

# JONAS & ASSOCIATES, INC.

1350 ARNOLD DRIVE, SUITE 202  
MARTINEZ, CALIFORNIA 94553-4190  
925/374-0020; 374-0021 Fax

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## FACSIMILE TRANSMITTAL SHEET

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|  |                                 |
|--|---------------------------------|
| TO: <i>Donna Dago</i><br><del>Ms. Susan Hugo</del> | FROM: Mark Jonas (x-12)         |
| COMPANY: Alameda County Health                     | DATE: August 11, 2003           |
| FAX NUMBER: 510/337-9335                           | PROJECT: Alameda Federal Center |
| PHONE NUMBER: 510/567-6780                         | J&A PROJECT NUMBER: GSA-211A    |

Number of Attached Pages, Excluding Transmittal Sheet: 1

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NOTES/COMMENTS:

Dear Ms. Hugo:

Attached is the transmittal letter we sent on April 18, 2003 concerning soil and groundwater characterization at General Services Administration's (GSA) Alameda Federal Center former hydraulic lift system at Building 4. **We recommend no further action at this time. We need agreement of this recommendation or a clear understanding of any further action required.**

This work was performed for GSA. The GSA project manager is Mr. Ando Merendi (415/522-3393; 415/522-3467 fax). Please contact either Mr. Merendi or Mark Jonas (925/374-0020; 925/374-0021 fax).

Thank you for your time.

Sincerely,

*mj*  
Mark Jonas, R.G.  
J&A Project Manager

cc: Mr. Ando Merendi (GSA 415/522-3467 fax)  
Mr. Javad Soltani (GSA 415/522-3215 fax)

---

# JONAS & ASSOCIATES, INC.

1350 Arnold Drive, Suite 202, Martinez, California 94553 ♦ 925/374-0020 ♦ 925/374-0021 fax

April 18, 2003

Ms. Susan Hugo  
Program Manager, Local Oversight Program  
Alameda County Environmental Health Services  
1131 Harbor Bay Parkway, 2<sup>nd</sup> Floor  
Alameda, California 94502  
510/567-6780

Subject: Transmittal of "*Site Characterization Report, Building 4-Hydraulic Lift, Alameda Federal Center, 620 Central Avenue, Alameda, California.*"

Project Environmental Characterization of Building 4-Hydraulic Lift.  
Alameda Federal Center, Alameda, California.  
J&A Project No.: GSA-211A

Dear Ms. Hugo:

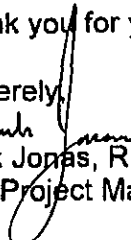
Jonas & Associates, Inc. (J&A) has been contracted by General Services Administration (GSA) to perform a focused environmental characterization of soil and groundwater at the hydraulic lift system at Building 4, located in the Alameda Federal Center, Alameda, California. This characterization is presented in the attached April 2, 2003 "*Site Characterization Report, Building 4-Hydraulic Lift, Alameda Federal Center, 620 Central Avenue, Alameda, California.*"

We are sending you this report primarily because of the findings of relatively low levels of hydraulic oil in soil and possibly in groundwater. The Site Characterization Report provides an opportunity for your agency to determine if any further actions are required.

Based on the findings in this attached report and the location of an underground hydraulic system sump/tank that straddles a load-bearing wall, our recommendation is to have the hydraulic lift and sump/tank removed when the building is eventually demolished. When the hydraulic system is eventually removed, then any requirement for over-excavation can be defined after the soil has been exposed and possibly tested.

J&A and GSA would be glad to talk with you to discuss the Site Characterization Report and to define if any further actions are required. In any case, please contact me so we can hopefully close this project. My e-mail address is [mark@jonasinc.com](mailto:mark@jonasinc.com).

Thank you for your time and consideration.

Sincerely,  
  
Mark Jonas, R.G.  
J&A Project Manager

attachment: April 2, 2003 "*Site Characterization Report, Building 4-Hydraulic Lift, Alameda Federal Center, 620 Central Avenue, Alameda, California*"

cc: Mr. Ando Merendi (GSA, San Francisco)

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

June 28, 2002

RO 48

Mr. James Lew  
General Services Administration  
S.F. Service Center (9PEC)  
450 Golden Gate Ave., 3<sup>rd</sup> Floor East  
San Francisco, CA 94102-3400

RE: Alameda Federal Center, 620 Central Avenue, Alameda – Well Destruction

Dear Mr. Lew:

The Alameda County Environmental Health Department, Environmental Protection Division, has received concurrence from the Regional Water Quality Control Board, San Francisco Bay Region (RWQCB), for final closure of the underground storage tank investigation at the referenced site.

Prior to the issuance of a "Remedial Action Completion Certificate" by this office, however, the monitoring wells at the site must be properly destroyed should they be of no further use. Well destruction is performed under permit issued by Alameda County Public Works Agency (ACPWA). Please contact James Yoo of ACPWA at (510) 670-6633 to secure your well destruction permit.

Please advise me if the well will be destroyed, and when destruction has been completed, as appropriate. I may be reached at (510) 567-6783.

Sincerely,



Scott O. Seery, CHMM  
Hazardous Materials Specialist

cc: Chuck Headlee, RWQCB  
James Yoo, ACPWA QIC 51503  
Paul Sones, CAPE Env. Management, Inc.  
3631 So. Harbor Blvd., Ste. 130, Santa Anna, CA 92704

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

June 28, 2002

RO 48

Mr. James Lew  
General Services Administration  
S.F. Service Center (9PEC)  
450 Golden Gate Ave., 3<sup>rd</sup> Floor East  
San Francisco, CA 94102-3400

JUL 16 2002

RE: Alameda Federal Center, 620 Central Avenue, Alameda – Well Destruction

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Please advise me if the well will be destroyed, and when destruction has been completed, as appropriate. I may be reached at (510) 567-6783.

Sincerely,



Scott O. Seery, CHMM  
Hazardous Materials Specialist

|                   |              |         |              |            |   |
|-------------------|--------------|---------|--------------|------------|---|
| Post-it® Fax Note | 7671         | Date    | 7-28         | # of pages | 1 |
| To                | Paul Sones   | From    | S. Seery     |            |   |
| Co./Dept.         | CAFA         | Co.     | ACDEH        |            |   |
| Phone #           |              | Phone # | 510-567-6783 |            |   |
| Fax #             | 949-474-3091 | Fax #   |              |            |   |

cc: Chuck Headlee, RWQCB  
James Yoo, ACPWA QIC 51503  
✓ Paul Sones, CAPE Env. Management, Inc.  
~~3631 So. Harbor Blvd, Ste. 130, Santa Anna, CA 92704~~

2823 McCaw Ave  
Irvine, CA 92614

450 Golden Gate Ave., 3 Floor East  
 San Francisco, CA 94102-3400

RE: Alameda Federal Center, 620 Central Avenue, Alameda - Well Destruction

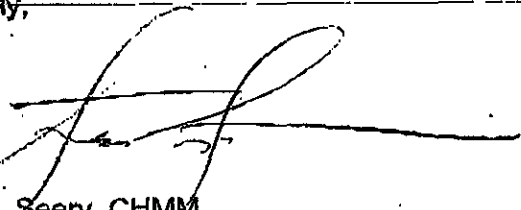
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Please advise me if the well will be destroyed, and when destruction has been completed, as appropriate. I may be reached at (510) 567-6783.

