

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION  
1131 Harbor Bay Parkway Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
FAX (510) 337-9335

January 9, 2002

Mr. Jim Gribi  
Gribi Associates  
1350 Hayes St., Suite C-14  
Benicia, CA 94510

**Re: Closure of Miller Meats Sites, 201 2<sup>nd</sup> St. and 206 2<sup>nd</sup> St., Oakland CA 94607**

Dear Mr. Gribi:

This note confirms that our office has recommended the referenced sites for site closure to the San Francisco Regional Water Quality Control Board (SFRWQCB). As you are aware, it is highly likely that we will receive concurrence with our recommendation and that this process usually takes approximately 30 days. Upon receiving concurrence, our office will issue a Remedial Action Completion Certificate aka No Further Action Letter.

Please contact me at (510) 567-6765 if you have any questions.

Sincerely,

Barney M. Chan  
Hazardous Materials Specialist

C: B. Chan, files

~~Mr. Gribi (by fax only)~~

COM No.	REMOTE STATION	START TIME	DURATION	PAGES	RESULT	USER ID	REMARKS
620	17077487763	11-02 12:40	00' 47	01/01	OK		

7499402046

V-01-01 09:55 AM

P. 06

Alameda County Environmental  
Health Services Agency  
November 1, 2001  
Page 5

Post-It® Fax Note	7671	Date	11-2-01	# of pages	▶
To	J. Gribi	From	B. CHAN		
Co./Dept.		Co.	ACEHS		
Phone #		Phone #	510-876765		
Fax #	707-748-7763	Fax #			

*I made changes - makes ACEHS less responsible.*

**RISK MANAGEMENT PLAN**

The following risk management plan shall be implemented for the site in order to reduce identified exposure risks. Note that because there is a chance that site records identifying hydrocarbon risk areas might be lost in the future, this risk management plan shall apply to the entire site. The risk management plan shall incorporate the following measures:

- ~~Alameda County Environmental Health Services (ACEHS) shall be notified before any general construction takes place at the site where soil and/or groundwater might be handled. This measure will assure that pertinent aspects of any construction project for the site are reviewed in light of the fact that residual hydrocarbons have been left in-place at the site.~~
- A soil management plan must be provided if soils are generated during construction activities.*  
~~ACEHS shall be consulted for approval regarding uses or disposal of soils from the site.~~  
 This measure is meant to place controls on the use or disposal of soils from the site that may contain petroleum hydrocarbons.
- A groundwater management plan must be provided if gw is generated during construction activities.*  
~~ACEHS shall be consulted for approval regarding construction dewatering at the site. The purpose of this measure is to assure that extracted groundwater is handled properly given the potential that groundwater may be impacted with petroleum hydrocarbons.~~
- Groundwater from beneath the site shall not be used for any purpose unless approved by ACEHS. This measure is meant to place controls on the use of groundwater from beneath the site that may contain petroleum hydrocarbons.
- Wells shall not be installed at the site unless approved by ACEHS. The purpose of this measure is to reduce the possibility that vertical conduits to deeper groundwater sources are introduced at the site.
- Before any development occurs at the site, a health and safety plan shall be implemented to cover all possible worker exposure risks. The purpose of this measure is to assure that workers and the general public are protected from the potential hazards associated with

*and the Water Resources Section of the Public Works Agency*

ALAMEDA COUNTY  
HEALTH CARE SERVICES

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Alameda, CA 94502-6577  
(510) 567-6700  
FAX (510) 337-9335

September 20, 2001  
RO 3/ RO 80

Mr. Victor Lewkowitz  
Miller Packing  
201 2<sup>nd</sup> St.  
Oakland CA 94607

**Re: Request for Risk Management Plan for 201 and 206 2<sup>nd</sup> St., Oakland CA 94607**

Dear Mr. Lewkowitz:

As you are aware, our office is reviewing the referenced sites for regulatory site closure in regards to former underground storage tank fuel releases. Prior to making our recommendation, our office requires that you submit a Risk Management Plan (RMP) for each of these sites. The RMP should include items such as an appropriate health and safety plan for workers in the event contaminated soil or groundwater is encountered, proper handling and disposal of contaminated soil or groundwater, and the prevention of the installation of any drinking water or irrigation wells without County approval.

Please submit two copies of your Risk Management Plan, one for each site closure package.

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,

Barney M. Chan  
Hazardous Materials Specialist

B. Chan, files

Mr. J. Gribi, Gribi Associates, 1350 Hayes St., Suite C-14, Benicia, CA 94510

RMP201&206 2nd St

ALAMEDA COUNTY  
HEALTH CARE SERVICES

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DAVID J. KEARS, Agency Director



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ENVIRONMENTAL PROTECTION  
1131 Harbor Bay Parkway, Suite 250  
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FAX (510) 337-9335

June 7, 2001  
StID #3700 and 5846

Mr. Victor Lewkowitz  
General Manager  
Miller Packing Company  
201 2<sup>nd</sup> St.  
Oakland CA 94607

**Re: Work Plan to Conduct Soil and Groundwater Investigation at Miller Quality Meats,  
201 and 206 2<sup>nd</sup> St., Oakland CA 94607**

Dear Mr. Lewkowitz:

Our office has received and reviewed the June 5, 2001 fax copy of the above referenced work plan for the two properties at 201 and 206 2<sup>nd</sup> St. as prepared by Mr. Jim Gribi of Gribi Associates. This work plan proposes up to eight (8) borings in the assumed down-gradient direction of the former gasoline and diesel tank and the collection of soil and groundwater samples for chemical analysis.

Our office has the additional requirements and concerns:

- The work plan suggests that your consultant may want to reduce the actual number of borings. Please do this with County consideration and concurrence. You may also wish to increase the number of borings based upon actual site conditions.
- The borings will be examined, logged and field screened. Please use an acceptable field screen instrument eg PID, FID instrument, for screening purposes to obtain an approximate TPH measurement. This measurement should be used to determine if the sample will be analyzed in the laboratory.
- The soil and groundwater samples adjacent to the former gasoline tank will be analyzed for TPH-G, BTEX and MTBE (8020). Please confirm any detected MTBE by GC/MS.
- The soil and groundwater samples adjacent to the former diesel tank should be analyzed for TPH as diesel/motor oil **and BTEX**. You should run the soil samples for polynuclear aromatics (PNAs) and run the water samples only if PNAs are detected in the soil samples.
- Our records indicate the removal of a 550 gallon gasoline tank from one of these sites on 11/89. Soil samples from the removal reported up to 180 ppm TPHg. In order to recommend closure for this tank, a boring must be advanced within the former tank pit and a groundwater sampled and tested for TPHg, BTEX and MTBE. You may be able to incorporate this boring as one of the eight originally proposed. Please confirm the location of the former 550 gallon gasoline tank and an appropriate boring location.

Mr. Victor Lewkowitz  
Miller Packing Company  
StID # 3700/5846  
June 7, 2001  
Page 2.

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,



Barney M. Chan  
Hazardous Materials Specialist

C: B. Chan, files

Mr. J. Gribi, 1350 Hayes St., Suite C-14, Benicia, CA 94510

Wpap201&206 2ndSt

SNW UPDATED 5/16/01

Press [ESC] for the menu

UNDERGROUND STORAGE TANK CLEANUP SITE

LOP:A TRemov: SLIC:

SITE ID: 3700	SOURCE OF FUNDS: F	SUBSTANCE :8006619
SITE NAME: Miller Packing		DATE REPORTED :12/05/1989
SITE ADDRESS: 201 -0 2nd St		DATE CONFIRMED:12/05/1989
CITY: Oakland	ZIP CODE: 94607	MULTIPLE RPs : N
CASE TYPE: S	CONTRACT STAT: 4	PRIORITY: 3B1
		DATE ER:-0-
RP SEARCH : S		DATE END: 03/04/1992
PRELIM ASSESSMENT : -	DATE BEGIN: -0-	DATE END: -0-
REMEDIAL INVEST : -	DATE BEGIN: -0-	DATE END: -0-
REMEDIAL ACTION : -	DATE BEGIN: -0-	DATE END: -0-
POST REMED MONITOR: -	DATE BEGIN: -0-	DATE END: -0-
ENFORCEMENT TYPE: 1		DATE ENFORCEMENT ACTION TAKEN: 03/04/1992
LUFT CATEGORY: 2SCA	CASE CLOSED: -	DATE CASE CLOSED: -0-
DT EXC START : 11/22/1989		REMEDIAL ACTIONS TAKEN: ED

PgDn for Screen #2

[ESC] Done      [F2] Clear field      [Shift-F2] Clear to end      [Shift-F10] More  
 Form: SITE      Table: SITE      Field: Source      Page: 1

STID: 3700

UNDERGROUND STORAGE TANK CLEANUP SITE - SCREEN #2

IN-HOUSE MANAGEMENT:

RISK ASSESSMENT :-0-	LOC-CleanUp Fund? -0-
DATE LAST CORSP :01/13/1997	INSPECTOR INIT: BC

CONTACT/RESPONSIBLE PARTY INFORMATION:

RP #1: CONTACT: Gary Mc Graw	RP COST: \$0.00
RP COMPANY NAME: Miller Packing	Ph: -0-
ADDRESS: P O Box 986	
CITY/ST/ZIP: Oakland, C A 94604	

COMMENT: A 1000 gallon bunker oil and a 500 gasoline tank were removed in 8/96. Samples were not tested for the presence of MTBE.

