauging Probe. Model:
- ☐ Annular Space or Vault Sensor. Model:
- ☐ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1/2
- ☒ Dispenser Containment Sensor(s). Model: **406**
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3/4
- ☒ Dispenser Containment Sensor(s). Model: **406**
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5/6
- ☒ Dispenser Containment Sensor(s). Model: **406**
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7/8
- ☒ Dispenser Containment Sensor(s). Model: **406**
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ 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): **RICHARD MASON** Signature:
Certification No.: **5297857-UT / B36880** License. No.: **C61/ D40 A 809850**
Testing Company Name: **RICH ENVIRONMENTAL** Phone No.: **(661) 392-8687**
Testing Company Address: **5643 BROOKS CT. BAKERSFIELD, CA 93308** Date of Testing/Servicing: **2/4/2016**

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D. Results of Testing/Servicing

Software Version Installed: **332.00**

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☒ Yes	☐ No* ☐ 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)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ 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? %
☐ Yes*	☒ 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.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section E below, describe how and when these deficiencies were or will be corrected.**

E. Comments:

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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:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In 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:

☒ Yes	☐ No* ☐ 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: ☒ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☒ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

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I. Results of Vacuum/Pressure Monitoring Equipment Testing

This page should be used to document testing and servicing of vacuum and pressure interstitial sensors. A copy of this form must be included with the Monitoring System Certification Form, which must be provided to the tank system owner/operator. The owner/operator must submit a copy of the Monitoring System Certification Form to the local agency regulating UST systems within 30 days of test date.

Manufacturer: N/A	**Model:**	**System Type:** ☐ Pressure; ☐ Vacuum

Sensor ID	
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail
	Component(s) Monitored by this Sensor: _____ Sensor Functionality Test Result: ☐ Pass; ☐ Fail Interstitial Communication Test Result: ☐ Pass; ☐ Fail

How was interstitial communication verified?
☐ Leak Introduced at Far End of Interstitial Space;[1] ☐ Gauge; ☐ Visual Inspection; ☐ Other *(Describe in Sec. J, below)*

Was vacuum/pressure restored to operating levels in all interstitial spaces? ☐ Yes ☐ No *(If no, describe in Sec. J, below)*

J. Comments: N/A

[1] If the sensor successfully detects a simulated vacuum/pressure leak introduced in the interstitial space at the furthest point from the sensor, vacuum/pressure has been demonstrated to be communicating throughout the interstice.

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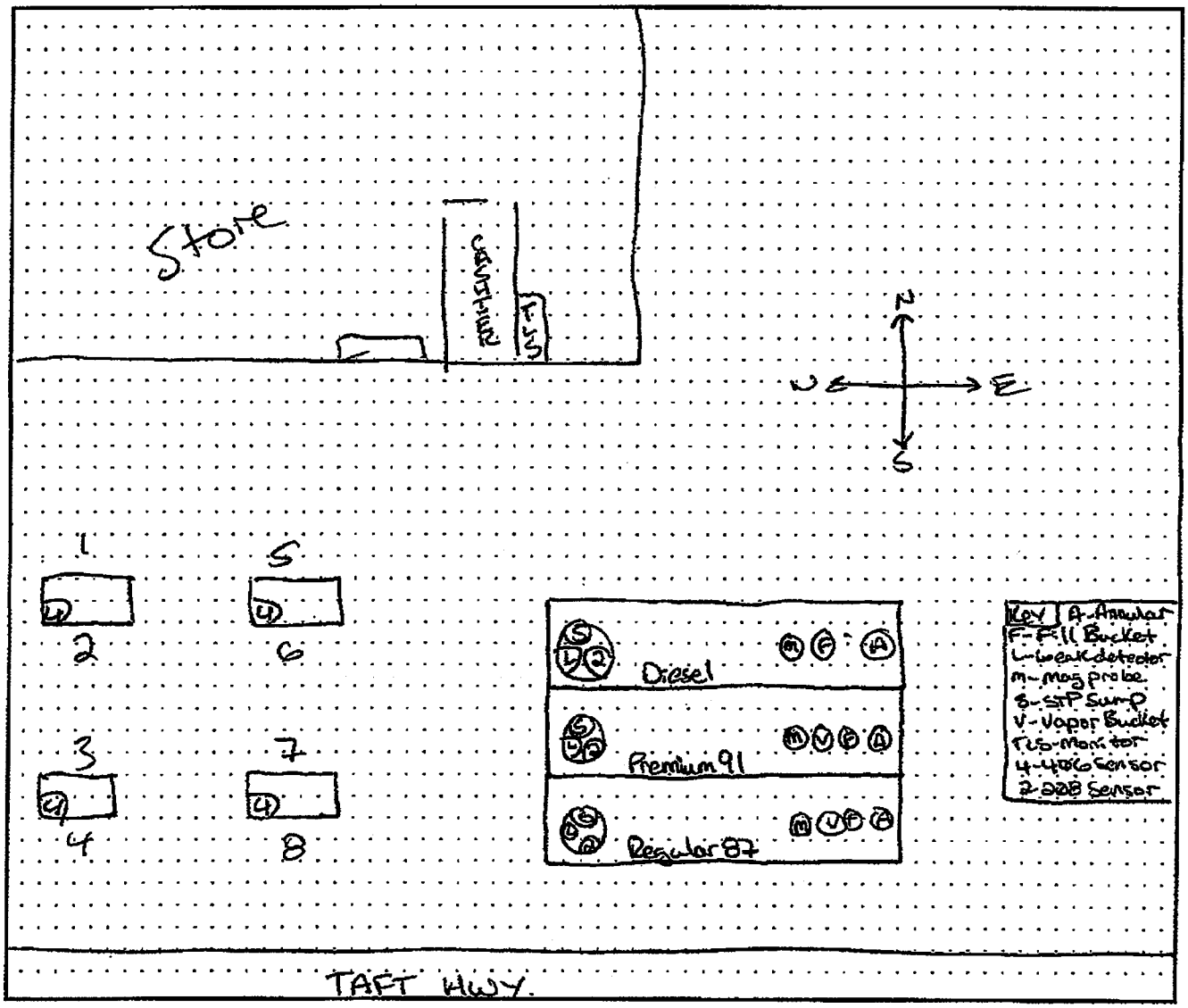
UST Monitoring Site Plan

Site Address: **2126 TAFT HWY. BAKERSFIELD, CA.**



Date map was drawn: 2/14/2013.

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.

64156

SWRCB, January 2006

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:	JOHHNY QUICK	Date of Testing:	2/4/16
Facility Address:	2126 TAFT HWY. BAKERSFIELD		
Facility Contact:	MR. KOOL	Phone:	(661) 834-9113
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector *(if present during testing)*:			

2. TESTING CONTRACTOR INFORMATION

Company Name:	RICH ENVIRONMENTAL
Technician Conducting Test:	RICHARD MASON
Credentials[1]:	☐ CSLB Contractor X ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)* _____
License Number(s):	5297857-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	X Hydrostatic	☐ Vacuum	☐ Other	
Test Equipment Used: VISUAL			Equipment Resolution: 0.00	
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	**1 REG87-FILL**	**2 PREM91-FILL**	**3 DIESEL**	**4**
Bucket Installation Type:	X Direct Bury ☐ Contained in Sump	X Direct Bury ☐ Contained in Sump	X 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:	30MIN	30MIN	30MIN	
Test Start Time (T_I):	9:00	9:00	9:00	
Initial Reading (R_I):	10"	10"	10"	
Test End Time (T_F):	10:00	10:00	10:00	
Final Reading (R_F):	10"	10"	10"	
Test Duration ($T_F - T_I$):	60MIN	60MIN	60MIN	
Change in Reading ($R_F - R_I$):	0	0	0	
Pass/Fail Threshold or Criteria:	0	0	0	
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ 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: 2/4/16

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

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RICH ENVIRONMENTAL

5643 BROOKS CT. BAKERSFIELD, CA. 93308
OFFICE (661)392-8687 FAX (661)392-0621

PRODUCT LINE LEAK DETECTOR TEST

WORK SHEET

W/0#: _____

FACILITY NAME: JOHNNY QUICK

FACILITY ADDRESS: 2126 TAFT HWY. BAKERSFIELD

PRODUCT LINE TYPE: PRESSURE

PRODUCT	LEAK DETECTOR TYPE SERIAL NUMBER	TEST BELOW 3 G.P.H.	TRIP P.S.I.	PASS OR FAIL
REG87	L/D TYPE : RED JACKET SERIAL # 2347	YES	10	PASS
PREM91	L/D TYPE : RED JACKET SERIAL # 1262	YES	10	PASS
DIESEL	L/D TYPE : RED JACKET SERIAL # 3246	YES	10	PASS
	L/D TYPE : __ SERIAL # __	YES NO		PASS FAIL