Sincerely,



Scott O. Seery, CHMM  
 Hazardous Materials Specialist

|                   |              |         |              |            |   |
|-------------------|--------------|---------|--------------|------------|---|
| Post-It® Fax Note | 7671         | Date    | 7-29         | # of pages | 1 |
| To                | Paul Sones   | From    | S. Seery     |            |   |
| Co./Dept.         | CAPE         | Co.     | ACDEH        |            |   |
| Phone #           |              | Phone # | 510-567-6783 |            |   |
| Fax #             | 949-474-2091 | Fax #   |              |            |   |

cc: Chuck Headlee, RWQCB  
 James Yoo, ACPWA QIC 51503  
 ✓ Paul Sones, CAPE Env. Management, Inc.  
 3631 So. Harbor Blvd., Ste. 130, Santa Anna, CA 92704

2823 McCow Ave  
 Irvine, CA 92614

7499402046

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 510 337 9335  
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ALAMEDA COUNTY  
**HEALTH CARE SERVICES**



AGENCY  
DAVID J. KEARS, Agency Director

August 22, 2000

Mr. James Lew  
General Services Administration (GSA)  
San Francisco Service Center (9PEC)  
450 Golden Gate Avenue, 3<sup>rd</sup> Floor East  
San Francisco, Ca 94102-3400  
STID 4655

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

RE: Alameda Federal Center, 620 Central Avenue, Alameda, CA 94501

Dear Mr. Lew:

I am preparing the case closure summary for the above site. To assist me in completing this task, please forward the following information to me:

- 1) A copy of the final report for the sixteen (16) geotechnical borings completed by Trans Pacific Geotechnical Consultants
- 2) A copy of the Cal Inc. Underground Storage Tank closure report dated 3-18-97 for underground storage tanks #3 & #4.
- 3) Complete an Unauthorized Release Form and submit it to this office
- 4) Identify whether monitoring well MW-2 has been properly closed

Yesterday, I performed a site inspection with Mr. James Belcher with GSA, Alameda Federal Center. We went to an area near Building 4 where there are 9-55 gallon drums some with hazardous waste labels, and some with no labels. Mr. Belcher informed me that it is his understanding the contents in the drums are associated with the on-site monitoring wells. Please inform this office within ten days of the receipt of this letter if the drums and its contents are associated with the on-site monitoring wells.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto  
Sr. Hazardous Materials Specialist

Cc: Bill Millar, Cape Environmental, 3631 So. Harbor Blvd, Suite 130,  
Santa Ana, CA 92704  
James Belcher, Alameda Federal Center, GSA, 620 Central Avenue, Building 2D,  
Room 109, Alameda, CA 94501  
Files



General Services Administration, Region 9

East Bay Property Management Office  
1301 Clay Street, Room 280N  
Oakland, CA 94612  
(510) 637-5000

ST 13 4655  
CS  
00 APR 11 PM 4:00  
ENVIRONMENTAL  
PROTECTION

April 10, 2000


Mr. Thomas Peacock, Manager, LOP  
Alameda County Health Care Services Agency  
Environmental Health Services  
Environmental Protection (LOP)  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

SUBJECT: Certified List of Record Fee Title Owners For Alameda Federal Center, 620 Central Avenue, Alameda, CA

Dear Mr. Peacock:

In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, Carolyn Cooley, General Services Administration Property Manager, certify that the U.S. General Services Administration is the sole landowner for the above site.

Sincerely,

  
Carolyn Cooley  
Property Manager



March 7, 2000

ENVIRONMENTAL HEALTH SERVICES

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

Mr. James Lew  
General Services Administration (GSA)  
Golden Gate Field Office (9PFG)  
450 Golden Gate Avenue, 7<sup>th</sup> Floor  
San Francisco, CA 94102-3400  
STID 4655

RE: Alameda Federal Center, 620 Central Avenue, Alameda, CA 94501

### LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS

Dear Mr. Lew:

This letter is to inform you of new legislative requirements pertaining to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST). Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter. Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

For purposes of implementing these sections, you have been identified as the primary or active responsible party. Please provide to this agency, within twenty (20) calendar days of receipt of this notice, a complete mailing list of all current record owners of fee title to the site. You may use the enclosed "list of landowners" form (sample letter 2) as a template to comply with this requirement. If the list of current record owners of fee title to the site changes, you must notify the local agency of the change within 20 calendar days from when you are notified of the change.

If you are the sole landowner, please indicate that on the landowner list form. The following notice requirements do not apply to responsible parties who are the sole landowner for the site.



## LANDOWNER NOTIFICATION

Mr. James Lew  
General Services Administration (GSA)  
Golden Gate Field Office (9PFG)  
450 Golden Gate Avenue, 7<sup>th</sup> Floor  
March 7, 2000  
Page 2 of 4

In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

- 1) consider a cleanup proposal (corrective action plan)
- 2) consider a site closure proposal
- 3) make a determination that no further action is required
- 4) issue a closure letter

You may use the enclosed "notice of proposed action" form (sample letter 3) as a template to comply with this requirement. Before approving a cleanup proposal or site closure proposal, determining that no further action is required, or issuing a closure letter, the local agency will take all reasonable steps necessary to accommodate responsible landowner participation in the cleanup and site closure process and will consider all input and recommendations from any responsible landowner.

Please call me at (510) 567-6774 should you have any questions about the content of this letter.

Sincerely,



Larry Seto  
Sr. Hazardous Materials Specialist

Attachments

cc: Chuck Headlee, RWQCB

Mr. James Lew  
General Services Administration (GSA)  
Golden Gate Field Office (9PFG)  
450 Golden Gate Avenue, 7<sup>th</sup> Floor  
San Francisco, CA 94102-3400  
March 7, 2000  
Page 3 of 4

SAMPLE LETTER (2): LIST OF LANDOWNERS FORM

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Name of local agency  
Street address  
City

SUBJECT: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR (*Site Name and Address*)

(Note: Fill out item 1 if there are multiple site landowners. If you are the sole site landowner, skip item 1 and fill out item 2.)

1. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site:
2. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I am the sole landowner for the above site.

Sincerely,

Signature of primary responsible party

Name of primary responsible party

Mr. James Lew  
General Services Administration (GSA)  
Golden Gate Field Office (9PFG)  
450 Golden Gate Avenue, 7<sup>th</sup> Floor  
San Francisco, CA 94102-3400  
March 7, 2000  
Page 4 of 4

SAMPLE LETTER 3: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY

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Name of local agency  
Street address  
City

SUBJECT: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY  
FOR *(Site Name and Address)*

In accordance with section 25297,15(a) of Chapter 6.7 of the Health & Safety Code, I, *(name of primary responsible party)*, certify that I have notified all responsible landowners of the enclosed proposed action. Check space for applicable proposed action(s):

- cleanup proposal (corrective action plan)
- site closure proposal
- local agency intention to make a determination that no further action is required
- local agency intention to issue a closure letter

Sincerely,

Signature of primary responsible party

Name of primary responsible party

cc: Names and addresses of all record fee title owners

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



March 1, 2000

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

Mr. James Lew  
General Services Administration (GSA)  
San Francisco Service Center (9PEC)  
450 Golden Gate Avenue, 3<sup>rd</sup> Floor East  
San Francisco, CA 94102-3400  
STID 4655

INTENT TO MAKE A DETERMINATION THAT NO FURTHER ACTION IS  
REQUIRED OR ISSUE A CLOSURE LETTER FOR ALAMEDA FEDERAL  
CENTER, 620 CENTRAL AVENUE, ALMEDA, CA 94501

Dear Mr. Lew:

This letter is to inform you that Alameda County Environmental Health Department, Local Oversight Program (LOP), intends to make a determination that no further action is required at the above site or to issue a closure letter. Please notify this agency of any input and recommendations you may have on these proposed actions within 20 days of the date of this letter.

In accordance with section 25297.15 of Ch. 6.7 of the Health & Safety Code, you must provide certification to the local agency that all of the current record fee title owners have been informed of the proposed action. Please provide this certification to this office within 20 days of the date of this letter.

If you have any questions about these proposed actions, please contact Larry Seto at (510) 567-6774.