PgUp For Screen #1;PgDn For More RP'S

[ESC] Done      [F2] Clear field      [Shift-F2] Clear to end      [Shift-F10] More  
 Form: SITE      Table: SITE      Field: FlagDate      Page: 2

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

April 18, 2001

StID #3700 and 5846

Mr. Victor Lewkowitz  
General Manager  
Miller Packing Company  
201 2<sup>nd</sup> Street  
Oakland CA 94607

ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
FAX (510) 337-9335

**Re: Request for Technical Reports for Underground Tank Removals at 201 and 206 2<sup>nd</sup> St.,  
Oakland CA 94607, Miller Packing Company**

Dear Mr. Lewkowitz:

Our office has previously corresponded with Mr. Gary McGraw of your company in regards to the underground tank removals performed at 201 and 206 2<sup>nd</sup> St. Our office, on behalf of the San Francisco Regional Water Quality Control Board (SFRWQCB) is charged with overseeing the investigation and remediation of underground storage tank fuel releases. Our office has records indicating fuel releases to soil and groundwater from 1-550 gallon gasoline tank on 11/22/89 and from 1-500 gallon gasoline tank on 8/6/96 at 201 2<sup>nd</sup> St. and from 1-1000 gallon fuel oil tank at 206 2<sup>nd</sup> St. on 8/6/96. The tanks removed in 1996 were over-excavated and re-sampled. There is also an indication that the tank pit from the 1989 tank removal was also re-sampled. Residual levels of gasoline, BTEX and diesel remain in soil and/or groundwater, which require additional investigation.

On two separate occasions, September 10, 1996 and January 13, 1997, Mr. McGraw was requested to submit to our office a work plan to assess the extent of this petroleum contamination. I have enclosed a copy of each of these letters. To date, we have not received any reports or correspondence from you. **Please submit an appropriate work plan to determine the extent of soil and groundwater contamination from these former underground tanks to our office within 45 days or no later than June 6, 2001.**

The failure to submit the requested technical reports may subject Miller Packing Company to civil liability.

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,

Barney M. Chan  
Hazardous Materials Specialist

enclosures

C: B. Chan, files

Wprq201&206 2nd St

LOP - RECORD CHANGE REQUEST FORM

printed:  
11/04/97

Mark Out What Needs Changing and Hand to LOP Data Entry  
(Name/Address changes go to Annual Programs Data Entry)

Insp: LS

AGENCY # : 10000      SOURCE OF FUNDS: F      SUBSTANCE: 8006619  
 StID : 3700      LOC:  
 SITE NAME: Miller Packing      DATE REPORTED : 12/05/89  
 ADDRESS : 201 2nd St      DATE CONFIRMED: 12/05/89  
 CITY/ZIP : Oakland 94607      MULTIPLE RPs : N

SITE STATUS

CASE TYPE: S      CONTRACT STATUS: 4      PRIOR CODE:3B1      EMERGENCY RESP:  
 RP SEARCH: S      DATE COMPLETED: 03/04/92  
 PRELIMINARY ASMNT:      DATE UNDERWAY:      DATE COMPLETED:  
 REM INVESTIGATION:      DATE UNDERWAY:      DATE COMPLETED:  
 REMEDIAL ACTION:      DATE UNDERWAY:      DATE COMPLETED:  
 POST REMED ACT MON:      DATE UNDERWAY:      DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1      DATE ENFORCEMENT ACTION TAKEN: 03/04/92  
 LUFT FIELD MANUAL CONSID: 2SCA  
 CASE CLOSED:      DATE CASE CLOSED:  
 DATE EXCAVATION STARTED : 11/22/89      REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Gary Mc Graw  
 COMPANY NAME: Miller Packing  
 ADDRESS: P O Box 986  
 CITY/STATE: Oakland, C A 94604

INSPECTOR VERIFICATION:

NAME _____	SIGNATURE _____	DATE _____
DATA ENTRY INPUT:		
Name/Address Changes Only		Case Progress Changes
ANNPMS _____	LOP _____	DATE _____
		LOP _____
		DATE _____

*Leony - can you take this site? note - there are 2 Millers, separate RPs*

*all me w/ questions*  
*[Signature]*

Environmental Protection Division  
 1131 Harbor Bay Parkway, #250  
 Alameda, CA 94502-6577  
 (510) 567-6700

RAFAT A. SHAHID, Director



ALAMEDA COUNTY  
 HEALTH CARE SERVICES  
 AGENCY  
 DAVID J. KEARS, Agency Director



ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



STID 3700/STID 5846

January 13, 1997

Miller Packing Company  
201/206 2nd Street  
Oakland, CA 94607  
Attn: Mr. Gary McGraw

ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION (LOP)  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
FAX (510) 337-9335

Dear Mr. McGraw:

**“NOTICE OF VIOLATION”**

This letter serves to follow-up on a Alameda County Health Care Services Agency (ACHCSA) letter from myself dated September 10, 1996. **A preliminary site assessment (PSA) work plan was to be submitted to this office within 60 days of the date of this letter or no later than November 11, 1996.** A copy of my September 10, 1996 letter is enclosed for your review.

**At this time you are directed to submit a preliminary site assessment work plan within 30 days of the date of this letter or by February 14, 1996.**

Please be advised that failure to satisfy this request may result in the referral of this case to the Alameda County District Attorneys Office. Please be further advised that Section 25299(b) of the California Health and Safety Code, among other possible statutes, provides for civil penalties of up to \$5000 per tank per day for failure to comply with this directive.

**Please be advised that this letter constitutes a formal request for technical reports pursuant to California Water Code Section 13267(b) and Health and Safety Code Sections 25299.37 and 25299.78.**

In the event that you any questions, please feel free to contact me directly at (510)567-6880.

Sincerely,

Dale Klettke, CHMM  
Hazardous Materials

enclosure

c: Dale Klettke--files

Paul Ferreira, c/o Scott Company, 1717 Doolittle Drive, San Leandro, CA 94577-0655

37005846.nov

### Tank Testing Services

P.O. Box 1904 • Vacaville, CA 95696  
(707) 449-4528 • (800) 669-TANK

EPA #CAD981694722  
D.O.H.S. #2256  
CA #34315

Customer SCOTT CO.  
1717 DOOLITTLE DR.  
SAN LEANDRO, CA. 94577-0555  
Ship To \_\_\_\_\_

INV. # 9109  
Manifest # 3  
Date 9-24-96

SERVICE	GALLONS	RATE	AMOUNT
( Miller Packing )			
5/5/96 Oily WATER MANIFEST # 95490147	1220		
3/23/96 Oily WATER " MANIFEST # 96032406	850		
1/9/96 Oily WATER MANIFEST # 96032422	910		
TOTALS	2980		

Customer Signature \_\_\_\_\_

Driver Signature \_\_\_\_\_

**Please pay from this invoice.**

**A 1½% Late payment charge will be added to all balances not paid within 15 days of this invoice.**

State of California - Environmental Protection Agency  
Approved OMB No. 2050-0039 (Expires 9-30-96)  
Please print or type. Form designed for use on elite (12-pitch) typewriter.

See Instructions on back of page 6.

Department of Toxic Substances Control  
Sacramento, California

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7350

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Bullman Trucking 200 S. ...		6. US EPA ID Number CA147311194722		A. State Manifest Document Number 96032406	
4. Generator's Phone ( )		7. Transporter 2 Company Name		B. State Generator's ID	
5. Transporter 1 Company Name TANK TREATING SERVICES		8. US EPA ID Number CA147311194722		C. State Transporter's ID	
9. Designated Facility Name and Site Address BC Stacking Dist. 7300 Chevron Way Bakersfield, CA 93311		10. US EPA ID Number CA147311194722		D. Transporter's Phone 805-665-2265	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
a. WASTE ...		ONE	1 GAL / 12.5 P	G	State EPA/Other
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
15. Special Handling Instructions and Additional Information GLOVES EMERGENCY GUIDELINE # 17 EMERGENCY CONTACT 205-200-2117					
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		Signature		Month	Day Year
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month	Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day Year
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 Victor Lewkowicz		Signature Victor Lewkowicz		Month	Day Year 08/23/96

DO NOT WRITE BELOW THIS LINE.