I CERTIFY THE ABOVE TESTS WERE CONDUCTED ON THIS DATE ACCORDING TO RED JACKET PUMPS FIELD TEST APPARATUS TESTING PROCEDURE AND LIMITATIONS. THE MECHANICAL LEAK DETECTOR TEST PASS / FAIL IS DETERMINED BY USING A LOW FLOW THRESHOLD TRIP RATE OF 3 GALLONS PER HOUR OR LESS AT 10 P.S.I. I ACKNOWLEDGE THAT ALL DATA COLLECTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TECHNICIAN: RICHARD MASON

SIGNATURE: _____ **DATE:** 2/4/16

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IN-TANK SETUP

T 1:UNL87
PRODUCT CODE : 1
THERMAL COEFF :.000700
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0
WATER ALARM FILTER: LOW

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (EDIM)
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 2 (RS-232)
BAUD RATE : 9600
PARITY : NONE
STOP BIT : 1 STOP
DATA LENGTH: 8 DATA
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 3 (RS-232)
BAUD RATE : 1200
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RS-232 END OF MESSAGE
DISABLED

SYSTEM SETUP

FEB 4, 2016 9:21 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

JOHNNY QUICK 143
2126 TAFT HWY
BAKERSFIELD CA 93313
661-834-9113

SHIFT TIME 1 : 8:00 AM
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

SYSTEM SECURITY
CODE : 000000

MAINTENANCE HISTORY
DISABLED

TANK CHART SECURITY
DISABLED

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EVR/ISD SETUP

EVR TYPE: BALANCE

BALANCE NOZZLE TYPE
VST

VAPOR PROCESSOR TYPE
VEEDER-ROOT POLISHER

ANALYSIS TIMES
TIME: 10:00 AM
DELAY MINUTES: 1

ACCEPT HIGH ORVR:
DISABLED

ISD HOSE TABLE

ID	FP	FL	HL	AA	RR
01	01	01	02	01	02
02	02	02	02	01	02
03	03	03	02	02	02
04	04	04	02	02	02
05	05	05	02	03	02
06	06	06	02	03	02
07	07	07	02	04	02
08	08	08	02	04	02

ISD AIRFLOW METER MAP

ID	SERIAL NUM	LABEL
1	54184	DISP 1-2 A
2	64654	DISP 3-4 A
3	54186	DISP 5-6 A
4	54207	DISP 7-8 A

ISD FUEL GRADE HOSE MAP

	1	2	3	4	
FP	MHH	MHH	MHH	MHH	AA
01	201	101	901	3 U	1
02	202	102	902	3 U	1
03	203	103	903	3 U	2
04	204	104	904	3 U	2
05	305	105	205	U U	3
06	306	106	206	U U	3
07	307	107	207	U U	4
08	308	108	208	U U	4

LABEL TABLE

1: UNASSIGNED
2: BLEND3
3: REGULAR
4: MID GRADE
5: PREMIUM
6: GOLD
7: BRONZE
8: SILVER
9: BLEND2
10: BLEND4

OUTPUT RELAY SETUP

R 1:87
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 1

LIQUID SENSOR ALMS
L 1:FUEL ALARM
L 4:FUEL ALARM
L 1:SENSOR OUT ALARM
L 4:SENSOR OUT ALARM

ISD SITE ALARMS
ISD GROSS PRES FAIL
ISD DEGRD PRES FAIL
ISD VAPOR LEAK FAIL
ISD VP PRES FAIL
ISD VP STATUS FAIL

ISD HOSE ALARMS
ALL:FLOW COLLECT FAIL

R 2:91
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 2

LIQUID SENSOR ALMS
L 2:FUEL ALARM
L 5:FUEL ALARM
L 2:SENSOR OUT ALARM
L 5:SENSOR OUT ALARM

ISD SITE ALARMS
ISD GROSS PRES FAIL
ISD VAPOR LEAK FAIL
ISD VP PRES FAIL
ISD VP STATUS FAIL

ISD HOSE ALARMS
ALL:FLOW COLLECT FAIL

R 3:DSL
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 3

LIQUID SENSOR ALMS
L 3:FUEL ALARM
L 6:FUEL ALARM
L 3:SENSOR OUT ALARM
L 6:SENSOR OUT ALARM

LEAK TEST METHOD

TEST ON DATE : ALL TANK
MAY 27, 2011
START TIME : DISABLED
TEST RATE :0.20 GAL/HR
DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
NORMAL

LIQUID SENSOR SETUP

L 1:87 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:91 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 3:DSL ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 4:87 STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 5:91 STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 6:DSL STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

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----- SENSOR ALARM -----
L 4:87 STP
STP SUMP
SENSOR OUT ALARM
FEB 4, 2016 10:30 AM

FUEL ALARM
FEB 4, 2016 10:16 AM

SENSOR OUT ALARM
FEB 23, 2015 9:55 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:87 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 4, 2016 10:30 AM

FUEL ALARM
FEB 4, 2016 10:20 AM

FUEL ALARM
FEB 23, 2015 9:55 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 5:91 STP
STP SUMP
SENSOR OUT ALARM
FEB 4, 2016 10:30 AM

FUEL ALARM
FEB 4, 2016 10:15 AM

SENSOR OUT ALARM
FEB 23, 2015 9:55 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 2:91 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 4, 2016 10:30 AM

FUEL ALARM
FEB 4, 2016 10:20 AM

FUEL ALARM
FEB 23, 2015 9:55 AM

* * * * * END * * * * *

SMARTSENSOR SETUP
- - - - - - - - - - - -

s 1:CARBON CANISTOR
CATEGORY VAPOR VALVE

s 2:VAPOR PRESSURE
CATEGORY VAPOR PRESSURE

s 3:DISP 1-2 AFM
CATEGORY AIR FLOW METER

s 4:DISP 3-4 AFM
CATEGORY AIR FLOW METER

s 5:DISP 5-6 AFM
CATEGORY AIR FLOW METER

s 6:DISP 7-8 AFM
CATEGORY AIR FLOW METER

s 8:ATM
CATEGORY ATM P SENSOR

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:DSL STP
STP SUMP
SENSOR OUT ALARM
FEB 4, 2016 10:30 AM

FUEL ALARM
FEB 4, 2016 10:14 AM

SENSOR OUT ALARM
FEB 23, 2015 9:55 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:DSL ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 4, 2016 10:30 AM

FUEL ALARM
FEB 4, 2016 10:21 AM

FUEL ALARM
FEB 23, 2015 9:55 AM

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MONITOR CERT. FAILURE REPORT

SITE NAME: JOHNNY QUICK DATE: 2/4/16

ADDRESS: 2126 TAFT HWY TECHNICIAN: RICHARD MASON

CITY: BAKERSFIELD SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS: NONE

LABOR: NONE

PARTS INSTALLED: NONE

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	JOHNNY QUICK	Date of Testing:	6/13/16
Facility Address:	2126 TAFT HWY, BAKERSFIELD		
Facility Contact:	MR. KOOL	Phone:	
Date Local Agency Was Notified of Testing :			
Name of Local Agency Inspector *(if present during testing)*:			

2. TESTING CONTRACTOR INFORMATION

Company Name:	Rich Environmental		
Technician Conducting Test:	JAMES J RICH		
Credentials:	X CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester	
License Type:	C61/D40 A	License Number:	809850

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
INCON	TS-STS	11/17/16

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
87 ANNULAR	X	☐	☐	☐	UDC #7/8	X	☐	☐	☐
91 ANNULAR	X	☐	☐	☐	87 SPILL BUCKET	X	☐	☐	☐
DIESEL ANNULAR	X	☐	☐	☐	91 SPILL BUCKET	X	☐	☐	☐
87 SECONDARY PIPE	X	☐	☐	☐	DIESEL SPILL BUCKET	X	☐	☐	☐
91 SECONDARY PIPE	X	☐	☐	☐	87 VPR SPILL BUCKET	X	☐	☐	☐
DIESEL SEC PIPE	X	☐	☐	☐	91 VPR SPILL BUCKET	X	☐	☐	☐
87 STP	X	☐	☐	☐	DSL EXTRA SPILL BKT	X	☐	☐	☐
91 STP	X	☐	☐	☐		☐	☐	☐	☐
DIESEL STP	X	☐	☐	☐		☐	☐	☐	☐
UDC #1/2	X	☐	☐	☐		☐	☐	☐	☐
UDC #3/4	X	☐	☐	☐		☐	☐	☐	☐
UDC #5/6	X	☐	☐	☐		☐	☐	☐	☐