Sincerely,

Thomas Peacock  
Manager, LOP

cc: Chuck Headlee, RWQCB  
Leroy Griffin, City of Oakland Fire Department, 1603 Martin Luther King,  
Oakland, CA 94612  
Larry Seto, Alameda County Environmental Health  
Files

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



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

July 6, 1999

Mr. James Lew  
General Services Administration (GSA)  
San Francisco Service Center (9PEC)  
450 Golden Gate Avenue, 3<sup>rd</sup> Floor East  
San Francisco, CA 94102-3400  
STID 4655

RE: Alameda Federal Center, 620 Central Avenue, Alameda, CA

Dear Mr. Lew:

I have reviewed the laboratory results for MTBE analysis for groundwater samples collected from MW-1, AMW-1, AMW-2 and AMW-3 on February 22, 1999. The sample collected from MW-1 contained 7.1 ppb of MTBE. The samples collected from the other groundwater wells were found to contain concentrations of MTBE below the detection limit of the method used.

A groundwater sample from MW-2R must be collected and analyzed for the presence of MTBE before I can prepare a closure summary for the above site.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto  
Sr. Hazardous Materials Specialist

Cc: Bill Millar, Cape Environmental, 3631 So. Harbor Blvd., Suite 130,  
Santa Ana, CA 92704  
City of Alameda-Fire Department, 1300 Park Street, Alameda, CA 94601  
Files

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



April 23, 1999

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

Mr. James Lew  
General Services Administration (GSA)  
San Francisco Service Center (9PEC)  
450 Golden Gate Avenue, 3<sup>rd</sup> Floor East  
San Francisco, CA 94102-3400  
STID 4655

RE: Alameda Federal Center, 620 Central Avenue, Alameda, CA

Dear Mr. Lew:

I have reviewed the Groundwater Monitoring Report – February 22, 1999 Event and Summary dated April 1999 that was prepared by Cape Environmental. A request was made to close the site without further action. Before the Regional Board and this office can consider site closure, the groundwater at the site must be tested for the presence of MTBE. At a minimum, a groundwater sample from monitoring well AMW-3 should be analyzed for MTBE. In addition, if Tank 1 or Tank 2 stored gasoline, a groundwater sample from a monitoring well in that area must be collected and analyzed for MTBE.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,

Larry Seto  
Sr. Hazardous Materials Specialist

Cc: Bill Millar, Cape Environmental, 3631 So. Harbor Blvd., Suite 130,  
Santa Ana, CA 92704  
City of Alameda, Fire Department, 1300 Park Street, Alameda, CA 94601  
Files

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6700  
(510) 337-9432

July 2, 1998

Mr. James Lew  
General Services Administration (GSA)  
San Francisco Service Center (9PEC)  
450 Golden Gate Ave., 3<sup>rd</sup> Floor East  
San Francisco, CA 94102-3400  
STID 4655

RE: Alameda Federal Center, 620 Central Avenue, Alameda, CA

Dear Mr. Lew:

I have reviewed the Continued Soil and Groundwater Investigation Report dated May 1998 that was prepared by Cape Environmental Management Inc. This office concurs with your consultant that analysis of groundwater samples for Polynuclear Aromatic Hydrocarbons (PAH) may be discontinued.

Continue to monitor groundwater wells MW-1, AMW-1, AMW-2, and AMW-3 for a **minimum of three consecutive quarters**. Analyze the groundwater samples for oil and grease, diesel, gasoline, BTEX compounds and volatile organic halocarbons.

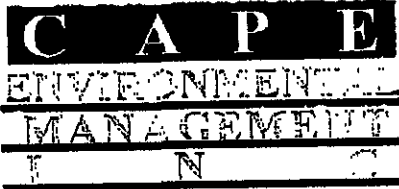
Continue to collect well sounding data and prepare groundwater contour and gradient estimates for the site in future quarter of monitoring to evaluate gradient directions and fluctuations in gradient over time under different seasonal and tidal conditions.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,

  
Larry Seto  
Sr. Hazardous Materials Specialist

Cc: Bill Millar, Cape Environmental, 3631 South Harbor Blvd., Suite 130, Santa Ana,  
CA 92704



# FAX TRANSMITTAL

To: Mr. Larry Seto # of pages 2 + this sheet  
 Company: Alameda County - Environmental Health Date: June 29, 1998  
 Fax #: 510/337-9335 Original to follow:  
 From: Bill Millar  Yes  
 RE: PAH results groundwater samples  No

## MESSAGE:

Dear Mr. Seto:

Attached is a revision of Table 3.2.1 reflecting the results for PAH analysis for the four groundwater samples collected. Also please refer to page 8 of the report the 8<sup>th</sup> bullet in the conclusions for the Tank 3&4 Area: "No PAH's were detected in the groundwater samples collected." Please give me a call with questions and comments 714/427-6160. Thanks.

Bill Millar

*Notice to Recipient: If this fax is illegible or incomplete, please call our office for retransmission.*

### CAPE In-House Use Only:

Yes Proof of receipt of fax required via:  
 No

CAPE's Fax Transmission Report  
 Phone recipient to confirm receipt

Harbor Corporate Park  
 3631 S. Harbor Blvd., Suite 130  
 Santa Ana, CA 92704

(714) 427-6160  
 (714) 427-6161 Fax

510/567-6774  
 Recipient's voice telephone number



**TABLE 3.2.1**  
**SUMMARY OF ANALYTICAL RESULTS (WATER)**  
**HALOCARBON & POLYNUCLEAR AROMATIC HYDROCARBONS**

| SAMPLE | DATE    | VOH's  | µg/L       | PAH's |
|--------|---------|--|------------|-------|
| MW-1   | 2/18/98 | Tetrachloroethene<br>cis-1, 2-dichloroethene | 2.1<br>5.6 | ND    |
| AMW-1  | 2/16/98 | ND   |            | ND    |
| AMW-2  | 2/18/98 | ND   |            | ND    |
| AMW-3  | 2/18/98 | ND   |            | ND    |

**Abbreviations:**

µg/L = Micrograms per liter  
ND = not detected at or above the method detection limit (MDL)

*[Handwritten signature]*  
AMW-10

**C A P E**  
**ENVIRONMENTAL**  
**MANAGEMENT**  
**I N C**

May 4, 1998

Mr. Larry Seto  
Senior Hazardous Materials Specialist  
Alameda County Department of Environmental Health  
Environmental Protection Division  
1131 Harbor Bay Parkway, #250  
Alameda, California 94502-6577

Re: Continued Soil and Groundwater Investigation Report  
Alameda Federal Center, 620 Central Avenue, Alameda, California  
**STID 4655** CAPE Project No. 2403C.024.001

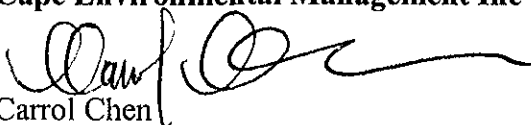
Dear Mr. Seto:


Enclosed please find the Report for the above-referenced project. This report has been prepared by Cape Environmental Management Inc (CAPE) on behalf of General Services Administration (GSA) to assess lateral and vertical extent and severity of possible soil and groundwater impacts due to suspected underground storage tank releases.

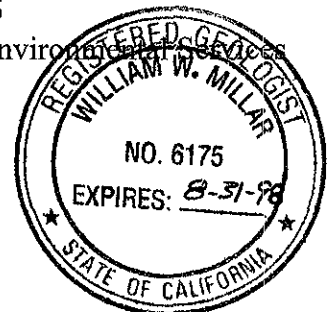
Further assessment will proceed pending review and comment of the investigation report by the Department of Environmental Health.

Please contact the undersigned at 714/427-6160 if you have further questions or require additional information.