State of California—Environmental Protection Agency  
Form Approved OMB No. 2050-0039 (Expires 9-30-96)  
Please print or type. Form designed for use on elite (12-pitch) typewriter.

See Instructions on back of page 6.

Department of Toxic Substances Control  
Sacramento, California

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. 1-4509171387912 1 2 1 4		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address 1000 ...						A. State Manifest Document Number 96032422							
4. Generator's Phone ( )						B. State Generator's ID							
5. Transporter 1 Company Name				4. US EPA ID Number		C. State Transporter's ID 618587							
7. Transporter 2 Company Name						8. US EPA ID Number		D. Transporter's Phone 860-655-8265					
9. Designated Facility Name and Site Address						10. US EPA ID Number		E. State Transporter's ID					
								F. Transporter's Phone					
								G. State Facility's ID 12181501214211019					
								H. Facility's Phone					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol			
						No. Type				Waste Number			
a. ...										State 154			
b. ...										EPA/Other			
c. ...										State			
d. ...										EPA/Other			
15. Special Handling Instructions and Additional Information ... TO ...													
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				Signature				Month		Day		Year	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature				Month		Day		Year	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature				Month		Day		Year	
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				Signature				Month		Day		Year	

DO NOT WRITE BELOW THIS LINE.

State of California—Environmental Protection Agency  
Form Approved OMB No. 2050-0039 (Expires 9-30-96)  
Please print or type. Form designed for use on elite (12-pitch) typewriter.

See Instructions on back of page 6.

Department of Toxic Substances Control  
Sacramento, California

95490147

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9802; WITHIN CALIFORNIA, CALL 1-800-952-7350

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. 011-10211229512	Manifest Document No. 91011517	2. Page 1 101	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Miller Packing Co 206 Second St 4. Generator's Phone ( )				A. State Manifest Document Number 95490147		
5. Transporter 1 Company Name TANK TESTING SERVICES				6. US EPA ID Number 011-10211229512		B. State Generator's ID
7. Transporter 2 Company Name				8. US EPA ID Number		C. State Transporter's ID 678567
9. Designated Facility Name and Site Address BC Stocking Post 7300 Chevalier Way Dunn, CA 95825				10. US EPA ID Number 011-10211229512		D. Transporter's Phone 906-655-265
						E. State Transporter's ID
						F. Transporter's Phone
						G. State Facility's ID
						H. Facility's Phone 906-477-6546
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol
a. WATER AND OIL NON-ACRID LIQUID (Dunkowol)		118 TT		16850		G
b. WATER AND GAS OIL NON-ACRID LIQUID		168 TT		10370		G
c.						
d.						
15. Special Handling Instructions and Additional Information GLOVES EMERGENCY RESPONSE # 27431 EMERGENCY CONTACT # 209-770-7887						
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		Signature			Month Day Year 01 15 96	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name S. F. W. H. ...		Signature			Month Day Year 01 15 96	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature			Month Day Year	
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						
Signature			Month Day Year			

DO NOT WRITE BELOW THIS LINE.

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY



DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION  
1131 Harbor Bay Parkway, #250  
Alameda, CA 94502-6577  
(510) 567-6700 FAX (510) 337-9335

STID 3700/STID 5846

September 10, 1996

Miller Packing Company  
201/206 2nd Street  
Oakland, CA 94607  
Attn: Mr. Gary McGraw

Dear Mr. McGraw:

This office is in receipt of and has completed review of the case files for these sites, up to and including the Scott Company "Analytical Results for 1 Water Sample and 7 Soil Samples" dated September 9, 1996.

The results of sample analysis and observations documented by Scott Company during the August 1996 overexcavation of contaminated soil from beneath the previous bunker C and gasoline underground storage tanks have been evaluated.

**206 2nd Street-Bunker C UST excavation:** Laboratory results of soil samples PF-1E and PF-1N revealed total petroleum hydrocarbons as diesel (TPHd) at concentrations of 5700 mg/kg and 9100 mg/kg, respectively.

**201 2nd Street-Gasoline UST excavation:** Laboratory results of soil samples PF-2W and PF-2S revealed total petroleum hydrocarbons as gasoline (TPHg) at concentrations of 310 mg/kg and 390 mg/kg-TPHg, respectively. "Grab" groundwater sample PW-2 detected TPHg and benzene, toluene, ethyl benzene and total xylenes (BTEX) at concentrations of 34,000, 71, 73, 140 and 84 ug/L (ppb), respectively.

A confirmed release from the USTs has occurred at these sites. The extent of petroleum hydrocarbon contamination is not adequately defined. Pursuant to provisions of Article 11, Title 23, California Code of Regulations (CCR), you are required to perform a preliminary site assessment (PSA) when a confirmed release from an UST has occurred. To facilitate this task, a PSA work plan must be submitted for review. **This work plan is due within 60 days of the date of this letter or no later than November 11, 1996.**

However, in order to pursue the pending PSA in a more cost-effective fashion, this office encourages you to first employ rapid site assessment tools (e.g. CPT, Geo Probe, Hydropunch, etc.) to qualitatively assess impacts **before** proposing final well locations.

A report must be submitted within 45 days of the completion of field activities associated with this phase of work at the site. The referenced reports must describe the status of the investigation and include, among other elements, the following:

Mr. Gary McGraw  
RE: 206 2nd Street, Oakland  
September 10, 1996  
Page 2 of 2

- Details and results of all work performed during the designated reporting period: records of field observations and data, boring and well construction logs, water level data, chain-of-custody forms, laboratory results for all samples collected and analyzed (including QA/QC data), tabulations of free product thicknesses and dissolved fractions, etc.
- Status of ground water contamination and characterization.
- Interpretation of results: water level contour maps showing gradients, free and dissolved product plume definition maps for each target compound, geologic cross sections, etc.
- Recommendations for additional work.

Pursuant to provisions of the Business and Professions Code all work and reports which require geologic or engineering evaluations and/or judgements must be performed under the direction of an appropriately registered or certified professional. Therefore, all proposals must be submitted under seal of a California-registered geologist or civil engineer with the appropriate environmental background.

**Please be advised that this letter constitutes a formal request for technical reports pursuant to California Water Code Section 13267(b) and Health and Safety Code Sections 25299.37 and 25299.78.**

For your information, the Underground Storage Tank Cleanup Fund (Fund) is created pursuant to Chapter 6.75 of the California Health & Safety Code to help eligible owners and operators of petroleum underground storage tanks obtain reimbursement for costs of the cleanup of unauthorized releases of petroleum. You are encouraged to contact the SWRCB fund representative (916/227-4529) for more case-specific information and to obtain an application package. Please also bear in mind that, in order to maintain UST clean-up fund eligibility, specific bidding requirements and contracting criteria must be met.

In the event that you any questions, please feel free to contact me directly at (510)567-6880.

Sincerely,



Dale Klettke, CHMM  
Hazardous Materials Specialist

c: Tom Peacock, LOP Manager--files  
Paul Ferreira, c/o Scott Company, 1717 Doolittle Drive, San Leandro, CA 94577-0655

BAY AREA SOIL DAILY SCALE LOG

TIME IN	TRUCK #	GROSS	TARE	NET	MAN. #	JOB #	TONS	Date
				0			0	
1034	990	80790	30350	50440	1172	R9674	25.22	8/23/96
1500	990	89780	27490	62290	1173	R9674	31.145	8/23/96
945	990	81980	33020	48960	1174	R9674	24.48	8/26/96
							<b><u>TOTAL</u></b>	
							<b>80.85</b>	



1173

**NON-HAZARDOUS**

**MATERIALS MANIFEST**

**GENERATOR**

*- Miller Waste*  
Site Address 201 Second St.  
Mailing Oakland - Ca  
Phone :( ) \_\_\_\_\_ Contact \_\_\_\_\_

**TRANSPORTER**

Address \_\_\_\_\_  
Phone :( ) \_\_\_\_\_ Contact \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above

Driver Name: X Larry Farmer Signature \_\_\_\_\_  
Truck No. X 990 Ship Date \_\_\_\_\_  
Time of Pick-Up: \_\_\_\_\_ Time of Delivery \_\_\_\_\_

**Consultant/Owner**

*Leatt Co.*  
Address 1919 Market St.  
Oakland - Ca 94607  
Phone :( ) \_\_\_\_\_ Contact Paul

I hereby certify that the above named material is consistent with the information presented in the Waste Characterization Form and Contaminated Soil Description Form, and has been properly described, classified and packaged, and is in proper condition for transport according to applicable regulation

Name \_\_\_\_\_ Date \_\_\_\_\_

**Recycling Facilities**

REMEDIAL ENVIRONMENTAL MARKETING CO. INC. • 2717 Goodrick Avenue, Richmond, CA 94801  
REMCO/CABZAON FACILITY • 62150 Geneva Drive, Mecca, CA 92254

RECEIVED BY: [Signature]  
DATE: 8-23-96  
Control No. R-9674

A COPY OF THIS SHEET MUST ACCOMPANY EVERY LOAD, AND MUST BE SUBMITTED AT THE GATE FOR ENTRY. ALL LOADS MUST BE SCHEDULED AT LEAST 24 HOURS IN ADVANCE. DELIVERIES MUST BE SCHEDULED ON A DAILY BASIS. ANY UNSCHEDULED LOADS MAY BE REFUSED AT THE GATE.