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: _____ Date: 6/13/16

4. TANK ANNULAR TESTING

Test Method Developed By:	☐ Tank Manufacturer ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	X Vacuum	☐ Hydrostatic
Test Equipment Used: 4" DIAL GAUGE		Equipment Resolution:	

	Tank # 87	**Tank # 91**	**Tank # DSL**	**Tank #**
Is Tank Exempt From Testing?[1]	☐ Yes X No	☐ Yes X No	☐ Yes X No	☐ Yes ☐ No
Tank Capacity:	10K	10K	10K	
Tank Material:	STEEL	STEEL	STEEL	
Tank Manufacturer:	UNKNOWN	UNKNOWN	UNKNOWN	
Product Stored:	UNL-87	UNL-91	DIESEL	
Wait time between applying pressure/vacuum/water and starting test:	30MIN	30MIN	30MIN	
Test Start Time:	1:00	2:00	2:30	
Initial Reading (R_I):	10.4	10.0	10.0	
Test End Time:	2:00	3:00	3:30	
Final Reading (R_F):	10.4	10.0	10.0	
Test Duration:	60MIN	60MIN	60MIN	
Change in Reading (R_F-R_I):	0	0	0	
Pass/Fail Threshold or Criteria:	0	0	0	
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**
Was sensor removed for testing?	X Yes ☐ No ☐ NA	X Yes ☐ No ☐ NA	X Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	X Yes ☐ No ☐ NA	X Yes ☐ No ☐ NA	X Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer
Test Method Used:	X Pressure ☐ Other *(Specify)*	☐ Vacuum	☐ Hydrostatic
Test Equipment Used: 4" DIAL GAUGE		Equipment Resolution: .5%	

	Piping Run # 87	**Piping Run # 91**	**Piping Run # DSL**	**Piping Run #**
Piping Material:	FIBERGLASS	FIBERGLASS	FIBERGLASS	
Piping Manufacturer:	AO SMITH	AO SMITH	AO SMITH	
Piping Diameter:	2"	2"	2"	
Length of Piping Run:	50'	50'	50'	
Product Stored:	UNL-87	UNL-91	DIESEL	
Method and location of piping-run isolation:	TEST BOOT IN SUMP	TEST BOOT IN SUMP	TEST BOOT IN SUMP	
Wait time between applying pressure/vacuum/water and starting test:	30MIN	30MIN	30MIN	
Test Start Time:	10:00	9:45	9:30	
Initial Reading (R_I):	5.4	5.2	5.6	
Test End Time:	11:00	10:45	10:30	
Final Reading (R_F):	5.4	5.2	5.6	
Test Duration:	60MIN	60MIN	60MIN	
Change in Reading (R_F-R_I):	0	0	0	
Pass/Fail Threshold or Criteria:	0	0	0	
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

6. PIPING SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	X Hydrostatic
Test Equipment Used: INCON TS-STS		Equipment Resolution:	

	Sump # 87		Sump # 91		Sump # DSL		Sump #	
Sump Diameter:	40"		40"		40"			
Sump Depth:	43"		43"		43"			
Sump Material:	FIBERGLASS		FIBERGLASS		FIBERGLASS			
Height from Tank Top to Top of Highest Piping Penetration:	12"		12"		12"			
Height from Tank Top to Lowest Electrical Penetration:	30"		30"		30"			
Condition of sump prior to testing:	GOOD		GOOD		GOOD			
Portion of Sump Tested[1]	14"		14"		14"			
Does turbine shut down when sump sensor detects liquid (both product and water)?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No ☐ NA	
Turbine shutdown response time	N/A		N/A		N/A			
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No ☐ NA	
Was fail-safe verified to be operational?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No ☐ NA	
Wait time between applying pressure/vacuum/water and starting test:	30MIN		30MIN		30MIN			
Test Start Time:	10:20	10:38	10:20	11:05	10:20	10:38		
Initial Reading (R_I):	5.313	5.312	4.101	4.093	4.096	4.095		
Test End Time:	10:35	10:53	10:35	11:20	10:35	10:53		
Final Reading (R_F):	5.313	5.312	4.100	4.091	4.095	4.094		
Test Duration:	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN		
Change in Reading (R_F-R_I):	.000	.000	.001	.001	.000	.001		
Pass/Fail Threshold or Criteria:	.002	-.002	-.002	-.002	-.002	-.002		
Test Result:	X Pass ☐ Fail		X Pass ☐ Fail		X Pass ☐ Fail		☐ Pass ☐ Fail	
Was sensor removed for testing?	X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA	
Was sensor properly replaced and verified functional after testing?	X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		☐ Yes ☐ No ☐ NA	

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer	X Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	X Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: INCON TS-STS		Equipment Resolution:	

	UDC # 1/2		UDC # 3/4		UDC # 5/6		UDC # 7/8	
UDC Manufacturer:	UNKNOWN		UNKNOWN		UNKNOWN		UNKNOWN	
UDC Material:	FIBERGLASS		FIBERGLASS		FIBERGLASS		FIBERGLASS	
UDC Depth:	26"		26"		26"		26"	
Height from UDC Bottom to Top of Highest Piping Penetration:	12"		12"		12"		12"	
Height from UDC Bottom to Lowest Electrical Penetration:	14"		14"		14"		14"	
Condition of UDC prior to testing:	GOOD		GOOD		GOOD		GOOD	
Portion of UDC Tested[1]	14"		14"		14"		14"	
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA	
Turbine shutdown response time	N/A		N/A		N/A		N/A	
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA	
Was fail-safe verified to be operational?*	☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA		☐ Yes ☐ No X NA	
Wait time between applying pressure/vacuum/water and starting test	30MIN		30MIN		30MIN		30MIN	
Test Start Time:	11:38	12:13	11:38	11:55	1:03	1:21	11:38	11:55
Initial Reading (R_I):	2.668	2.663	3.936	3.936	5.007	5.007	7.151	7.153
Test End Time:	11:53	12:28	11:53	12:10	1:18	1:36	11:53	12:10
Final Reading (R_F):	2.667	2.662	3.936	3.939	5.007	5.007	7.152	7.153
Test Duration:	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN	15MIN
Change in Reading (R_F-R_I):	.000	.001	.000	.000	.000	.000	.001	.000
Pass/Fail Threshold or Criteria:	.002	.002	.002	.002	.002	.002	.002	.002
Test Result:	**X Pass ☐ Fail**		**X Pass ☐ Fail**		**X Pass ☐ Fail**		**X Pass ☐ Fail**	
Was sensor removed for testing?	X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA	
Was sensor properly replaced and verified functional after testing?	X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA		X Yes ☐ No ☐ NA	

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps ☐			
Fill Riser Containment Sumps are Present, but were Not Tested ☐			
Test Method Developed By:	☐ Sump Manufacturer ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	X Hydrostatic
Test Equipment Used: INCON TS-STS		Equipment Resolution:	

	Fill Sump #	**Fill Sump #**	**Fill Sump #**	**Fill Sump #**
Sump Diameter:				
Sump Depth:				
Height from Tank Top to Top of Highest Piping Penetration:				
Height from Tank Top to Lowest Electrical Penetration:				
Condition of sump prior to testing:				
Portion of Sump Tested				
Sump Material:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Is there a sensor in the sump?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

NO FILL SUMPS AT THIS SITE

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes ☐				
Spill/Overfill Containment Boxes are Present, but were Not Tested ☐				
Test Method Developed By:	☐ Spill Bucket Manufacturer ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer	
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	X Hydrostatic	
Test Equipment Used: INCON TS-STS			Equipment Resolution:	