Sincerely,  
**Cape Environmental Management Inc**

  
Carrol Chen  
Project Coordinator

  
William W. Millar  
R.G. # 6175  
Manager, Environmental Services



Enclosure

cc: James Lew, Civil Engineer, GSA Region 9  
Ando Merendi, Environmental Engineer, GSA Region 9  
Project File

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

January 8, 1998

Mr. James Lew  
General Services Administration (GSA)  
San Francisco Service Center (9PEC)  
450 Golden Gate Ave., 3<sup>rd</sup> Floor East  
San Francisco, CA 94102-3400  
STID 4655

RE: Alameda Federal Center, 620 Central Avenue, Alameda, CA

Dear Mr. Lew:

I have reviewed your Soil and Groundwater Investigation Work Plan dated December 1997 that was prepared by Cape Environmental. It is acceptable. Please inform this office when work will commence.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,

Larry Seto  
Sr. Hazardous Materials Specialist

Cc: Bill Millar, Cape Environmental

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

April 28, 1997

Mr. James Lew  
General Services Administration (GSA)  
San Francisco Service Center (9PEC)  
450 Golden Gate Ave., 3rd Flr. East  
San Francisco, CA 94102-3400

STID 4655

Re: Investigations in the vicinity of former Tanks #3 and #4 at the Alameda Federal Center,  
located at 620 Central Avenue, Alameda, California

Dear Mr. Lew,

This office has reviewed CAL Inc.'s UST Removal Project Report, dated March 18, 1997. Elevated levels of Total Petroleum Hydrocarbons as diesel (TPHd) and Oil & Grease (O&G) were identified in both the soil and groundwater samples collected from the site. As stated by CAL Inc., the bulk of the soil contamination appears to be limited to a horizon which extends from 6- to 8-feet below ground surface (bgs), which is roughly the depth-to-water at the site. Therefore, this horizon appears to be a "smear zone" which resulted from the fluctuating water table at the site. Sample analytical results for the remaining constituents of concern were below the human health protective values provided in the American Society for Testing and Materials' Risk-Based Corrective Action guidelines (E1739-95), and the Preliminary Remedial Goals established by Region IX of the United States Environmental Protection Agency.

Based on the elevated concentrations of TPHd and O&G observed at the site, this office is requesting that additional investigations be conducted to better characterize the extent and severity of this contamination in soil and groundwater. A work plan addressing these additional investigations is required to be submitted to this office within 45 days of the date of this letter, or by June 9, 1997.

If you have any questions or comments, please contact me at (510) 567-6763.

Sincerely,

Juliet Shin  
Senior Hazardous Materials Specialist

Mr. James Lew  
Re: 620 Central Ave.  
April 28, 1997  
Page 2 of 2

cc: Robert Barry  
CAL Inc.  
P.O. Box 6327  
Vacaville, CA 95696-6327

Larry M. Harlan  
CAPE Environmental Mgmt., Inc.  
20280 South Vermont Avenue, Ste 250  
Torrance, CA 90502

Chief, ACDEH

**facsimile**  
TRANSMITTAL

CAL

INC

to: JAMES LEW MARTY RAPOSO / SCOTT HUTCHISON LARRY HARLAN JULIET SHIN

fax #: (415) 522-3116 (415) 837-0202 (714) 427-6161 (510) ~~567-6~~ 337-9325

re: EXCAVATION BOTTOM SAMPLE RESULTS

date: 12-9-96

pages: 2, including cover sheet. Please give me a call if you do not receive all of the pages of this fax.

GENTLEMEN & JULIET - AS YOU CAN SEE SOME ANALYTICAL RESULTS  
ARE PENDING... HOWEVER, THE EXCAVATION BOTTOM IS NOT  
TOO DIRTY. THE QUESTION REMAINING IS: ARE WE  
COMFORTABLE BACKFILLING AT THIS TIME? I'LL CONTACT  
YOU ALL TOMORROW TO DISCUSS.

- HAPPY BIRTHDAY TO ME!

- R.B

Thank you & have a great day!

From the desk of...  
**ROB BARRY**  
 CAL INC.  
 P.O. Box 6327  
 Vacaville, CA. 95696-6327

707-446-7996  
 Fax: 707-446-4906

**EXCAVATION BOTTOM SAMPLE RESULTS**  
**GSA Alameda**  
**UST Removal Project**

| Sample Number                            | TPH-G (ppm) | B/T/E/X (ppm)  | TPH-D (ppm) | 8240 VOCs (ppm) | 8270 SVOCs (ppb) | 6010 Cd/Cr/Ni/Pb/Zn (ppm)                      | 5520 Oil & Grease (ppm) |
|--|-------------|--|-------------|-----------------|------------------|--|-------------------------|
| S-1-7.0'<br>NW Corner                    | ND          | 0.17 Ethyl Benzene<br>0.14 Xylenes<br>18 Unknowns    | 6000        |                 |                  | ND Cd<br>ND Cr<br>1.6 Ni<br>3.2 Pb<br>83 Zn    | 6300                    |
| S-2-7.0'<br>North Sidewall               | ND          | 0.059 Ethyl Benzene<br>0.052 Xylenes<br>9.5 Unknowns | 4500        |                 |                  | ND Cd<br>ND Cr<br>1.4 Ni<br>4.2 Pb<br>67 Zn    | 5000                    |
| S-3-6.0'<br>East Sidewall                | ND          | 0.009 Ethyl Benzene<br>0.15 Xylenes<br>1.9 Unknowns  | 1100        |                 |                  | ND Cd<br>14 Cr<br>12 Ni<br>6.2 Pb<br>72 Zn     | 2900                    |
| S-4-6.0'<br>SW Corner                    | ND          | 0.019 Ethyl Benzene<br>0.016 Xylenes<br>4.1 Unknowns | 3800        |                 |                  | 0.64 Cd<br>ND Cr<br>1.2 Ni<br>8.8 Pb<br>250 Zn | 2100                    |
| S-5-13.0'<br>Southwest Excavation Bottom | ND          | ND   | 37          |                 |                  | ND Cd<br>3.5 Cr<br>5.8 Ni<br>5.2 Pb<br>54 Zn   | ND                      |

|               |  |
|---------------|--|
| TPH-G         | Total Petroleum Hydrocarbons as gasoline                             |
| B/T/E/X       | Benzene/Toluene/Ethyl Benzene/Xylene                                 |
| TPH-D         | Total Petroleum Hydrocarbons as diesel                               |
| TPH-Motor Oil | Total Petroleum Hydrocarbons as Motor Oil                            |
| 8240          | Volatile Organic Compounds   |
| 8270          | Semi-Volatile Organic Compounds                                      |
| 6010          | California Assessment Metals (Cadmium, Chromium, Nickel, Lead, Zinc) |
| 5520          | Oil & Grease   |
| ND            | Not detected   |

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 # 4655 Site Name Alameda Federal CTR Today's Date 12/6/96  
Site Address 620 Central  
City Alameda Zip 94501 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:

Came out to site to oversee sampling of tank pit & removal of 2 10,000-gallon USTs (Tanks 3 & 4) that whose tops have already been cut in order to remove sludge, sand & product before disposal. A concrete pad exists beneath the USTs, and due to the instability of the tank pit and the groundwater, these pads will not be removed. Therefore, vertical excavation below the pad will not be conducted. The west end rim of Tank 4 had several large holes in it. Large wooden pipes were hammered into holes to prevent leakage of groundwater into tank. (Tanks were probably used for holding oil due to the pipes from the USTs leading to the boiler room to north of USTs). Two 4" dia holes on the west side rim of the Tank 3 at top of tank. 4" dia hole in middle of east end of Tank 3. Some pitting observed on Tank 3. Sunk tin crumpling steel on tank. Stained soil & product-covered soil on surficial areas of bottom of tank pit will be excavated today & hauled off. One soil sample was collected from each of the sidewalls at ~7' bgs. Stained soil was noted in a zone around the pit from ~4-8' bgs. Oil was noted in southeast sample & east & north walls. Odor was strong in southeast sample. Soils were gravelly clay.