1174

**NON-HAZARDOUS**

**MATERIALS MANIFEST**

**GENERATOR**

*Miller Waste*  
Site Address 201 Second St.  
Mailing Oakland - Ca.  
Phone :( ) \_\_\_\_\_ Contact \_\_\_\_\_

**TRANSPORTER**

Address \_\_\_\_\_  
Phone :( ) \_\_\_\_\_ Contact \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above

Driver Name: X Jay Lanned Signature \_\_\_\_\_  
Truck No. X 980 Ship Date \_\_\_\_\_  
Time of Pick-Up: \_\_\_\_\_ Time of Delivery \_\_\_\_\_

**Consultant/Owner**

*Santa Co.*  
Address 1919 Market St.  
Oakland - Ca. 94607  
Phone :( ) \_\_\_\_\_ Contact Paul

I hereby certify that the above named material is consistent with the information presented in the Waste Characterization Form and Contaminated Soil Description Form, and has been properly described, classified and packaged, and is in proper condition for transport according to applicable regulation

Name \_\_\_\_\_ Date \_\_\_\_\_

**Recycling Facilities**

REMEDIAL ENVIRONMENTAL MARKETING CO INC • 2717 Goodrock Avenue Richmond, CA 94801  
REMCO/CAB/ADONT FACILITY • 67150 Gene Welton Drive, Merced, CA 92254

RECEIVED BY: \_\_\_\_\_  
DATE: 8/26/96  
Control No: R-9674

A COPY OF THIS SHEET MUST ACCOMPANY EVERY LOAD, AND MUST BE SUBMITTED AT THE GATE FOR ENTRY. ALL LOADS MUST BE SCHEDULED AT LEAST 24 HOURS IN ADVANCE. DELIVERIES MUST BE SCHEDULED ON A DAILY BASIS. ANY UNSCHEDULED LOADS MAY BE REFUSED AT THE GATE.

1172

**NON-HAZARDOUS**

**MATERIALS MANIFEST**

**GENERATOR**

*Miller Waste*  
Site Address 201 Sierra St.  
Mailing Oakland - Ca.  
Phone : ( ) \_\_\_\_\_ Contact \_\_\_\_\_

**TRANSPORTER**

Address \_\_\_\_\_  
Phone : ( ) \_\_\_\_\_ Contact \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

Driver Name: X Daley Signature \_\_\_\_\_  
Truck No. X 990 Ship Date \_\_\_\_\_  
Time of Pick-Up: \_\_\_\_\_ Time of Delivery: \_\_\_\_\_

**Consultant/Owner**

*Scate Co.*  
Address 1919 Market St.  
Oakland - Ca. 94607  
Phone : ( ) \_\_\_\_\_ Contact Paul

I hereby certify that the above named material is consistent with the information presented in the Waste Characterization Form and Contaminated Soil Description Form, and has been properly described, classified and packaged, and is in proper condition for transport according to applicable regulation

Name \_\_\_\_\_ Date \_\_\_\_\_

**Recycling Facilities**

REMEDIAL ENVIRONMENTAL MARKETING CO INC • 2717 Goodluck Avenue, Richmond, CA 94801  
REMCO/CABZACON FACILITY • 62-150 Gene Weinberg Drive, Mecca, CA 92254

RECEIVED BY: [Signature]  
DATE: 8-23-96  
Control No: R-9674

A COPY OF THIS SHEET MUST ACCOMPANY EVERY LOAD AND MUST BE SUBMITTED AT THE GATE FOR ENTRY. ALL LOADS MUST BE SCHEDULED AT LEAST 24 HOURS IN ADVANCE. DELIVERIES MUST BE SCHEDULED ON A DAILY BASIS. ANY UNSCHEDULED LOADS MAY BE REFUSED AT THE GATE.

white -env.health  
yellow -facility  
pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy  
Alameda CA 94502  
510/567-6700

## Hazardous Materials Inspection Form

II, III

Site ID # 3700 Site Name MILLER PACKING Today's Date 8/23/96

Site Address 201 2nd St

City OAKLAND Zip 94 Phone \_\_\_\_\_

\_\_\_\_ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

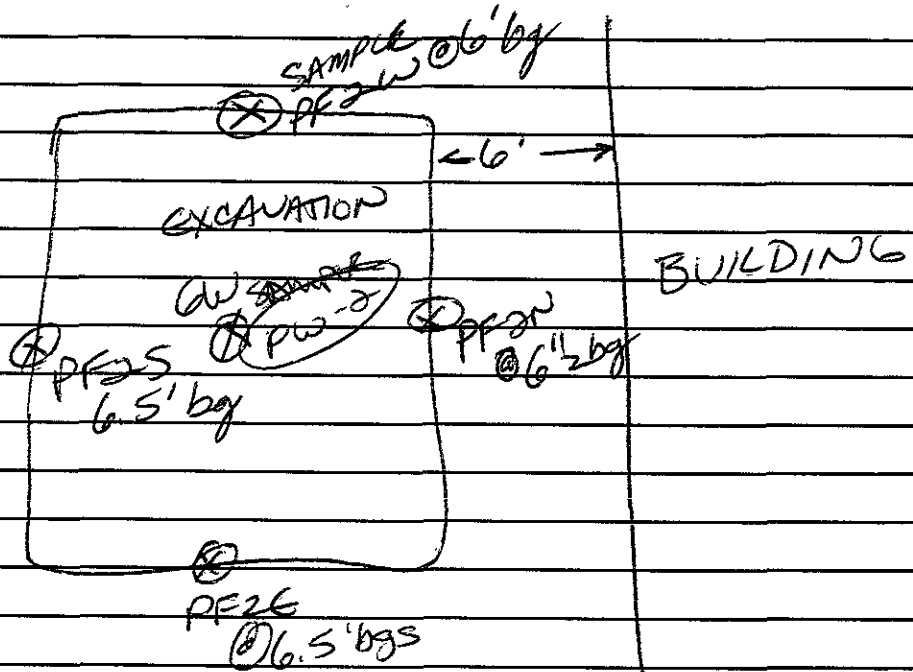
### Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Hazardous Materials Business Plan, Acutely Hazardous Materials
- III. Under ground Storage Tanks

\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

### Comments:

ON SITE FOR CONFIRMATORY SAMPLING FOR  
OVER-EX.



Contact \_\_\_\_\_  
Title \_\_\_\_\_  
Signature [Signature]

Inspector DALE KLETTE  
Signature [Signature]

II, III

DAY OR NIGHT  
TELEPHONE  
(510) 235-1393

CERTIFICATE  
CERTIFIED SERVICES COMPANY  
255 Parr Boulevard • Richmond, California 94801

NO. 24384

CUSTOMER SCOTT CO.
JOB NO. 86867

County

FOR: ERICKSON, INC. TANK NO. 18491

LOCATION: RICHMOND DATE: 96/08/14 TIME: 09:31

TEST METHOD VISUAL GASTECH/1314 SMPN LAST PRODUCT FO

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 1000 GALLON TANK CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 0.1%  
ERICKSON, INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS WASTE FACILITY.  
ERICKSON, INC. HAS THE APPROPRIATE PERMITS FOR, AND HAS ACCEPTED THE TANK SHIPPED TO US FOR PROCESSING.

In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

**STANDARD SAFETY DESIGNATION**

**SAFE FOR MEN:** Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

**SAFE FOR FIRE:** Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration that permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

[Signature]  
REPRESENTATIVE

TITLE

[Signature]  
INSPECTOR

DAY OR NIGHT  
TELEPHONE  
(510) 235-1393

# CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

## NO. 24385

CUSTOMER  
SCOTT CO.