	Spill Box #87 FILL	**Spill Box #91 FILL**	**Spill Box #DSL FILL**	**Spill Box #**
Bucket Diameter:	12"	12"	12"	
Bucket Depth:	16"	16"	16"	
Wait time between applying pressure/vacuum/water and starting test:	30MIN	30MIN	30MIN	
Test Start Time:	9:20	9:20	9:20	
Initial Reading (R_I):	10"	12"	12"	
Test End Time:	10:20	10:20	10:20	
Final Reading (R_F):	10"	12"	12"	
Test Duration:	60MIN	60MIN	60MIN	
Change in Reading (R_F-R_I):	0	0	0	
Pass/Fail Threshold or Criteria:	0	0	0	
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes ☐				
Spill/Overfill Containment Boxes are Present, but were Not Tested ☐				
Test Method Developed By:	☐ Spill Bucket Manufacturer ☐ Other *(Specify)*	X Industry Standard	☐ Professional Engineer	
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	X Hydrostatic	
Test Equipment Used: INCON TS-STS		Equipment Resolution:		

	Spill Box # 87 VPR	**Spill Box # 91 VPR**	**Spill Box # DSL EXTRA**	**Spill Box #**
Bucket Diameter:	12"	12"	12"	
Bucket Depth:	16"	16"	15"	
Wait time between applying pressure/vacuum/water and starting test:	30MIN	30MIN	30MIN	
Test Start Time:	9:20	9:20	9:20	
Initial Reading (R_I):	12"	12"	12"	
Test End Time:	10:20	10:20	10:20	
Final Reading (R_F):	12"	12"	12"	
Test Duration:	60MIN	60MIN	60MIN	
Change in Reading (R_F-R_I):	0	0	0	
Pass/Fail Threshold or Criteria:	0	0	0	
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

RICH ENVI.
JOHNNY QUIK
2126 TAFT HWY
BAKERSFIELD CA 93313

06/13/2016 11:53 AM

SUMP LEAK TEST REPORT

DSP 1-2

TEST STARTED	11:38 AM
TEST STARTED	06/13/2016
BEGIN LEVEL	2.6684 IN
END TIME	11:53 AM
END DATE	06/13/2016
END LEVEL	2.6675 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSP 7-8

TEST STARTED	11:38 AM
TEST STARTED	06/13/2016
BEGIN LEVEL	7.1516 IN
END TIME	11:53 AM
END DATE	06/13/2016
END LEVEL	7.1528 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSP 3-4

TEST STARTED	11:38 AM
TEST STARTED	06/13/2016
BEGIN LEVEL	3.9362 IN
END TIME	11:53 AM
END DATE	06/13/2016
END LEVEL	3.9362 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSP 5-6

TEST STARTED	11:38 AM
TEST STARTED	06/13/2016
BEGIN LEVEL	6.9028 IN
END TIME	11:53 AM
END DATE	06/13/2016
END LEVEL	6.8791 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

JOHNNY QUIK
2126 TAFT HWY
BAKERSFIELD CA 93313

06/13/2016 10:53 AM

SUMP LEAK TEST REPORT

DSL STP

TEST STARTED	10:38 AM
TEST STARTED	06/13/2016
BEGIN LEVEL	4.0955 IN
END TIME	10:53 AM
END DATE	06/13/2016
END LEVEL	4.0944 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91 STP

TEST STARTED	10:38 AM
TEST STARTED	06/13/2016
BEGIN LEVEL	4.1005 IN
END TIME	10:53 AM
END DATE	06/13/2016
END LEVEL	4.0981 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

87 STP

TEST STARTED	10:38 AM
TEST STARTED	06/13/2016
BEGIN LEVEL	5.3129 IN
END TIME	10:53 AM
END DATE	06/13/2016
END LEVEL	5.3126 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

JOHNNY QUIK
2126 TAFT HWY
BAKERSFIELD CA 93313

06/13/2016 10:35 AM

SUMP LEAK TEST REPORT

DSL STP

TEST STARTED	10:20 AM
TEST STARTED	06/13/2016
BEGIN LEVEL	4.0960 IN
END TIME	10:35 AM
END DATE	06/13/2016
END LEVEL	4.0956 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

91 STP

TEST STARTED	10:20 AM
TEST STARTED	06/13/2016
BEGIN LEVEL	4.1018 IN
END TIME	10:35 AM
END DATE	06/13/2016
END LEVEL	4.1007 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

87 STP

TEST STARTED	10:20 AM
TEST STARTED	06/13/2016
BEGIN LEVEL	5.3131 IN
END TIME	10:35 AM
END DATE	06/13/2016
END LEVEL	5.3130 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

RICH ENVI.
JOHNNY QUIK
2126 TAFT HWY
BAKERSFIELD CA 93313

06/13/2016 12:29 PM

SUMP LEAK TEST REPORT

DSP 1-2

TEST STARTED	12:13 PM
TEST STARTED	06/13/2016
BEGIN LEVEL	2.6637 IN
END TIME	12:28 PM
END DATE	06/13/2016
END LEVEL	2.6626 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSP 7-8

TEST STARTED	12:13 PM
TEST STARTED	06/13/2016
BEGIN LEVEL	7.1627 IN
END TIME	12:28 PM
END DATE	06/13/2016
END LEVEL	7.1640 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSP 3-4

TEST STARTED	12:13 PM
TEST STARTED	06/13/2016
BEGIN LEVEL	3.9316 IN
END TIME	12:28 PM
END DATE	06/13/2016
END LEVEL	3.9302 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSP 5-6

TEST STARTED	12:13 PM
TEST STARTED	06/13/2016
BEGIN LEVEL	6.8449 IN
END TIME	12:28 PM
END DATE	06/13/2016
END LEVEL	6.8016 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

RICH ENVI.
JOHNNY QUIK
2126 TAFT HWY
BAKERSFIELD CA 93313

06/13/2016 12:10 PM

SUMP LEAK TEST REPORT

DSP 1-2

TEST STARTED	11:55 AM
TEST STARTED	06/13/2016
BEGIN LEVEL	2.6670 IN
END TIME	12:10 PM
END DATE	06/13/2016
END LEVEL	2.6648 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

DSP 7-8

TEST STARTED	11:55 AM
TEST STARTED	06/13/2016
BEGIN LEVEL	7.1535 IN
END TIME	12:10 PM
END DATE	06/13/2016
END LEVEL	7.1539 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSP 3-4

TEST STARTED	11:55 AM
TEST STARTED	06/13/2016
BEGIN LEVEL	3.9360 IN
END TIME	12:10 PM
END DATE	06/13/2016
END LEVEL	3.9358 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

DSP 5-6

TEST STARTED	11:55 AM
TEST STARTED	06/13/2016
BEGIN LEVEL	6.8626 IN
END TIME	12:10 PM
END DATE	06/13/2016
END LEVEL	6.8461 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	FAILED

RICH ENVI.
JOHNNY QUIK
2126 TAFT HWY
BAKERSFIELD CA 93...

06/13/2016 1:18 PM

SUMP LEAK TEST REPORT

DSP 5-6

TEL STARTED	1:03 PM
TES STARTED	06/13/2016
BEGIN LEVEL	5.0073 IN
END TIME	1:18 PM
END DATE	06/13/2016
END LEVEL	5.0073 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

...AKE... ...D CA ...

06/13/2016 1:36 PM

SUMP LEA... TEST REPO...

... 3-6

TEST STA...	1:2... PM
TEST STARTED	06/13/201...
BEGIN LEVEL	5.06...
END TIME	1:36 ...
END DATE	06/13/201...
END LEVEL	5.0073 IN
LEAK THRESHOLD	0.002 IN
TEST RESULT	PASSED

SB989 TESTING FAILURE REPORT

SITE NAME: JOHNNY QUICK DATE: 6/13/16

ADDRESS: 2126 TAFT HWY TECHNICIAN: JAMES RICH

CITY: BAKERSFIELD SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS: NONE

LABOR: NONE

PARTS INSTALLED: NONE

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

KERN COUNTY
Public Health Services
DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)

MATTHEW CONSTANTINE
DIRECTOR

2700 M STREET, SUITE 300 BAKERSFIELD, CALIFORNIA 93301-2370 VOICE: 661-862-8740 FAX: 661-862-8701 KERNPUBLICHEALTH.COM

UNDERGROUND STORAGE TANK INSPECTION REPORT

Facility Name: K & S Food Store		**Facility ID:** FA0002691
Site Address: 2126 TAFT HWY BAKERSFIELD, CA 93313		**CERS ID:** 10233775 **BOE #:**
Phone: (661) 834-9113	**Consent Granted By:**	**Inspection Date:** 06/16/2017
Designated Operator:	**Testing Company:**	
Inspection Type: ☒ Routine ☐ Reinspection	**Reinspection required:** ☐ Yes ☒ No	