Contact

Rob Barry

Title

Project Manager

Signature

[Signature]

Inspector

Juliet Shin

Signature

[Signature]

Manifest # 96434344 & 96431164



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 # 4655 Site Name Alameda Federal Center Today's Date 12/3/96

Site Address 620 Central Ave

City Alameda Zip 94501 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:

Came out to site to check on status of tank removal (2 10,000-gallon diked USTs). (a.k.a. Tanks 3+4). At ~10:00AM they were adding dry soil to the contents of the USTs (wet sand) and mixing the soil to allow for drier, more acceptable soil for the landfill. According to Rob Barry, extensive contaminated soil was observed in the excavation originally at the south end. Also, a zone of soil contamination (refer to photo) was noted at the northeast portion of tank. This zone of soil contamination (green soil) was observed on east wall when I came out to site. There was some floating product observed on groundwater initially, according to Rob Barry. The floating product observed on the water when I came out to the site (which was very heavy) was resulting from the inside of the USTs. The liquid contents was being removed from the USTs, placed into pit, and pumped to a back tank and a carbon filter treatment system prior to discharging to the storm drain. The observed zone of soil contamination was actually observed along all sidewalls from ~5' to 9 or 10' high. This is indicative of

Contact Rob Barry  
 Title Pres. Mgr.  
 Signature Rob Barry

Inspector Juliet Shin  
 Signature Juliet Shin

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 # 4655 Site Name Alameda Federal Center Today's Date 12/31/96

Site Address 620 Central Ave

City Alameda Zip 94501 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:

Came out to site to check on status of tank removal (2 10,000-gallon diked USTs) (a.k.a. Tanks 3+4). At ~10:00 AM they were adding dry soil to the contents of the USTs (wet soil) and mixing the soil to allow for drier, more acceptable soil for the landfill. According to Rob Barry, extensive contaminated soil was observed in the excavation originally at the south end. Also, a zone of soil contamination (refer to photo) was noted at the northeast portion of tank. This zone of soil contamination (Green soil) was observed on east wall when I came out to site. There was some floating product observed on groundwater initially, according to Rob Barry. The floating product observed on the water when I came out to the site (which was very heavy) was resulting from the inside of the USTs. The liquid contents was being removed from the USTs, placed into pit, and pumped to a tanker tank and a carbon filter treatment system prior to discharging to the storm drain. The observed zone of soil contamination was actually observed along all sidewalls from ~5' to 9 or 10' hrs. This is indicative of

Contact Rob Barry  
 Title Proj. Mgr.  
 Signature [Signature]

Inspector Suliet Shin  
 Signature [Signature]

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

892062  
Site ID # 4655 Site Name Alameda Federal Center Today's Date 12/3/96

Site Address 620 Central Ave

City Alameda Zip 94501 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:

Smear zone. So, said According to Rob Barry, there is an old boiler room to the north of these USTs. They run into a concrete-encased series of pipes on the east side of tank pit. There were five pipelines and three of the pipelines run from the USTs carrying oil, to the boiler room. These pipes have will be taken off site w/ the USTs. So, they will continue to remove sludge & soil from USTs today & tomorrow & will probably have USTs removed on Thursday.

*JB*

Contact Rob Barry  
Title Prod. Mgr  
Signature Rob Barry

Inspector Juliet Shy  
Signature Juliet Shy

II, III

white -env.health  
yellow -facility  
pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1151 Harbor Bay Parkway  
Alameda CA 94502  
510/567-6700

## Hazardous Materials Inspection Form

II, III

Page 2 of 2

Site ID # 4655 Site Name Alameda Federal Center Today's Date 12/3/96

Site Address 620 Central Ave

City Alameda Zip 94501 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:

Smear zone. So, soil. According to Rob Barry, there is an old boiler room to the north of these USTs. They ran into a concrete-encased series of pipes on the east side of truck pit. There were five pipe lines and three of the pipelines ran from the USTs carrying oil, to the boiler room. These pipes will be taken off site w/ the USTs. So, they will continue to remove sludge & soil from USTs today & tomorrow & will probably have USTs removed on Thursday.

Contact Rob Barry  
 Title Prod. Mgr  
 Signature [Signature]

Inspector Julia Shin  
 Signature [Signature]

II, III

| Sample Location/Type           | Matrix  | Number of Samples | Analysis  |
|--------------------------------|---|-------------------|---|
| Excavation Bottom              | Soil  | 4                 | TPH-G (EPA 8015 M)<br>TPH-D (EPA 8015 M)<br>BTEX (EPA 602)<br>SVOCs (EPA 8270),<br>VOCs (EPA 8240)<br>CAM 5 Metals<br>O&G (SMWW 5520)       |
| Stockpiled Soil                | Soil<br><i>Collected in place<br/>Soil samples<br/>0, 3' &amp; 5' bgs<br/>from north-south<br/>end of tank pit.</i> | 6 composite       | TPH-G (EPA 8015 M)<br>TPH-D (EPA 8015 M)<br>BTEX (EPA 602)<br>SVOCs (EPA 8270),<br>VOCs (EPA 8240)<br>CAM 5 Metals<br>O&G (SMWW 5520)       |
| Groundwater Treatment System ✓ | Water   | 3 per week        | TPH-D (EPA 8015 M)<br><del>BTEX</del><br>O&G  |
| Tank Contents ✓                | Soil or Sludge<br><i>Sand fell<br/>from each tank</i>   | 2                 | TPH-G (EPA 8015 M)<br>TPH-D (EPA 8015 M) ✓<br>BTEX (EPA 602)<br>SVOCs (EPA 8270), ✓<br>VOCs (EPA 8240)<br>CAM 5 Metals<br>O&G (SMWW 5520) ✓ |

*No longer applicable*

6.3.2 Rationale

The project objective is the removal and disposal of two 10,000 gallon storage tanks (USTs). An additional objective is to evaluate whether soil and groundwater beneath the site has been impacted by the USTs and, if impacted, to evaluate disposal options for contaminated soil. Based on the Preliminary Assessment conducted by Cape Environmental diesel fuel was the most likely product stored in the tanks. However, since the actual tank contents are unknown, the analytical program was designed to meet requirements of the RWQCB Tri-Regional Guidelines for closure of diesel, waste oil, and unknown tanks.

The analytical program proposed herein is consistent with the Specification under Solicitation number GS-09P-96-KZC-0013. In addition, the analytical program also meets RWQCB and Alameda County requirements for closure of diesel and waste oil USTs.

**facsimile**  
TRANSMITTAL

CAL

INC

to: ALAMEDA Co. - JULIETTE SHIN # MARTY et. al @ ABIDE

fax #: (510) 337-9335 (415) 837-0202

re: EBMUD DISCHARGE PERMIT

date: 10-21-96

pages: 6, including cover sheet. Please give me  
a call if you do not receive all of the pages of this fax.

HOORAH! HERE'S THE DISCHARGE PERMIT.

Call w/ QUESTIONS!

-Rob

Thank you & have a great day!

From the desk of...

**Rob Barry**

CAL INC.  
P.O. Box 6327  
Vacaville, CA 95696-6327

707-446-7996  
Fax: 707-446-4906



# WASTEWATER DISCHARGE PERMIT

## Terms and Conditions

CAL Inc.  
Account No. 503-50020  
Page 1

### GENERAL REQUIREMENTS

- I. Title I, Section 5 of EBMUD Ordinance No. 311 prohibits the discharge of groundwater to the community sewer. This Permit to discharge groundwater is considered an exception of the prohibition and is issued based on CAL Inc.'s application that discharge of pollutants to the community sewer will be minimized and methods to reclaim the groundwater, to the extent technically and economically feasible, have been made.
- II. CAL Inc. shall comply with all items of the attached STANDARD PROVISIONS AND REPORTING REQUIREMENTS, revised 07/96 (SPARR).
- III. This Permit is granted to CAL Inc., only for the discharge of treated groundwater generated during dewatering for the excavation and removal of Tank 3 and Tank 4 at Building 8 of the Alameda Federal Center located at 620 Central Avenue in Alameda, California.
- IV. CAL Inc. shall cease discharge of the treated groundwater immediately if not in compliance with any of the Terms and Conditions of this Permit.