JOB NO.  
368567

FOR: ERICKSON, INC. TANK NO. 18492

LOCATION: RICHMOND DATE: 96/08/14 TIME: 09:31

TEST METHOD VISUAL GASTECH/1314 SMPN LAST PRODUCT D

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 550 GALLON TANK CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 0.1%  
ERICKSON, INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN  
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS  
WASTE FACILITY.  
ERICKSON, INC. HAS THE APPROPRIATE PERMITS FOR, AND HAS ACCEPTED THE TANK  
SHIPPED TO US FOR PROCESSING.

In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

### STANDARD SAFETY DESIGNATION

**SAFE FOR MEN:** Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

**SAFE FOR FIRE:** Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration that permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

Francis A. Cuzo  
REPRESENTATIVE

TITLE

Dave Sato  
INSPECTOR

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>CA1000111318992</b>		Manifest Document No. <b>81414816</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address <b>MILLER PACKING CO. 206 SECOND ST. OAKLAND, CA. 94607</b>				A. State Manifest Document Number <b>95784486</b>		B. State Generator's ID							
4. Generator's Phone (SD) <b>451-7200</b>				C. State Transporter's ID <b>N/A</b>		D. Transporter's Phone <b>510-235-1393</b>							
5. Transporter 1 Company Name <b>ERICKSON INC.</b>				6. US EPA ID Number <b>CA10009466392</b>		E. State Transporter's ID							
7. Transporter 2 Company Name				8. US EPA ID Number		F. Transporter's Phone							
9. Designated Facility Name and Site Address <b>ERICKSON, INC. 207 PARK BLVD. OAKLAND, CA. 94607</b>				10. US EPA ID Number <b>CA10009466392</b>		G. State Facility's ID <b>CA10009466392</b>							
						H. Facility's Phone <b>(510)235-1393</b>							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		L. Waste Number	
						No. Type		Quantity		Wt/Vol		State EPA/Other	
a. <b>2000 Empty Storage Tanks</b>						<b>2000</b>		<b>115100 P</b>		<b>512</b>		NONE	
b.										State		EPA/Other	
c.										State		EPA/Other	
d.										State		EPA/Other	
J. Additional Descriptions for Materials Listed Above <b>Qty. 2 Empty Storage Tank(s) # 18491, 18492. Tank(s) have been inerted with 15 lbs. Dry Ice Per 1000 Gallon Capacity.</b>						K. Handling Codes for Wastes Listed Above a. <b>01</b> b. c. d.							
15. Special Handling Instructions and Additional Information <b>Keep away from moisture. If a spill occurs, always wear safety goggles. Notify 911 or call 1-800-424-8802. Contact Name: R. Holmes &amp; Phone: (510) 451-7200</b>													
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 <b>Robert Holmes</b>				Signature <i>Robert A. Holmes</i>				Month Day Year <b>01 05 06 19 16</b>					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <b>ROBERT CANEPA</b>				Signature <i>Robert Canepa</i>				Month Day Year <b>01 05 06 19 16</b>					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month Day Year					
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 <b>DNIO SATO</b>													
				Signature <i>DNIO SATO</i>				Month Day Year <b>08 06 96</b>					

DO NOT WRITE BELOW THIS LINE.

## ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION

08/06/96

## UNDERGROUND STORAGE TANK CLEANUP SITE

AGENCY#: 10000 SOURCE OF FUNDS: F-FEDERAL INSPECTOR: ML  
 StID: 3700 SUBSTANCE: 8006619 -Gasoline  
 SITE NAME: Miller Packing DATE REPORTED : 12/05/89  
 ADDRESS : 206 2nd St DATE CONFIRMED: 12/05/89  
 CITY/ZIP : Oakland, CA 94607 MULTIPLE RP's : N

CASE TYPE: S CONTRACT STATUS: 4 PRIOR:3B1 EMERGENCY RESPONSE:

RP SEARCH	: S	DATE END:	03/04/92
PRELIM ASSESSMENT	:	DATE BEGIN:	DATE END:
REMEDIAL INVESTIG	:	DATE BEGIN:	DATE END:
REMEDIAL ACTION	:	DATE BEGIN:	DATE END:
POST REMED MONITOR:	DATE BEGIN:	DATE END:	

TYPE ENFORCEMENT ACTION TAKEN: 1 DATE OF ENFORC. ACTION: 03/04/92

## UNDERGROUND STORAGE TANK CLEANUP SITE - SCREEN #2

LUFT FIELD MANUAL CONSIDERATION: 2SCA CASE CLOSED: on:

DT EXC START: 11/22/89 REMEDIAL ACTIONS TAKEN: ED

RP #1: CONTACT: Gary Mc Graw RP COST:  
 RP COMPANY NAME: Miller Packing Ph:  
 ADDRESS: P O Box 986  
 CITY/STATE: Oakland, C A 94604

ΔAdMENT:



# UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.		
REPORT DATE 08-06-96		CASE #		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Scott Campbell		PHONE (510) 845-2333		SIGNATURE 	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Scott Campbell of California			
	ADDRESS 1717 Dodder Street Dr. San Leandro, CA 94577					
RESPONSIBLE PARTY	NAME Miller Quality Meats		CONTACT PERSON UNKNOWN		PHONE ( )	
	ADDRESS 206 2nd St. Oakland, CA 94607					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Miller Quality Meats		OPERATOR Robert Holmes		PHONE (510) 451-7200	
	ADDRESS 206 2nd St. Oakland, CA					
	CROSS STREET Jackson					
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Env. Health		CONTACT PERSON Dale Kelleher		PHONE (510) 567-6880	
	REGIONAL BOARD SEP. SWC B		PHONE ( )			
SUBSTANCES INVOLVED	(1) NAME Bunker Oil				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2)				<input type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 08-06-96		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 08-08-96					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input checked="" type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)					
COMMENTS	TANK removed on 08-06-96. over excavation of pump and purging of ground water and additional sampling done on 08-23-96. due to building a street further over ex. limited.					
	_____					

83.0-1063-114.00

white - env. health  
yellow - facility  
pink - files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

## Hazardous Materials Inspection Form

1131 Harbor Bay Pkwy  
Alameda CA 94502  
510/567-6700

II, III

Site ID # \_\_\_\_\_ Site Name Miller Packing Today's Date 8/6/96

Site Address 201 296 2nd st.

City Oakland Zip 94607 Phone \_\_\_\_\_

\_\_\_\_ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

**Inspection Categories:**

- \_\_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- \_\_\_\_ II. Hazardous Materials Business Plan, Acutely Hazardous Materials
- III. Under ground Storage Tanks Removal

\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

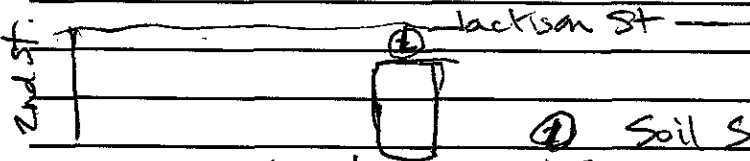
Comments: 8.9% O<sub>2</sub> 8.7% LEL

Water line is broken - water flowing into tank pit.  
strong odor from stockpiled soil.

500 gallon gasoline UST located under sidewalk on Jackson St.

Water in pit is pumped out - remain water at 6.0' bgs

Tar wrapping almost completely dissolved. No holes noted in tank. (2 large holes inflicted by backhoe) - No rust.



① Soil Sample from side wall (PF-2A)

at ~ 5.0' bgs - stained sand soil with strong odor

No GW collected (may be combination leaked water from broken main)

Pit should be overexcavated, GW pumped out to collect GW sample and confirmatory soil samples.

Analyze for TPH<sub>g</sub>, BTEX, MTBE and total Lead.

Contact Dale Klettke for subsequent investigations 567-6700

Contact \_\_\_\_\_

Title \_\_\_\_\_

Signature Scott Lee

Inspector eva cho

Signature [Signature]

Scott Lee  
General Contractor

II, III

white -env.health  
 yellow -facility  
 pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy  
 Alameda CA 94502  
 510/567-6700

## Hazardous Materials Inspection Form

II, III

Site ID # \_\_\_\_\_ Site Name W. H. ... Today's Date 8/12/96

Site Address 206 ...

City ... Zip 94... Phone \_\_\_\_\_

\_\_\_\_ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

**Inspection Categories:**

\_\_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTER

\_\_\_\_ II. Hazardous Materials Business Plan, Acutely Hazardous Materials

III. Under ground Storage Tanks Partial

Levy Griffith - OFD

\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

**Comments:** 10% LEZ 7.8% O2

1000 gallon bunker oil tank - several holes (up to 3" dia) visible on bottom of tank (rippled from fill end) showing dark liquid stained soil. Tank at fill end of tank pit - full at 65%.