File/CERS Review Violations

V	Viol #	Summary	Code
	H650	Failure to obtain a valid Permit to Operate	HSC 6.7 25284
	H651	Failure to submit accurate UST Facility and Tank Information	HSC 6.7 25284, 25286; 23 CCR 16 2711
	H779	Failure to have an approved UST Monitoring Plan	23 CCR 16 2632(d)(1), 2634(d), 2641(h)
	H655	Failure to submit or update a UST Monitoring Site Plan	23 CCR 16 2632(d)(1)(C), 2641(h), 2711(a)(8)
	H724	Failure to submit/maintain a current Certification of Financial Responsibility and/or mechanism of financial assurance	HSC 6.7 25292.2; HSC 6.75 25299.30-25299.34; 23 CCR 16 2711; 23 CCR 18 2808.1, 2809-2809.2
	H780	Failure to have an approved UST Response Plan	23 CCR 16 2632(d)(2), 2634(e), 2641(h)
	H739	Failure to implement/maintain an Owner/Operator Written Agreement	HSC 6.7 25284(a)(3)(A) & (B); 23 CCR 16 2620(b)
	H661	Failure to notify the CUPA of a change in designated operator (DO)	23 CCR 16 2715(a)
	H662	Failure to complete the annual Monitoring System Certification	23 CCR 16 2638(a) & (b), 2641(i), 2715(i)
	H664	Failure to test all spill bucket(s) annually	HSC 6.7 25284.2
	H663	Failure to complete secondary containment testing as required	23 CCR 16 2637
	H669	Failure to inspect an interior lined tank as required	23 CCR 16 2663
	H675	Failure to conduct the required enhanced leak detection (ELD) testing for tanks within 1,000 feet of a public well	HSC 6.7 25292.4(a), 25292.5(a); 23 CCR 16 2640(e), 2644.1

General Violations

V	Viol #	Summary	Code
	H741	Failure to comply with all Permit to Operate requirements	23 CCR 16 2712
	U001	Failure of individuals installing/maintaining/inspecting UST systems to possess current/proper licenses and certifications	23 CCR 16 2715
	H680	Improper installation/programming/operation of leak detection equipment	23 CCR 16 2638(a), 2641(i)
	H694	Failure of leak detection equipment to be located in the proper position	23 CCR 16 2630(d), 2641(a)
	H716	Failure to maintain spill bucket(s) according to requirements	23 CCR 16 2635(b)(1), 2665
	H720	Failure of overfill prevention system to function as required	23 CCR 16 2635(b)(2), 2665
	H681	Failure of leak detection equipment to have continuous monitoring and audible/visual alarms	23 CCR 16 2632(c)(2)(B), 2634(d)(1)(A), 2636(f)(1)
	H704	Failure to install line leak detectors (LLD) on pressurized piping	HSC 6.7 25290.1(h), 25290.2(g), 25291(f), 25292(e); 23 CCR 16 2636(f)(2)
	H708	Failure of line leak detector(s) to function as required	23 CCR 16 2636(f)(2)
	U687	Failure of UDC monitoring to activate audible/visual alarm or stop the flow of product at the dispenser	23 CCR 16 2636(f)(1)

Inspector: WAQAR RUSTAM **Inspection Date:** 06/16/2017

General Violations - continued

V	Viol #	Summary	Code
	H711	Failure to keep water out of the secondary containment of UST systems installed on or after July 1, 2003	HSC 6.7 25290.1(c)(3), 25290.2(c)(3)
	H795	Failure to construct/operate/maintain primary containment as product-tight	HSC 6.7 25290.1(c)(1), 25290.2(c)(1), 25291(a)(1); 23 CCR 16 2631(a)
	H719	Failure to operate the UST system to prevent unauthorized releases including leaks, spills, and/or overfills	HSC 6.7 25292.1(a)
	H684	Failure to properly affix tag/sticker on certified monitoring equipment	23 CCR 16 2638(f)
	H695	Tampering with leak detection equipment	HSC 6.7 25299(a)(9)

Double Walled Tank Violations

V	Viol #		Code
	H682	Failure to have continuous monitoring of the secondary containment that activates an audible/visual alarm	23 CCR 16 2631(g), 2632(c)(2)(A)&(B)
	H699	Failure to continuously monitor secondary containment using vacuum, pressure, or hydrostatic (VPH)	HSC 6.7 25290.1(e)
	H714	Failure to maintain product-tight secondary containment	HSC 6.7 25290.1(c), 25290.2(c), 25291(a)(2), 25292(e)

Double Walled Piping Violations

V	Viol #	Summary	Code
	H687	Failure to continuously monitor the secondary containment that activates an audible/visual alarm and stops the flow at the dispenser	23 CCR 16 2636(f)(1)
	H686	Failure of secondary containment monitoring to provide fail safe and positive shutdown in lieu of annual line integrity testing	23 CCR 16 2636(f)(5)
	H666	Failure to comply with annual line integrity testing	HSC 6.7 25290.2(g), 25291(f), 25292(e); 23 CCR 16 2636(f)(4)
	H712	Failure to maintain secondary containment to allow product to be detected at the earliest possible opportunity	23 CCR 16 2630(d), 2641(a)

Single Walled Tank Violations

V	Viol #	Summary	Code
	H692	Failure to install automatic tank gauge (ATG) or continuous in tank leak detection (CITLD)	HSC 6.7 25292(a); 23 CCR 16 2643
	H689	Failure of ATG to conduct monthly 0.2 gph leak test and print results	23 CCR 16 2643(b)(1)
	H688	Failure of CITLD to conduct monthly 0.2 gph leak test and print results	23 CCR 16 2643(b)(5)
	H685	Failure to use ATG to conduct 0.1 gallon-per-hour monthly leak test and manual inventory reconciliation for low volume tanks	23 CCR 16 2643(b)(2)
	H755	Failure to install a corrosion protection system that meets the consensus standards	23 CCR 16 2635(a)(2)(A), 2662(c)(1)(B)
	H701	Failure to have cathodic protection system turned on, maintained, and inspected as required	23 CCR 16 2635(a)(2)(A), 2662(c)(1)(B)

Single Walled Piping Violations

V	Viol #	Summary	Code
	H703	Failure to perform monthly 0.2 gph or annual 0.1 gph line integrity tests	HSC 6.7 25292(e); 23 CCR 16 2643(c)
	H707	Failure of the line leak detector to provide fail safe and positive shut down	23 CCR 16 2666(c)
	H709	Failure of safe suction piping to be installed (proper slope and check valve) and inspected as required	23 CCR 16 2636(a)(3), 2641(b)
	H667	Failure to perform 0.1 gph line integrity tests every three years on conventional suction piping	23 CCR 16 2643(d)

On Site Records Violations

V	Viol #	Summary	Code
	H792	Failure to retain a copy of the Permit to Operate at the facility	23 CCR 16 2712(i)
	H726	Failure to maintain copies of the designated operator's monthly inspection reports on site as required	23 CCR 16 2715(e)
	H727	Failure of designated operator to comply with all monthly inspection requirements	23 CCR 16 2715(c)
	H781	Failure to maintain a list of employees trained by the designated operator on site	23 CCR 16 2715(f)(3)
	H729	Failure to maintain alarm logs, maintenance records, and response follow-up documentation	23 CCR 16 2632, 2634, 2712(b)
	H736	Failure to maintain records of repairs, linings, and upgrades for the life of the UST	23 CCR 16 2712(b)
	H737	Failure to maintain corrosion protection records as required	23 CCR 16 2712(b)
	H738	Failure to have an approved UST Monitoring Plan on site	23 CCR 16 2712(i)
	H654	Failure to have an approved UST Response Plan on site	23 CCR 16 2712(i)
	H740	Failure to record any unauthorized release from the primary containment	HSC 6.7 29294