### COMPLIANCE REQUIREMENTS

- I. CAL Inc. shall pretreat all groundwater prior to discharging to the side sewer at 620 Central Avenue in Alameda. Pretreatment shall consist of processes displayed in *Schematic Flow Diagram, Alameda Federal Center, 620 Central Ave., Alameda, CA, 9/21/96*. CAL Inc. shall maintain the Pretreatment System in proper operating condition.
- II. CAL Inc. shall maintain a current accidental spill prevention plan to eliminate or minimize the potential for an accidental or slug discharge of pollutants into the sanitary sewer system. The spill plan shall contain a response procedure which is posted in the work areas where spills are most likely to occur. The response procedure shall be prepared in accordance with Section B Paragraph I of *SPARR, revised 07/96*.
- III. CAL Inc. identified the side sewer manhole located at the corner of Richardson Avenue and South Cressy Drive in Alameda, as the discharge location. The side sewer manhole is identified in *Site Map for the Removal of (2) 10,000 UST's, Alameda Federal Center, 620 Central Avenue, Alameda, CA, 9/2/96*. CAL Inc. shall not discharge at any other location without prior approval from the Source Control Division.

|  |                      |                |
|--|----------------------|----------------|
| Post-It™ brand fax transmittal memo 7671 |                      | # of pages = 5 |
| To R DE BAREM                            | From Sue Jones       |                |
| Co. CAL Inc.                             | Co. EBMUD            |                |
| Dept.                                    | Phone # 510/287-1541 |                |
| Fax # 707/446-4906                       | Fax # 510/287-1621   |                |

50307391

**EAST BAY MUNICIPAL UTILITY DISTRICT**



# WASTEWATER DISCHARGE PERMIT

Terms and Conditions

CAL Inc.  
Account No. 503-50020  
Page 2

## COMPLIANCE REQUIREMENTS (continued)

- IV. CAL Inc. shall conduct sampling on the treated groundwater in accordance with the Self-Monitoring Reporting Requirements of this Permit, two hours after the start up of the pretreatment system. After sampling, the system shall be shut down, until EBMUD has reviewed the technical report. No commencement of groundwater discharge shall start without prior approval from EBMUD.

## REPORTING REQUIREMENTS

- I. Violations shall be reported in accordance with Section B Paragraph II of SPARR.

## SELF-MONITORING REPORTING REQUIREMENTS

- I. CAL Inc. shall submit a Technical Report to the District, within 30 days after the completion of any groundwater discharge. The Report shall contain, at a minimum, the following information:
- Date and time of the commencement of the discharge.
  - Date and time of the conclusion of the discharge.
  - Monthly totalizer readings from the totalizer located on the final discharge of the pretreatment system.
  - Total volume discharged to the sanitary sewer in gallons.
  - A description of the sampling method.
  - All laboratory results and the corresponding chain of custody documentation.
  - Certification and signature prepared in accordance with Section B Part V of SPARR, "Signature Requirements".
- II. CAL Inc. shall monitor and sample the wastewater in accordance with Section C of SPARR. The wastewater shall be representative of the wastewater to be discharged into the side sewer.
- III. Sample representative of the discharge from the pretreatment system to the sanitary sewer shall be taken at the sample tap downstream from the second carbon treatment unit. This sample location shall be referred to as Side Sewer No. 1 (SS#1) in all self-monitoring reports. The sample location is indicated in *Schematic Flow Diagram, Alameda Federal Center, 620 Central Ave., Alameda, CA., 9/21/96.*

ED-007258

**EAST BAY MUNICIPAL UTILITY DISTRICT**





# WASTEWATER DISCHARGE PERMIT

## Terms and Conditions

CAL Inc.  
Account No. 503-50020  
Page 3

### SELF-MONITORING REPORTING REQUIREMENTS (continued)

IV. SS#1 shall be sampled at a minimum of:

- Two hours after start up of the pretreatment system.
- Weekly after start up.

Parameters to be monitored and the corresponding analytical method shall be:

| Parameter    | Analysis Method            |
|--------------|----------------------------|
| TPH - diesel | EPA 8015 modified - diesel |

80-30 / 282



# WASTEWATER DISCHARGE PERMIT

Terms and Conditions

CAL Inc.  
 Account No. 503-50020  
 Page 4

### MONITORING and TESTING CHARGES

Total EBMUD Inspections Per Year: 1 @ \$540.00 each = \$540.00 /year

Total Analyses Per Year:

| Parameter                       | Tests per year | Charge per test | Total Charge per year |
|---------------------------------|----------------|-----------------|-----------------------|
| Oil & Grease (AC)               | 1              | \$47.00         | \$47.00               |
| Monitoring and Testing Charge = |                |                 | \$587.00 /year        |
|                                 |                |                 | \$97.83 /month        |

### WASTEWATER DISPOSAL CHARGE

All wastewater discharged will be charged for treatment and disposal service at the unit rate measured for other carbon treated groundwater discharges.  
 (1 Ccf = 100 cubic feet = 748 gallons)

Unit rate = \$0.39 /Ccf  
 Discharge volume = 866 Ccf/month or \$337.74 /month

### WASTEWATER CAPACITY CHARGE

The capacity fee is calculated by multiplying the maximum monthly wastewater discharge volume by the applicable capacity fee rate in effect at start-up. Each month, 1/36 of the capacity charged will be billed to the account, until the entire charge has been paid in three years.

Discharge volume = 866 Ccf/month  
 Capacity fee rate = \$48.76 /Ccf/month  
 Capacity fee = \$42,226.16 or \$1,172.95 /month

80-307 2/81



# WASTEWATER DISCHARGE PERMIT

## Terms and Conditions

CAL Inc.  
Account No. 503-50020  
Page No. 5

### FEES AND WASTEWATER CHARGES

The following fees and charges are due when billed by the District:

|                                    |                   |
|------------------------------------|-------------------|
| Permit Fee                         | \$2,490.00 (PAID) |
| Monthly Monitoring Charges         | \$97.83           |
| Monthly Wastewater Disposal Charge | \$337.74          |
| Monthly Wastewater Capacity Charge | \$1,172.95        |
| <b>Total Monthly Charges =</b>     | <b>\$1,608.52</b> |

This Permit may be amended to include changes to rates and charges which may be established by the District during the term of this Permit.

### AVERAGE WASTEWATER DISCHARGE \*

|                |                           |
|----------------|---------------------------|
| LAST 12 MONTHS | PRECEDING<br>12-24 MONTHS |
| N/A            | N/A                       |

\* Gallons per calendar day.

### AUTHORIZATION

The above named Applicant is hereby authorized to discharge wastewater to the community sewer, subject to said Applicant's compliance with EBMUD Wastewater Control Ordinance, compliance conditions, reporting requirements and billing conditions.

Effective Date: October 24, 1996

Expiration Date: April 23, 1997

*David R. Williams*  
DIRECTOR, WASTEWATER DEPARTMENT

10/21/96  
DATE

62-50122(9)

**EAST BAY MUNICIPAL UTILITY DISTRICT**



Alameda County Environmental Health Dept.  
Environmental Protection Division  
1131 Harbor Bay Parkway, Room 250  
Alameda CA 94502-6577  
(510)567-6700 fax: (510)337-9335

## UNDERGROUND STORAGE TANK REMOVAL PROCESS IN ALAMEDA COUNTY

Dear Property Owner/Contractor:

The Alameda County, Environmental Protection Division, requires the following steps to be taken for the removal of underground storage tanks within its jurisdiction. Each step must be completed, and in the order shown, to ensure efficient review of your closure plan. The County's enforcement authority derives from Title 23 of the California Code of Regulations (CCR), Chapter 6.7 of the Health and Safety Code, and a letter of agreement with the San Francisco Bay Regional Water Quality Control Board, and applies to underground storage tank removals within all parts of the county except for the cities of Berkeley, San Leandro, Hayward, Newark, Union City, Fremont, and Pleasanton. These cities administer their own underground storage tank programs and have their own requirements.