① soil sample collected at 5' by - show sand soil w/ mud color

N  
 Znd

Analysis for TPH-l, TPH-m, BTEX and PAHs (9270)

II, III

Contact \_\_\_\_\_  
 Title \_\_\_\_\_  
 Signature \_\_\_\_\_

Inspector eva ch...  
 Signature \_\_\_\_\_

DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION  
80 SWAN WAY, ROOM 200  
OAKLAND, CA 94621

(510) 587-6764

ACCEPTED

Underground Storage Tank Closure Permit Application  
Alameda County Division of Hazardous Materials  
1101 Miller Day Parkway, Suite 250  
Alameda, CA 94502-4577

These closure/abandonment plans have been received and found to be acceptable and essentially meet the requirements of State and Federal laws. Changes to your closure plans are required to meet the requirements of State and Federal laws. The Department will issue a permit to operate, if you submit a revised plan that meets the requirements of State and Federal laws. The Department will issue a permit to operate, if you submit a revised plan that meets the requirements of State and Federal laws. The Department will issue a permit to operate, if you submit a revised plan that meets the requirements of State and Federal laws.

Any changes or additions to these plans and specifications must be submitted to this Department and to the Fire and Building Departments to determine if such changes meet the requirements of State and local laws. Heavy rain Department at least 72 hours prior to the following required inspections:

7/23/96  
[Signature]

Issuance of a permit to operate, if permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:

Contact Specialist:

UNDERGROUND TANK CLOSURE PLAN

\*\*\* Complete according to attached instructions \*\*\*

- 1. Business Name Miller's Quality Meats
- Business Owner Miller Packing Co.
- 2. Site Address 206 2nd St (510)  
City Oakland Zip 94607 Phone 451-7200
- 3. Mailing Address 206 2nd St.  
City Oakland Zip 94607 Phone (510) 451-7200
- 4. Land Owner \_\_\_\_\_  
Address \_\_\_\_\_ City, state \_\_\_\_\_ Zip \_\_\_\_\_
- 5. Generator name under which tank will be manifested Miller Packing Co.
- EPA I.D. No. under which tank will be manifested CAC 001138 992

Post-It Fax Note 7671		Date	8-5-96	# of pages	1
To	Juliet Stan	From	Paul F		
Co./Dept	ACEH	Co.	Scott Co		
Phone #		Phone #			
Fax #	537 9335	Fax #			



Miller Packing Company  
P.O. BOX 986 • OAKLAND, CA 94604

206 SECOND STREET  
OAKLAND, CA 94607  
TELEPHONE: (415) 451-7200  
FAX: (415) 835-8572

**FAX COVER SHEET**

DATE: April 22, 1991

TO: Dennis Byrne

COMPANY: Alameda County Dept. of Environ. Health

FAX NO.: 568-3706

FROM: Gary McGraw

NO. OF PAGES (including cover sheet) 3

REMARKS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ticket : A57524 04/20/91 I: 01:59 pm  
 Customer: CASH CUSTOMER  
 Account : 0333336 LMS# 999 O: 01:59 pm  
 Truck : 1  
 Checker : RAM  
 Capacity: 0.50 Actual: 3.00

*identify* →

Volume	Contents	Rate	Charge
3.00	YD RESIDENT	2.00	6.00
SubTotal		\$	6.00
Cash Tendered		\$	6.00
Change		\$	0.00

BFI-OX MOUNTAIN LANDFILL

DIV



206 SECOND STREET  
 OAKLAND, CA 94607  
 TELEPHONE: (415) 451-7200  
 FAX: (415) 835-8572

April 22, 1991

VIA FAX

Mr. Dennis Byrne  
 Alameda County Department of Environmental Health

Dear Mr. Byrne:

Per your request, the soil we removed when our fuel tank was removed was deposited at a class 3 dump BFI-OK Mountain Landfill in Half Moon Bay on Saturday, April 20, 1991.

A copy of the receipt accompanies this letter. Thank you very much for your assistance in closing this file.

Very truly yours,

*[Handwritten Signature]*  
 Gary McGraw *no longer working there (4/01)*  
 Vice President & General Manager

GM/eds

*Victor Lawkowitz*

Enclosure

(GM0422B)



Quality MEATS

Miller Packing Company  
P.O. BOX 986 • OAKLAND, CA 94604

206 SECOND STREET  
OAKLAND, CA 94607  
TELEPHONE (415) 451-7200  
FAX (415) 835-8572

**FAX COVER SHEET**

DATE: 4/1/91

TO: 1 Mr. Dennis Byrne

COMPANY: ALAMEDA county Dept. Environment Health

FAX NO.: 415-568-3706

FROM: GARY Mc GRAW

NO. OF PAGES (including cover sheet) (4)

REMARKS: Results from + PH of GASOLINE

test from 180 PPM in soil to 26 PPM

in soil as of 4/1/91

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**ENVIRONMENTAL  
LABORATORIES, INC.**

**Northwest Region**

4080-C Pike Lane

Concord, CA 94520

(415) 685-7852

(800) 544-3422 from inside California

(800) 423-7143 from outside California

(415) 825-0720 (FAX)

Client Number: MPC01.MPC01-72  
Project ID: 206 2nd St  
Oakland, CA  
Work Order Number: C1-03-559

April 11, 1991

Jim Bishop

Miller Quality Meats

P.O. Box 986

Oakland, CA 94604

Enclosed please find the analytical results report prepared by GTEL for samples received on 03/22/91, under chain of custody number 72-16035.

GTEL is certified by the California State Department of Health Services to perform analyses for drinking water, wastewater, and hazardous waste materials according to EPA protocols.

A formal quality control/quality assurance program is maintained by GTEL, which is designed to meet or exceed the EPA requirements. Analytical work for this project was performed in strict adherence to our QA/QC program to ensure sample integrity and to meet quality control criteria.

If you have any questions concerning this analysis or if we can be of further assistance, please call our Customer Service Representative.

Sincerely,

GTEL Environmental Laboratories, Inc.

Emma P. Poppek

Laboratory Director

STID 370 11/21 AM

## UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>FOR LOCAL AGENCY USE ONLY</b> 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: <i>Dennis J Byrne</i> 11/20/90 <small>DATE</small>
REPORT DATE 11/20/90	CASE #	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <i>Dennis J Byrne</i>	PHONE (415) 271-4320	SIGNATURE <i>Dennis J Byrne</i>	
	REPRESENTING <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <i>Alameda County Dept. Environ Health Haz Mat Div</i>		
	ADDRESS <i>80 Swan Way Rm 200 Oakland CA 94621</i>			

RESPONSIBLE PARTY	NAME <i>Gary Miller Packing</i> <input type="checkbox"/> UNKNOWN	CONTACT PERSON <i>Gary McGraw</i>	PHONE ( )
	ADDRESS <i>206 2nd St Oakland CA 94607</i>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <i>Miller Packing</i>	OPERATOR <i>Gary McGraw</i>	PHONE ( )	
	ADDRESS <i>206 2nd St Oakland Alameda 94607</i>			
	CROSS STREET <i>Alice</i>			

IMPLEMENTING AGENCIES	LOCAL AGENCY <i>Alameda County Dept Environ Health</i>	CONTACT PERSON <i>Dennis Byrne</i>	PHONE (415) 271-4320
	REGIONAL BOARD <i>San Francisco Bay</i>		

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

DISCOVERY/ABATEMENT	DATE DISCOVERED 11/22/90	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL	<input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 11/22/90		<input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
--------------	---	--

CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
-----------	--

CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION		
	<input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS		
	<input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY		

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) <small>(SEE BACK FOR DETAILS)</small>		
	<input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE)	<input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)	<input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> TREATMENT AT HOOKUP (HU)

COMMENTS: *TPT1 gasoline of 180 ppm measured in soil sample*

ALAMEDA COUNTY HEALTH SERVICES AGENCY  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 HAZARDOUS MATERIALS DIVISION  
 80 SWAN WAY, ROOM 200  
 OAKLAND, CA 94621  
 PHONE NO. 510/271-4320

**ACCEPTED**

Underground Storage Tank Closure Permit Application  
 Alameda County Division of Hazardous Materials  
 1131 Harbor Bay Parkway, Suite 250  
 Alameda, CA 94502-9577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposer herein is now released for issuance of any required building permit for construction/dismantling.