Compliance/Enforcement Violations

V	Viol #	Summary	Code
	H674	Failure to notify the CUPA 48 hours prior to testing	23 CCR 16 2637(f), 2638(e), 2643(g), 2644.1(a)(4)
	H788	Failure to submit annual Monitoring System Certification results within 30 days of completion of the test	23 CCR 16 2638(d)
	H665	Failure to submit secondary containment test results within 30 days of the test	23 CCR 16 2637(e)
	H670	Failure to complete tank lining certification/testing as required	23 CCR 16 2663
	H672	Failure to submit enhanced leak detection test results as required	23 CCR 16 2644.1(a)(5)
	H787	Failure to correct previous violations within 30 days of receiving the inspection report	23 CCR 16 2712(f)
	H660	Making false statements/representation on any document	HSC 6.7 25299
	U002	Failure to obtain a permit from the CUPA before beginning any work that requires a permit	KCOC 8.48.050
	H791	Failure to properly report an unauthorized release	HSC 6.7 25295(a)(1); 23 CCR 16 2650(e), 2652
	H749	Failure to repair and/or retest any failures detected during enhanced leak detection testing	HSC 6.7 25292.4(d), 25292.5(c)
	H747	Failure to comply with all temporary closure requirements	HSC 6.7 25298; 23 CCR 16 2670, 2671
	H748	Failure to comply with all permanent closure requirements	HSC 6.7 25298; 23 CCR 16 2670, 2672
	H746	Facility allowed the deposit of petroleum into a UST that has a red tag affixed to the fill	23 CCR 16 2717.1(f)
	H745	Red Tag has been removed, defaced, altered, or otherwised tampered with	23 CCR 16 2717.1(g)

SUMMARY OF OBSERVATIONS/VIOLATIONS

☒ **No violations of underground storage tank laws/regulations were discovered. Kern County CUPA greatly appreciates your efforts to comply with all the laws and regulations applicable to your facility.**

☐ **Violations were observed/discovered as listed below. All violations must be corrected by implementing the corrective action listed below each violation. If you disagree with any of the violations or corrective actions required, please inform the CUPA in writing.**

ALL VIOLATIONS MUST BE CORRECTED WITHIN 30 DAYS OR AS OTHERWISE SPECIFIED. Kern County CUPA must be informed in writing with a certification that compliance has been achieved. A false statement that compliance has been achieved is a violation of the law and punishable by a fine of not less than $2,000 or more than $25,000 for each violation. Your facility may be reinspected any time during normal business hours. If a second reinspection becomes necessary due to non-compliance, a reinspection charge of $125.00 per hour may be charged to the facility.

You may request a meeting with the inspector and/or the CUPA Program Supervisor to discuss the inspection findings and/or the proposed corrective actions. The issuance of this Summary of Violations does not preclude the CUPA from taking administrative, civil, or criminal action.

Facility Name: K & S Food Store

Facility ID: FA0002691
CERS ID: 10233775

INSPECTION COMMENTS:

Inspector: WAQAR RUSTAM
Inspection Date: 06/16/2017

Signature of Facility Representative:

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: **K&S FOOD STORE** Bldg. No.:

Site Address: **2126 TAFT HWY** City: **BAKERSFIELD** Zip: **93313**

Facility Contact Person: **MR. KOOL** Contact Phone No.: **(661) 834-9113**

Make/Model of Monitoring System: **TLS-350** Date of Testing/Servicing: **2/8/2017**

B. Inventory of Equipment Tested/Certified

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

Tank ID: REG87

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: PREM91

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: DIESEL

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 420
- ☒ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: RED JACKET
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:

- ☐ In-Tank Gauging Probe. Model:
- ☐ Annular Space or Vault Sensor. Model:
- ☐ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1/2

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3/4

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5/6

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7/8

- ☒ Dispenser Containment Sensor(s). Model: 406
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ 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): **DONNY BROCK** Signature:

Certification No.: **8325570-UT / B46599** License. No.: **C61/D40 A 809850**

Testing Company Name: **RICH ENVIRONMENTAL** Phone No.: **(661) 392-8687**

Testing Company Address: **5643 BROOKS CT. BAKERSFIELD, CA 93308** Date of Testing/Servicing: **2/8/2017**

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D. Results of Testing/Servicing

Software Version Installed: **332.00**

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☒ Yes	☐ No* ☐ 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)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ 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? %
☐ Yes*	☒ 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.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section E below, describe how and when these deficiencies were or will be corrected.**

E. Comments:

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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:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In 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:

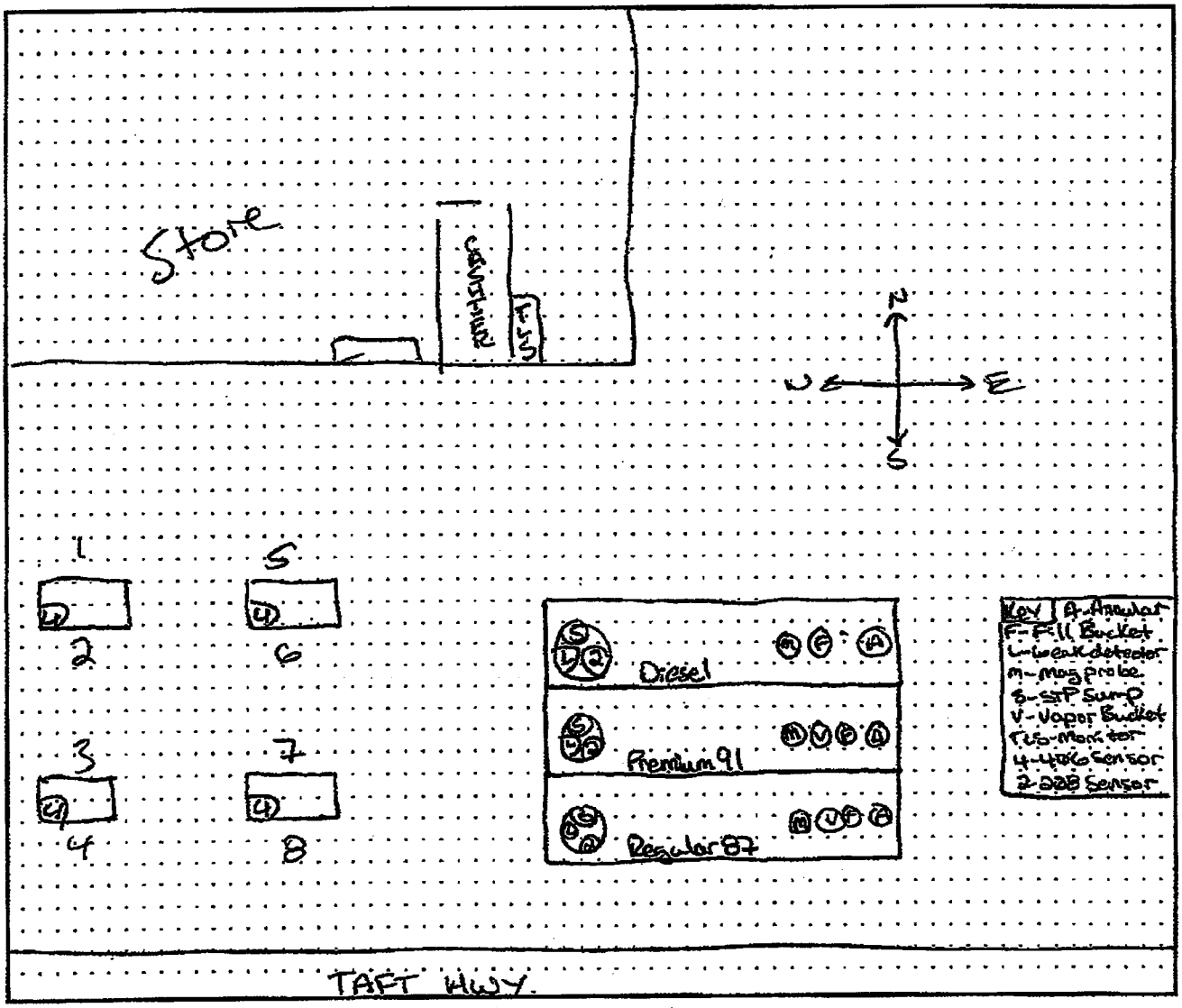
☒ Yes	☐ No* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☒ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☒ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☒ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

UST Monitoring Site Plan

Site Address: **2126 TAFT HWY. BAKERSFIELD, CA.**



Date map was drawn: 2/14/2013.

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.