1. Obtain a blank Underground Tank Closure Plan from this office.
2. Complete the Underground Tank Closure Plan and attach the requested supporting documents (i.e., a site safety plan; a facility plot plan; copy of contractor's hazardous materials license; and a copy of the contractor's worker's compensation insurance certificate with the site address and certificate expiration date typed on it). Instructions for filling out the plan are attached to the blank plan.
3. Submit three copies of both the completed plan and the attachments to this office. A deposit must also be submitted at this time. The deposit, authorized by Section 3-141.6 of the Alameda County Ordinance Code, pays for the time spent by Hazardous Materials Specialists on the tank closure project. Deposit fee schedules are available at our office. Should the project be complex and time consuming, additional deposit money will be requested. Any unused deposit money will be refunded to the property owner or his/her designee at the close of the project.
4. We will review the Closure Plan within 30 days of plan receipt and contact you if there are deficiencies. Once the Plan is satisfactorily completed, we will stamp the plans and notify you. You may then pick up two copies of your stamped plan. We will retain the third copy for our files. All notes written on the plans by the project Specialist are conditions of plan acceptance and must be followed.

5. Present a copy of the stamped Closure Plan to the local fire department to obtain a permit. The local building department and the Bay Area Air Quality Management District (415-749-4990) should also be contacted concerning their permit requirements.
6. Our policy is to be present at all tank removals; contact the project Hazardous Materials Specialist at least three working days in advance to schedule the tank removal. If special arrangements are needed they must be worked out in advance with the project Hazardous Materials Specialist. All other permitting agencies' notification requirements must be met.
7. Have copies of all permits on site during the tank removal work.
8. Submit a Tank Closure Report to our office within 60 days of tank removal. The Closure Plan instructions outline the information and documents to be included in the Closure Report.

If sample analytical data or other evidence indicates the presence of any soil or groundwater contamination, you must file an Underground Storage Tank Unauthorized Release Report to this office within 5 working days of contamination discovery. Report forms are available in limited quantities from either this office or the San Francisco Bay Regional Water Quality Control Board in Oakland (510-286-1255). For large quantities of this form, contact the State Water Resources Control Board directly at 916-739-2421.

If contamination is discovered, our office should be contacted for detailed directions. The following is an overview of our general clean up requirements. All site clean up work must be performed according to the Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites. Any clean up work done without our concurrence is unacceptable.

1. Determine the horizontal and vertical extent of soil contamination both on and off site.
2. Define the horizontal and vertical extent of any groundwater contamination, both on and off-site. This will include monitoring well construction and regular groundwater sampling.
3. Interpret hydrogeologic data, including characterization of the appropriate aquifer(s).
4. If groundwater is contaminated, determine the type of beneficial uses of the groundwater. The San Francisco Bay Regional Water Quality Control Board Water Quality Control Plan (Basin Plan) has defined all Bay Area water as having beneficial uses. However the types of beneficial uses vary and must be determined in order to establish appropriate cleanup levels (State Water Resources Control Board Sources of Drinking Water Policy, #88-63).

5. Develop a site-specific remediation plan. This plan shall include an evaluation of cleanup alternatives, a proposal for soil cleanup, a proposal for clean up of any groundwater contamination and free product, an appropriate sampling plan to determine the effectiveness of the cleanup program, and a time table for remediation plan implementation.

After the remediation program is completed and the final report is submitted, this office will review the case. If appropriate, this office will submit the case to the San Francisco Bay Regional Water Quality Control Board for final site mitigation approval and case closure. Failure to provide proper documentation of all site cleanup work could result in the requirement to conduct properly documented additional work.

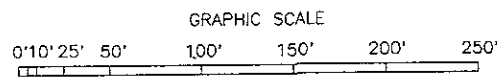
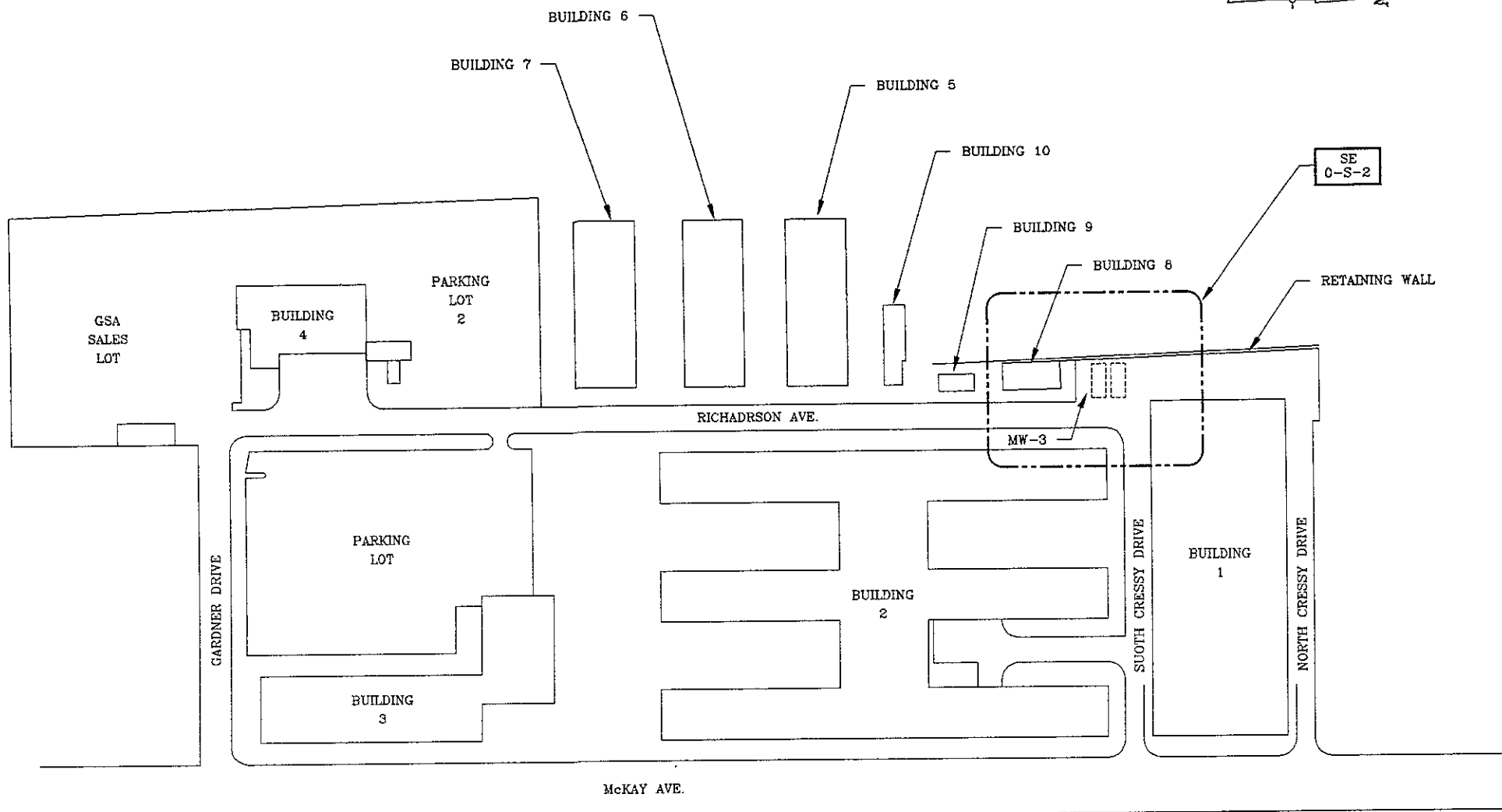
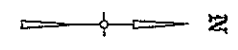
If you have any questions or require further clarification regarding the underground storage closure process within Alameda County, please contact this office at 510-567-6700.