One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- \_\_\_\_\_ Removal of Tank(s) and Piping
- \_\_\_\_\_ Sealing
- \_\_\_\_\_ Final Inspection

Issuance of a) permit to operate, b) permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

**THERE IS A FINANCIAL PENALTY FOR NOT CONTAINING THESE INSPECTIONS:**

Contact Specialist:

**UNDERGROUND TANK CLOSURE PLAN**

\* \* \* Complete according to attached instructions \* \* \*

1. Business Name Miller's Quality Meats  
 Business Owner Miller Packing Co.
  2. Site Address 206 2nd St  
 city Oakland Zip 94607 Phone 451-7200 <sup>(510)</sup>
  3. Mailing Address 206 2nd St.  
 city Oakland Zip 94607 Phone 451-7200 <sup>(510)</sup>
  4. Land Owner \_\_\_\_\_  
 Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_
  5. Generator name under which tank will be manifested Miller  
Packing Co.
- EPA I.D. No. under which tank will be manifested CAC 001138 992

*[Handwritten signature]*

Returned to them  
 check 7/19/96

LOP SITE

ENVIRONMENTAL  
 PROTECTION  
 95 JUL -8 PM 2:28

6. Contractor Scott Co  
Address 1717 Doolittle Dr  
City San Leandro Phone 510 895-2333  
License Type\* A GEN ID# \_\_\_\_\_

\*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Consultant N/A  
Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

8. Contact Person for Investigation  
Name Paul Ferreira Title Environmental Estimator  
Phone (510) 895-2333 x 385

9. Number of tanks being closed under this plan Two  
Length of piping being removed under this plan less 20 feet  
Total number of tanks at facility Two

10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

\*\* Underground tanks are hazardous waste and must be handled \*\*  
as hazardous waste

a) Product/Residual Sludge/Rinsate Transporter

Name Erickson Inc. EPA I.D. No. CAD 009 466 392  
Hauler License No. 0019 License Exp. Date Ongoing  
Address 255 Parr Blvd  
City Richmond State Ca Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Same EPA I.D. No. \_\_\_\_\_  
Address AS  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Above

c) Tank and Piping Transporter

Name Enckson Inc EPA I.D. No. CAD 009 466 392  
Hauler License No. 0019 License Exp. Date Ongoing  
Address 255 Parr Blvd.  
City Richmond State Ca zip 94801

d) Tank and Piping Disposal Site

Name Same EPA I.D. No. —  
Address AS  
City — State — zip Ahawa

11. Experienced Sample Collector

Name West Labs  
Company Western Environmental Science & Technology  
Address 45133 County Rd B  
City Davis State Ca zip 95616 Phone (916) 753-9500

12. Laboratory

Name Same  
Address AS  
City — State — zip Ahawa  
State Certification No. A-1346

13. Have tanks or pipes leaked in the past? Yes [ ] No

If yes, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Describe methods to be used for rendering tank inert

Addition of 30 lbs of dry ice per  
1000 gallon tank volume

Before tanks are pumped out and inerted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be plugged.

The Bay Area Air Quality Management District (771-6000), along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of explosion proof combustible gas meters to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas meter on site to verify tank inertness.

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
1000 gallon	Bunker Heating fuel Not in use	Soil H <sub>2</sub> O if present	• (2) One sample from each end of tank
1000 gallon	Gasoline Not in use	Soil H <sub>2</sub> O if present	• H <sub>2</sub> O if present • Ditto • Ditto

One soil sample must be collected for every 20 feet of piping that is removed. A ground water sample must be collected should any ground water be present in the excavation.

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan
10 cu yds	(4) <sup>Point</sup> Composite for each stockpile

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

16. Chemical methods and associated detection limits to be used for analyzing samples

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed. See attached Table 2.

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
Leaded Gasoline	<ul style="list-style-type: none"> <li>TPH Gasoline</li> <li>BTEX</li> <li>Pb</li> <li>MTBE</li> </ul>	8015/8020 — EPA 6010 EPA 8020	1 PPM .005 PPM 5ppb (water) as low as possible (soil)
Bunker Fuel	<ul style="list-style-type: none"> <li>PAH</li> <li>TPH Diesel</li> <li>BTEX</li> <li>Motor Oil</li> <li>MTBE</li> </ul>	8010- EPA 8015 — — EPA 8020	1 PPM .005 PPM 1 PPM As low as possible for soil
(Also look for MTBE - required by RWQCB.)			

17. Submit Site Health and Safety Plan (See Instructions)

For PAH - detection limits are (1ppm - soil, 1ppb - water)

- 18. Submit Worker's Compensation Certificate copy  
Name of Insurer CNA Insurance *via Lamberson Koster Insurance Co.*
- 19. Submit Plot Plan (See Instructions)
- 20. Enclose Deposit (See Instructions)
- 21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)
- 22. Submit a closure report to this office within 60 days of the tank removal. This report must contain all the information listed in item 22 of the instructions.

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true.

I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.

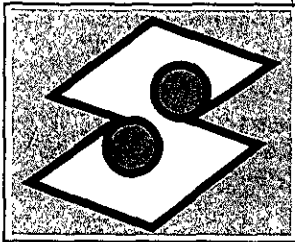
Signature of Contractor

Name (please type) Paul Ferreira for: Scott Co.  
 Signature *Paul Ferreira*  
 Date 6/3/96

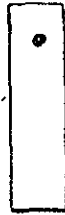
Signature of Site Owner or Operator

Name (please type) Paul Ferreira for: Miller Packing Co  
 Signature *Paul Ferreira*  
 Date 6/3/96





1000 GAL. GASOLINE U.S.T



**SCOTT CO.**

MECHANICAL CONTRACTORS  
1717 Doolittle Drive  
P.O. Box 5555  
San Leandro, California 94577-0655  
(510) 895-2333

Contractors License No. 184480

MILLER PACKING  
201 2ND

SIDEWALK

JACKSON ST.

2ND ST.

1000 GAL. BUNKER OIL U.S.T

SIDEWALK



MILLER PAC  
206 2ND

## INSTRUCTIONS

### General Instructions

- \* Three (3) copies of this plan plus attachments and deposit must be submitted to this Department.
- \* Any cutting into tanks requires local fire department approval.
- \* One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.

### Item Specific Instructions

2. SITE ADDRESS  
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested  
EPA I.D. numbers may be obtained from the State Department of Health Services, 916/324-1781.
6. CONTRACTOR  
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
  - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
  - c) Tanks must be hauled as hazardous waste.
  - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION

Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

16. CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS  
See attached Table 2.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions which will trigger changes in work habits to ensure workers are not exposed to unsafe chemical levels or physical conditions;
- e) Description of the work habit changes triggered by the above action levels or physical conditions;
- f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
- g) Confined space entry procedures (if applicable);
- h) Decontamination procedures;
- i) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guards, etc.);
- j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- k) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- l) Page for employees to sign indicating they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120(b)(4), Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tanks and piping in addition to the ones being pulled.

20. DEPOSIT

A deposit, payable to Alameda County for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Description of sampling methods;
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Tabulation of the volume and final destination of all non-manifested contaminated soil hauled offsite.

**TABLE #2**  
**RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR**  
**UNDERGROUND TANK LEAKS**

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E 8260			
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E 8260		TOTAL LEAD AA	
	TOTAL LEAD AA			
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
EDB	DHS-AB1803	EDB	DHS-AB1803	
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E 8260			
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E 8260			
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E 8260			
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E 8260		CL HC AND BTX&E 8260	
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E 8260		TPH and BTX&E 8260	
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E 8260			
	O & G	5520 D & F	O & G	5520 C & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624

ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni  
 METHOD 8270 FOR SOIL OR WATER TO DETECT:  
 PCB\*  
 PCP\*  
 PNA  
 CREOSOTE

\* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

**EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS**

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractible, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:  

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.
- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

#### EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 HAZARDOUS MATERIALS DIVISION  
 470 - 27TH ST., RM. 322

OAKLAND, CA 94612  
 PHONE NO. 415/874-7237

DEPARTMENT OF ENVIRONMENTAL HEALTH  
 470 - 27th Street, Third Floor  
 Oakland, CA 94612  
 Telephone: (415) 874-7237

ACCEPTED

4/27/88  
 594

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now set for issuance of any required building permits for construction and removal.