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SWRCB, January 2006

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:	K&S FOOD STORE	Date of Testing:	2/8/17
Facility Address:	2126 TAFT HWY. BAKERSFIELD		
Facility Contact:	MR. KOOL	Phone:	(661) 834-9113
Date Local Agency Was Notified of Testing :	1/19/17		
Name of Local Agency Inspector *(if present during testing)*:			

2. TESTING CONTRACTOR INFORMATION

Company Name:	RICH ENVIRONMENTAL
Technician Conducting Test:	DONNY BROCK
Credentials[1]:	☐ CSLB Contractor X ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)* _____
License Number(s):	8325570-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	X Hydrostatic	☐ Vacuum	☐ Other	
Test Equipment Used: VISUAL			Equipment Resolution: 0.00	
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	**1 REG87-FILL**	**2 PREM91-FILL**	**3 DIESEL**	**4**
Bucket Installation Type:	X Direct Bury ☐ Contained in Sump	X Direct Bury ☐ Contained in Sump	X 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:	30MIN	30MIN	30MIN	
Test Start Time (T_I):	9:00	9:00	9:00	
Initial Reading (R_I):	10"	10"	10"	
Test End Time (T_F):	10:00	10:00	10:00	
Final Reading (R_F):	10"	10"	10"	
Test Duration ($T_F - T_I$):	60MIN	60MIN	60MIN	
Change in Reading ($R_F - R_I$):	0	0	0	
Pass/Fail Threshold or Criteria:	0	0	0	
Test Result:	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**X Pass ☐ Fail**	**☐ Pass ☐ 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: 2/8/17

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

68215

RICH ENVIRONMENTAL

5643 BROOKS CT. BAKERSFIELD, CA. 93308
OFFICE (661)392-8687 FAX (661)392-0621

PRODUCT LINE LEAK DETECTOR TEST

WORK SHEET

W/0#: _____

FACILITY NAME: K&S FOOD STORE

FACILITY ADDRESS: 2126 TAFT HWY. BAKERSFIELD

PRODUCT LINE TYPE: PRESSURE

PRODUCT	LEAK DETECTOR TYPE SERIAL NUMBER	TEST BELOW 3 G.P.H.	TRIP P.S.I.	PASS OR FAIL
REG87	L/D TYPE : RED JACKET SERIAL # 2347	YES	10	PASS
PREM91	L/D TYPE : RED JACKET SERIAL # 1262	YES	10	PASS
DIESEL	L/D TYPE : RED JACKET SERIAL # 3246	YES	10	PASS
	L/D TYPE : __ SERIAL # __	YES NO		PASS FAIL

I CERTIFY THE ABOVE TESTS WERE CONDUCTED ON THIS DATE ACCORDING TO RED JACKET PUMPS FIELD TEST APPARATUS TESTING PROCEDURE AND LIMITATIONS. THE MECHANICAL LEAK DETECTOR TEST PASS / FAIL IS DETERMINED BY USING A LOW FLOW THRESHOLD TRIP RATE OF 3 GALLONS PER HOUR OR LESS AT 10 P.S.I. I ACKNOWLEDGE THAT ALL DATA COLLECTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TECHNICIAN: DONNY BROCK

SIGNATURE: _____ DATE: 2/8/17

LIQUID SENSOR SETUP
- - - - - - - - - - - - - - - -

L 1:87 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:91 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 3:DSL ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 4:87 STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 5:91 STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 6:DSL STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 1:87 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 8, 2017 10:26 AM

SENSOR OUT ALARM
FEB 8, 2017 10:25 AM

FUEL ALARM
FEB 8, 2017 10:25 AM

* * * * * END * * * * *

----- SENSOR ALARM -----
L 2:91 ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 8, 2017 10:26 AM

SENSOR OUT ALARM
FEB 8, 2017 10:25 AM

FUEL ALARM
FEB 8, 2017 10:25 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 3:DSL ANNULAR
ANNULAR SPACE
FUEL ALARM
FEB 8, 2017 10:26 AM

SENSOR OUT ALARM
FEB 8, 2017 10:26 AM

FUEL ALARM
FEB 8, 2017 10:25 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 4:87 STP
STP SUMP
SENSOR OUT ALARM
FEB 8, 2017 10:12 AM

SENSOR OUT ALARM
FEB 8, 2017 10:04 AM

FUEL ALARM
FEB 8, 2017 9:55 AM

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----- SENSOR ALARM -----
L 5:91 STP
STP SUMP
SENSOR OUT ALARM
FEB 8, 2017 10:12 AM

SENSOR OUT ALARM
FEB 8, 2017 10:04 AM

FUEL ALARM
FEB 8, 2017 9:54 AM

* * * * * END * * * * *

ALARM HISTORY REPORT

----- SENSOR ALARM -----
L 6:DSL STP
STP SUMP
SENSOR OUT ALARM
FEB 8, 2017 10:12 AM

SENSOR OUT ALARM
FEB 8, 2017 10:04 AM

FUEL ALARM
FEB 8, 2017 9:53 AM

* * * * * END * * * * *

SYSTEM SETUP
- - - - - - - - - - - - - -
FEB 8, 2017 8:32 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

JOHNNY QUICK 143
2126 TAFT HWY
BAKERSFIELD CA 93313
661-834-9113

SHIFT TIME 1 : 8:00 AM
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED
ULLAGE: 90%

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
MAR WEEK 2 SUN
START TIME
2:00 AM
END DATE
NOV WEEK 1 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

SYSTEM SECURITY
CODE : 000000

MAINTENANCE HISTORY
DISABLED

TANK CHART SECURITY
DISABLED

CUSTOM ALARMS
DISABLED

SERVICE NOTICE
DISABLED

ISO 3166 COUNTRY
CODE:

VAPOR MONITORING TYPE
CARB ISD

MASS/DENSITY
DISABLED

FISCAL HEIGHT SECURITY
DISABLED

COMMUNICATIONS SETUP
- - - - - - - - - - - - - -

PORT SETTINGS:

COMM BOARD : 1 (EDIM)
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 2 (RS-232)
BAUD RATE : 9600
PARITY : NONE
STOP BIT : 1 STOP
DATA LENGTH: 8 DATA
RS-232 SECURITY
CODE : DISABLED

COMM BOARD : 5 (S-SAT)
BAUD RATE : 9600
PARITY : NONE
STOP BIT : 1 STOP
DATA LENGTH: 8 DATA
RS-232 SECURITY
CODE : DISABLED
DTR NORMAL STATE: HIGH

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RECEIVER SETUP:

NONE

AUTO DIAL TIME SETUP:

NONE

RS-232 END OF MESSAGE
DISABLED

AUTO DIAL ALARM SETUP
- - - - - - - - - - - - - -

IN TANK SETUP

T 1:UNL87
PRODUCT CODE : 1
THERMAL COEFF :.000700
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0
WATER ALARM FILTER: LOW

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

PRODUCT CODE : 2
THERMAL COEFF :.000700
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0
WATER ALARM FILTER: LOW

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

T 3:DIESEL
PRODUCT CODE : 3
THERMAL COEFF :.000450
TANK DIAMETER : 96.00
TANK PROFILE : 4 PTS
FULL VOL : 10000
72.0 INCH VOL : 8192
48.0 INCH VOL : 5091
24.0 INCH VOL : 1991

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FLOAT SIZE: 4.0 IN.

WATER WARNING : 2.0
HIGH WATER LIMIT: 3.0
WATER ALARM FILTER: LOW

MAX OR LABEL VOL: 10000
OVERFILL LIMIT : 90%
: 9000
HIGH PRODUCT : 95%
: 9500
DELIVERY LIMIT : 10%
: 1000

LOW PRODUCT : 1000
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
: 1000

LEAK MIN ANNUAL : 10%
: 1000

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN
PUMP THRESHOLD : 10.00%

LEAK TEST METHOD
- - - - - - - - - - - - - - -
TEST ON DATE : ALL TANK
MAY 27, 2011
START TIME : DISABLED
TEST RATE :0.20 GAL/HR
DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
NORMAL

LIQUID SENSOR SETUP
- - - - - - - - - - - - - - -

L 1:87 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 2:91 ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 3:DSL ANNULAR
NORMALLY CLOSED
CATEGORY : ANNULAR SPACE

L 4:87 STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 5:91 STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

