



COUNTY OF SACRAMENTO

HEALTH DEPARTMENT
RONALD L. USHER, DIRECTOR

ENVIRONMENTAL HEALTH BRANCH
3701 Branch Center Road
Sacramento, California 95827
(916) 366-2101

March 26, 1987

FACILITY NAME Shell Service Station
FACILITY ADDRESS 2270 Fair Oaks, CA 95825
FACILITY MAILING ADDRESS P.O. Box 13678, Sacramento, CA 95853
OWNER Shell Oil Company

REFERENCE: **PERMIT TO OPERATE AN UNDERGROUND STORAGE TANK**

Dear Mr. Stein :

This Department has reviewed your Application For A Permit To Operate An Underground Storage Tank within Sacramento County.

Based on the information and specifications submitted on the permit application, the monitoring method proposed is acceptable to this Department. However, the following conditions must be completed in order to receive a "Permit to Operate":

1. The continuous monitoring device must be connected to an audible/visual alarm system, and that system shall be activated.
2. A response plan developed by the permit applicant which describes the:
 - a. Proposed methods and equipment to be used for removing the hazardous substance, including the location and availability of the required equipment.
 - b. Name(s) and title(s) of the person(s) responsible for authorizing the work to be performed.

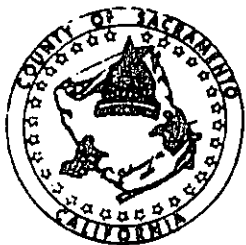
A sample Emergency Response Plan for an Unauthorized Release is enclosed. All facilities with a valid Permit to Operate An Underground Storage Tank for a hazardous substance shall be subject to an annual inspection.

The completed response plan must be submitted to this office within 30 days of receipt of this notice.

If you have any questions please call the Underground Storage Tank Program at (916) 366-2109.

JC:kp
030687

Enclosure



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EMERGENCY RESPONSE PLAN FOR AN UNAUTHORIZED RELEASE

FACILITY NAME Shell Service Station

ADDRESS 2270 Fair Oaks Blvd. CITY Sacramento

PHONE # 916-922-6653

DOUBLE WALL UNDERGROUND FIBERGLASS TANK. MOTOR FUEL _____ WASTE OIL X

(1) Proposed methods to be used in the event of an Unauthorized Release:

SHUT DOWN SYSTEM - INVESTIGATE LOSS

(2) Equipment to be used in the event of an unauthorized release:

VACUUM TRUCK - TRANSFER PUMP - AUTHORIZED REPAIR CONTRACTORS

(3) Location of equipment:

LOCAL CONTRACTORS IE: AMERICAN ENVIRONMENTAL, RAMOS OIL COMPANY

OWENS CORNING, TRIANGLE CONSTRUCTION

(4) Responsible parties for authorizing work:

Name(s) W. E. STEIN

D. L. ROBINSON

Title(s) DISTRICT ENGINEERS

(6) Telephone # (916) 481-0400

(7) I attest that the monitoring system has been activated and is connected to our audio or visual alarm device. YES X NO _____

Signature [Signature]