Any change or alteration of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- \_\_\_\_\_ Removal of Tank and Piping
- \_\_\_\_\_ Sampling
- \_\_\_\_\_ Final Inspection

Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE PERMITS

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name MILLER PACKING  
 Business Owner GARY MCGRAW
2. Site Address 206 2nd St. ~~should be~~ 201-2nd St.  
 City OAKLAND, CA Zip 94607 Phone \_\_\_\_\_
3. Mailing Address SAME  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
4. Land Owner GARY MCGRAW  
 Address 206 2nd St City, State OAKLAND, CA Zip 94607
5. EPA I.D. No. CAL000205328
6. Contractor Diablo TANK & Equipment  
 Address 4030 Pacheco #5  
 City MARTINEZ CA Phone 372-3342  
 License Type GEN A ID# 528287
7. Other (Specify) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Phone \_\_\_\_\_

8. Contact Person for Investigation

Name PAT MCSHANE Title Vice-president  
Phone 372-3342

9. Total No. of Tanks at facility 1

10. Have permit applications for all tanks been submitted to this office? Yes [] No []

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

b) Rinsate Transporter

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c) Tank Transporter

Name A4H EPA I.D. No. TSD0004771168  
Address CHINA BASIN  
City SAN FRANCISCO State CA Zip \_\_\_\_\_

d) Contaminated Soil Transporter

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12. Sample Collector

Name Diablo Tank & Equipment  
Company \_\_\_\_\_  
Address 4030 PACHECO #5  
City MARTINEZ State CA Zip 94553 Phone 372-3342

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
550	GASOLINE		

14. Have tanks or pipes leaked in the past? Yes [ ] No [X]

If yes, describe. \_\_\_\_\_

15. NFPA methods used for rendering tank inert? Yes [ ] No [X]

If yes, describe. dry ICE - 20 lbs per /m

16. Laboratories

Name GROUND WATER TECH

Address PIKE LANE

City CONCORD State CA Zip \_\_\_\_\_

State Certification No. # 194

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
BTEX, TPH	602 / 8020 / 8015	

18. Site Safety Plan submitted? Yes  No [ ]

19. Workman's Compensation: Yes  No [ ]

Copy of Certificate enclosed? Yes  No [ ]

Name of Insurer STATE FUND

20. Plot Plan submitted? Yes  No [ ]

21. Deposit enclosed? Yes  No [ ]

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) in advance to schedule any required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Signature of Contractor

Name (please type)

Diablo TANK & Equipment

Signature

Patrick McNamee

Date

9/18/89

Signature of Site Owner or Operator

Name (please type)

MICHAEL A. DE BENEDETTI, PRESIDENT

Signature

Michael A. DeBenedetti, President - Muller Packing Co.

Date

Sept 12, 1989

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. A copy of your approved plan must be sent to the landowner.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A  
SAMPLING RESULTS

Tank or Area	Contaminant	Location & Depth	Results (specify units)

## INSTRUCTIONS

2. SITE ADDRESS

Address at which closure or modification is taking place.

5. EPA I.D. NO.

This number may be obtained from the State Department of Health Services, 916/324-1781.

6. CONTRACTOR

Prime contractor for the project.

7. OTHER

List professional consultants here.

12. SAMPLE COLLECTOR

Persons who are collecting samples.

13. SAMPLING INFORMATION

Historic contents - the principal product(s) used in the last 5 years.

Material sampled - i.e., water, oil, sludge, soil, etc.

16. LABORATORIES

Laboratories used for chemical and geotechnical analyses.

17. CHEMICAL METHODS:

All sample collection methods and analyses should conform to EPA or DHS methods.

Contaminant - Specify the chemical to be analyzed.

Sample Preparation Method Number - The means used to prepare the sample prior to analyses - i.e., digestion techniques, solvent extraction, etc. Specify number of method and reference if not an EPA or DHS method.

Analysis Method Number - The means used to analyze the sample - i.e., GC, GC-MS, AA, etc. Specify number of method and reference if not a DHS or EPA method.

NOTE:

Method Numbers are available from certified laboratories.

18. SITE SAFETY PLAN

A plan outlining protective equipment and additional specialized personnel in the event that significant amount of hazardous materials are found. The plan should consider the availability of respirators, respirator cartridges, self-contained breathing apparatus (SCBA) and industrial hygienists.

19. ATTACH COPY OF WORKMAN'S COMPENSATION

20. PLOT PLAN

The plan should consists of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale
- b) North Arrow
- c) Property Line
- d) Location of all Structures
- e) Location of all relevant existing equipment including tanks and piping to be removed
- f) Streets
- g) Underground conduits, sewers, water lines, utilities
- h) Existing wells (drinking, monitoring, etc.)
- i) Depth to ground water
- j) All existing tanks in addition to the ones being pulled



5. Triple rinse means that:

- a) final rinse must contain less than 100 ppm of Gasoline (EPA method 8020 for soil, or EPA method 602 for water) or Diesel (EPA method 418.1) Other methods for halogenated volatile organics (EPA method 8010 for soil, EPA method 601 for water) may be required. The composition of the final rinse must demonstrated by an original or facsimile report from a laboratory certified for the above analyses.
- b) tank interior is shown to be free from deposits or residues upon a visual examination of tank interior.
- c) tank should be labelled as "tripled rinsed; laboratory certified analysis available upon request" with the name and address of the contractor.

If all the above requirements cannot be met, the tank must be transported as a hazardous waste.

6. Any cutting into tanks requires local fire department approval.



General Engineering  
Contractors Lic. #306351

3930 Pacheco Blvd.  
Martinez, CA 94553  
(415) 372-3342

SITE SAFETY PLAN FOR UNDERGROUND TANK REMOVAL

1. Patrick J. McShane is our key employee responsible for site safety and health on this project. Alternates are Donald McShane and Andrew Pease.
2. We shall have two ABC fire extinguishers on site during the excavation process. The tank will be monitored by a GASTECHTER, Model 1314, to assure that it is not in the explosive range. CO<sub>2</sub> will be placed in the tank at a minimum of 15 pounds per 1000 gallon capacity in order to displace fumes which could be explosive.
3. Personnel shall have hard hats and protective shoes. A first aid kit shall be available on all vehicles.
4. After removing the fuel tank, soil samples shall be taken in the manner prescribed by law. If water is present in the excavation, water samples shall be taken also. Samples shall be analyzed at a minimum for BTEX and TPH. Suspect spoils shall be stockpiled and protected by Visqueen according to the rules of the BAAQMD.
5. The site shall be protected by barricades and yellow flagging. If the excavation has to remain open for a protracted period, a six foot high cyclone fence shall be erected around the perimeter.
6. Our employee safety training officer is Donald McShane. We have an on-going safety training program in cooperation with our insurance carrier, Fireman's Fund and our Health Maintenance Organization, Kaiser Permanente Foundation. Our employees are counseled on the dangers of alcohol abuse and are periodically tested for drugs.
7. If decontamination of the site is appropriate, we shall consult with the IT Corporation and a geological consulting firm such as Kleifelder Associates, Brown and Caldwell, or Groundwater Technology for a final assessment. The plan shall be submitted to the appropriate health agency and the Regional Water Quality Control Board for their agreement.
8. Tank and contaminated soil shall be transported to final destination under a hazardous waste manifest by carriers licensed to haul hazardous material.

**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

AUGUST 1, 1989

POLICY NUMBER: 1098952 - 85  
CERTIFICATE EXPIRES: 11-1-89

HULS AMERICAN  
TURNER PLACE FISCATAWAY  
NEW JERSEY  
CA 08855-0365

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ten days' advance written notice to the employer.

We will also give you TEN days' advance notice should this policy be cancelled prior to its normal expiration.

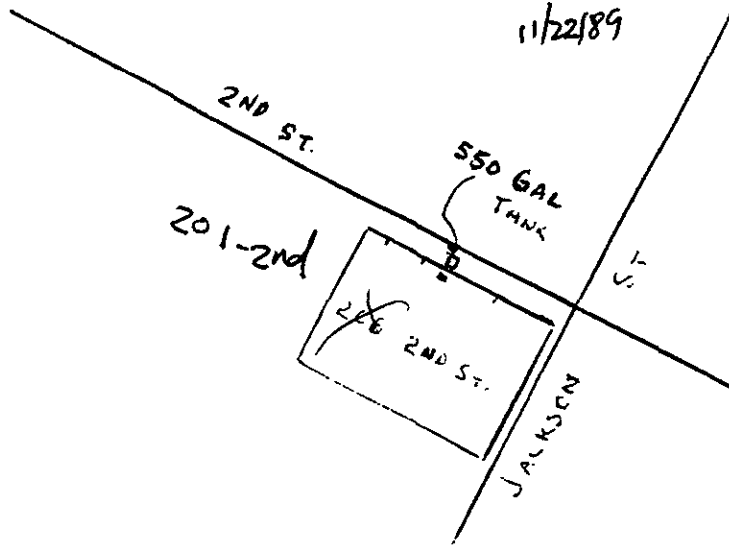
This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

  
PRESIDENT

EMPLOYER

DIABLO TANK & EQUIPMENT INC.  
4030 PACHECO BLVD. #5  
MARTINEZ  
CA 94553

11/22/89



Miller Park, Co  
 201-2nd St., Oakland 94607