L 6:DSL STP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

OUTPUT RELAY SETUP
- - - - - - - - - - - - - - -

R 1:87
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 1

LIQUID SENSOR ALMS
L 4:FUEL ALARM
L 4:SENSOR OUT ALARM

ISD SITE ALARMS
ISD GROSS PRES FAIL
ISD DEGRD PRES FAIL
ISD VAPOR LEAK FAIL
ISD VP PRES FAIL
ISD VP STATUS FAIL

ISD HOSE ALARMS
ALL:FLOW COLLECT FAIL

R 2:91
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 2

LIQUID SENSOR ALMS
L 5:FUEL ALARM
L 5:SENSOR OUT ALARM

ISD SITE ALARMS
ISD GROSS PRES FAIL
ISD VAPOR LEAK FAIL
ISD VP PRES FAIL
ISD VP STATUS FAIL

ISD HOSE ALARMS
ALL:FLOW COLLECT FAIL

R 3:DSL
TYPE:
STANDARD
NORMALLY CLOSED

TANK #: 3

LIQUID SENSOR ALMS
L 6:FUEL ALARM
L 6:SENSOR OUT ALARM

SMARTSENSOR SETUP
- - - - - - - - - - - - - - -

s 1:CARBON CANISTOR
CATEGORY VAPOR VALVE

s 2:VAPOR PRESSURE
CATEGORY VAPOR PRESSURE

s 3:DISP 1-2 AFM
CATEGORY AIR FLOW METER

s 4:DISP 3-4 AFM
CATEGORY AIR FLOW METER

s 5:DISP 5-6 AFM
CATEGORY AIR FLOW METER

s 6:DISP 7-8 AFM
CATEGORY AIR FLOW METER

s 8:ATM
CATEGORY ATM P SENSOR

EVR/ISD SETUP

EVR TYPE: BALANCE

BALANCE NOZZLE TYPE
VST

VAPOR PROCESSOR TYPE
VEEDER-ROOT POLISHER

ANALYSIS TIMES
TIME: 10:00 AM
DELAY MINUTES: 1

ACCEPT HIGH ORVR:
DISABLED

ISD HOSE TABLE

ID	FP	FL	HL	AA	RR
01	01	01	02	01	02
02	02	02	02	01	02
03	03	03	02	02	02
04	04	04	02	02	02
05	05	05	02	03	02
06	06	06	02	03	02
07	07	07	02	04	02
08	08	08	02	04	02

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ISD AIRFLOW METER MAP

ID	SERIAL NUM	LABEL
1	54184	DISP 1-2 A
2	64654	DISP 3-4 A
3	54186	DISP 5-6 A
4	54207	DISP 7-8 A

ISD FUEL GRADE HOSE MAP

	1	2	3	4		
FP	MHH	MHH	MHH	MHH	AA	
01	201	101	901	3	U	1
02	202	102	902	3	U	1
03	203	103	903	3	U	2
04	204	104	904	3	U	2
05	305	105	205	U	U	3
06	306	106	206	U	U	3
07	307	107	207	U	U	4
08	308	108	208	U	U	4

LABEL TABLE

1:	UNASSIGNED
2:	BLEND3
3:	REGULAR
4:	MID GRADE
5:	PREMIUM
6:	GOLD
7:	BRONZE
8:	SILVER
9:	BLEND2
10:	BLEND4

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MONITOR CERT. FAILURE REPORT

SITE NAME: K&S FOOD STORE DATE: 2/8/17

ADDRESS: 2126 TAFT HWY TECHNICIAN: DONNY BROCK

CITY: BAKERSFIELD SIGNATURE:

THE FOLLOWING COMPONENTS WERE REPLACED/REPAIRED TO COMPLETE TESTING.

REPAIRS: NONE

PARTS INSTALLED: NONE

NAME: TITLE:

SIGNATURE:

THE ABOVE NAMED PERSON TAKES FULL RESPONSIBILITY OF NOTIFYING THE APPROPRIATE PARTY TO HAVE CORRECTIVE ACTION TAKEN TO REPAIR THE ABOVE LISTED PROBLEMS AND NOTIFYING RICH ENVIRONMANTAL FOR ANY NEEDED RETESTING. THIS ALSO RELEASES RICH ENVIRONMENTAL OF ANY FINES OR PENALTIES OCCURING FROM NON-COMPLIANCE.
A COPY OF THIS DOCUMENT HAS BEEN LEFT ON-SITE FOR YOUR CONVIENENCE.

CALIFORNIA
Water Boards

EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

Central Valley Regional Water Quality Control Board

CR# 3201
FA0002691

31 December 2013

Kuljit Ghuman
2126 Taft Highway
Bakersfield, CA 93313

PRECLOSURE NOTIFICATION, UNDERGROUND STORAGE TANK RELEASE, JOHNNY QUICK #143, 2126 TAFT HIGHWAY, BAKERSFIELD, KERN COUNTY, RB CASE 5T15000929

Based on the information contained in the case file, it appears that closure may be appropriate for the underground storage tank release case. In accordance with the State Water Resources Control Board's *Low-Threat Underground Storage Tank Case Closure Policy*, the Central Valley Regional Water Quality Control Board (Central Valley Water Board) is required to provide the opportunity to interested parties in the vicinity, to participate in the case closure process.

The enclosed Public Notice has been transmitted to the parties listed on the attachment. Public comments will be accepted regarding the case closure **until 3 March 2014**. You will be notified of any comments that are received. Unless comments adverse to closure are received, Central Valley Water Board staff will mail a closure letter and case summary.

If you have any questions regarding this letter, please contact John Whiting at (559) 445-5504 or by email at jwhiting@waterboards.ca.gov.

John D. Whiting

JOHN D. WHITING
Engineering Geologist
PG 5951

Shelton R. Gray

SHELTON R. GRAY
Senior Engineering Geologist

Enclosure

cc w/attachment: Juergen Vespermann, California Department of Transportation, Hazardous Waste Branch, Fresno
City of Bakersfield Public Works Department, Bakersfield
City of Bakersfield Building Division, Bakersfield
City of Bakersfield Planning Division, Bakersfield
Kern County Engineering, Surveying and Permit Services, Bakersfield
Kern County Planning and Community Development, Bakersfield
California Water Service, Bakersfield District, Bakersfield
Jonathon Buck, Advanced Environmental Concepts, Inc., Bakersfield

PUBLIC NOTICE

CONSIDERATION OF CASE CLOSURE, UNDERGROUND STORAGE TANK RELEASE, JOHNNY QUICK #143, 2126 TAFT HIGHWAY, BAKERSFIELD, KERN COUNTY, RB CASE 5T15000929

To: Offsite Property Owners and Other Interested Persons

This letter is to inform interested parties of the Central Valley Regional Water Quality Control Board (Central Valley Water Board) consideration of closing the case, and to request comments from interested parties. After discovery of a release from the underground storage tank system in May 2013, the responsible party conducted an investigation to determine the extent of affected soil and groundwater during September 2013. The investigation determined that a small mass of gasoline and diesel range petroleum hydrocarbons remains in soil. The proposed case closure is based on Central Valley Water Board staff's conclusion that the site satisfies the State Water Resources Control Board (State Water Board) *Low-Threat Underground Storage Tank Case Closure Policy*. All technically and economically feasible cleanup has been completed. The remaining petroleum hydrocarbons should continue to degrade naturally, and should not threaten public health or groundwater.

You may participate in the case closure process by reviewing technical reports, asking questions, and providing comments. Details of the site assessment and cleanup are available to interested parties through the State Water Board GeoTracker website (http://geotracker.waterboards.ca.gov/) by searching for case number 5T15000929. This information may also be reviewed at the Central Valley Water Board office at 1685 "E" Street in Fresno, California. Comments regarding the proposed closure need to be submitted to the Central Valley Water Board office **by 3 March 2014**.

Interested parties with questions or comments regarding the site or the proposed action should contact John Whiting, at the above address, by e-mail at jwhiting@waterboards.ca.gov, or by telephone at (559) 445-5504.

Attachment: Distribution List (*Offsite Property Owner Survey*) prepared by Advanced Environmental Concepts, Inc.

Offsite Property Owner Survey
Johnny Quik #143
2126 Taft Highway
Bakersfield, CA 93313

	Owner	Site Address	Mailing Address	APN
1.	Peie Chuun – Chevron Food Mart	1999 Taft Highway, Bakersfield, CA 93313	1999 Taft Highway, Bakersfield, CA 93313	184-160-21
2.	Riddhi Inc. – AM/PM Market	2051 Taft Highway, Bakersfield, CA 93313	7012 Frog Meadow Street, Bakersfield, CA 93313	184-160-19
3.	Jack In The Box Company	2011 Taft Highway, Bakersfield, CA 93313	2011 Taft Highway, Bakersfield, CA 93313	184-160-25
4.	Fong Chung – E-Z Mart Mobil	2106 Taft Highway, Bakersfield, CA 93313	2106 Taft Highway, Bakersfield, CA 93313	514-060-20