Sincerely,

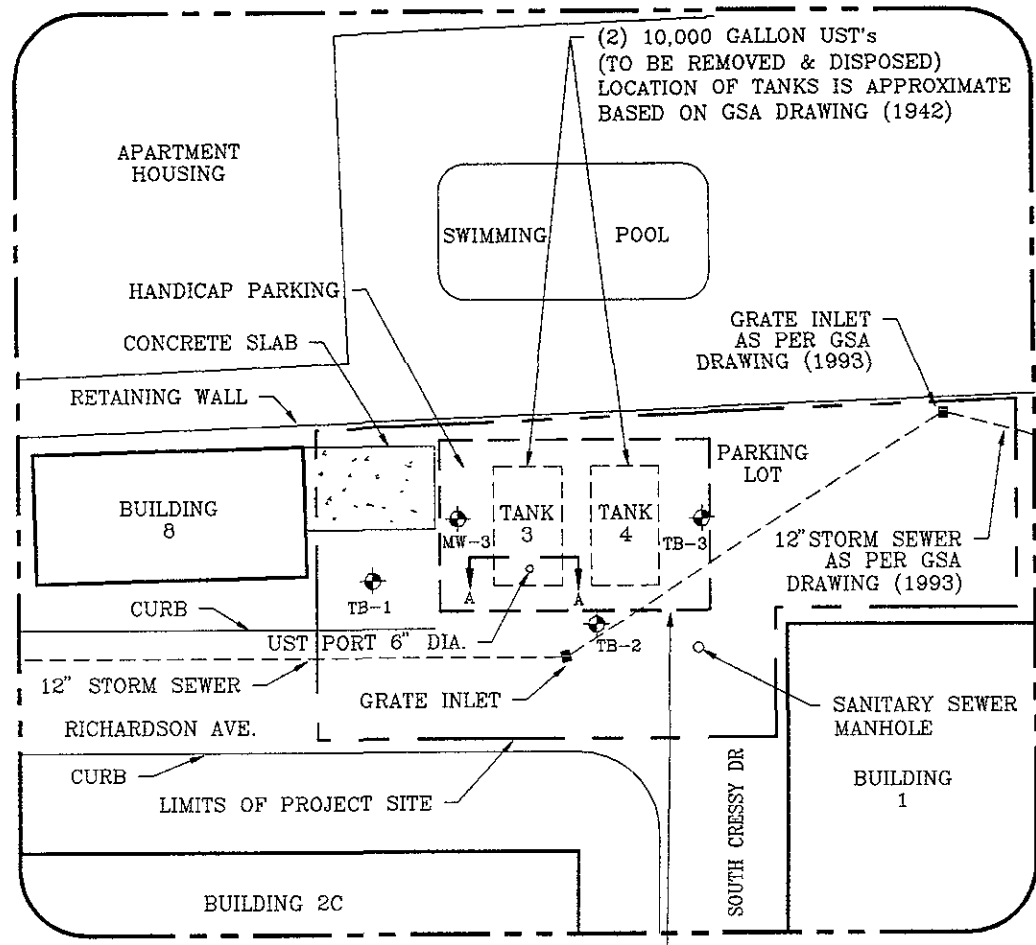
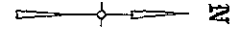


Gordon Coleman, Acting Chief  
Environmental Protection Division

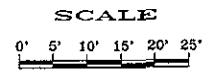
KC



|  |                     |                         |                       |
|--|---------------------|-------------------------|-----------------------|
| <b>CAL</b><br>ENVIRONMENTAL SERVICES<br><b>INC</b><br>VACAVILLE, CA. 95688      707-446-7996             | JOB NUMBER.<br>1816 | DRAWN BY<br>P LENTINO   | DATE.<br>9/02/96      |
|  | REVISION.           | CAD FILENAME<br>1816_F2 | SCALE<br>SCALE BAR    |
| SITE PLAN FOR THE REMOVAL OF (2) 10,000 UST's<br>ALAMEDA FEDERAL CENTER 620 CENTRAL AVE.<br>ALAMEDA, CA. |                     |                         | DWG.#<br><b>FIG 2</b> |



NOTE:  
CROSS SECTION A-A OF TANK #3  
SEE FIGURE 4



40'x 25' SHORING AND EXCAVATION LIMIT  
STORM SEWER WITHIN LIMIT TO BE REMOVED  
TEMPORARILY RELOCATED AND REPLACED  
ALL IMPROVEMENTS OUTSIDE OF LIMIT ARE TO REMAIN

|   |             |      |               |            |        |                |
|---|-------------|------|---------------|------------|--------|----------------|
| <b>CAL</b><br><small>ENVIRONMENTAL SERVICES</small><br><b>INC</b><br>VACAVILLE, CA. 95688      707-446-7996 | JOB NUMBER: | 1816 | DRAWN BY:     | P. LENTINO | DATE:  | 9/02/96        |
|   | REVISION:   |      | CAD FILENAME: | 1816_F3    | SCALE: | SCALE BAR      |
| SITE MAP FOR THE REMOVAL OF (2) 10,000 UST's<br>ALAMEDA FEDERAL CENTER 620 CENTRAL AVE.<br>ALAMEDA, CA.     |             |      |               |            |        | DWG#:<br>FIG 3 |





State of California  
CONTRACTORS STATE LICENSE BOARD  
ACTIVE LICENSE



License Number: **657754**

Entity: **CORP**

Business Name: **GAL INC**

Classification(s): **B ASB A HAZ**

Expiration Date: **10/31/96**



ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



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

October 8, 1996

Mr. James Lew  
General Services Administration (GSA)  
San Francisco Service Center (9PEC)  
450 Golden Gate Ave., 3rd Flr. East  
San Francisco, CA 94102-3400

STID 4655

Re: Removal of Tanks #3 and #4 at the Alameda Federal Center, located at 620 Central Avenue, Alameda, California

Dear Mr. Lew,

This office has reviewed over CAL, Inc.'s (CAL) draft workplan, dated September 1996, addressing the removal of Tanks #3 and #4 at the above site. The work plan is acceptable to this office with the following additional comments/requests:

- o A minimum of one monitoring well may be required in the vicinity of Tanks #3 and #4 if any residual soil or groundwater contamination is identified and left in place in the excavation pits. A permanent monitoring well will most likely need to be installed based on the floating product previously observed in Well MW-3, which is currently located immediately adjacent to Tanks #3 and #4; and based on the elevated levels of Polynuclear Aromatic Hydrocarbons (PNAs), Oil & Grease, and Total Extractable Petroleum Hydrocarbons (TEPH) identified in soil samples collected from boring TB3, also located in proximity to these tanks.
- o Table 2, on page 29, should list BTEX and Oil & Grease under the proposed analyses.
- o A Tank Removal Report should be submitted within 45 days after completing tank removal activities.
- o Copies of discharge permits from the East Bay Municipal Utilities District should be submitted to this office prior to beginning field work.
- o Please be reminded to conduct laboratory analysis on samples collected from the excavated stockpiled soil in order to determine whether this soil may be used as backfill.

**Is your RETURN ADDRESS completed on the reverse side?**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

|   |  |
|---|--|
| <p>3. Article Addressed to:</p> <p><b>James Lew JS</b><br/> <b>General Services Admin.</b><br/> <b>450 Golden Gt. Ave. 3 Flr</b><br/> <b>San Francisco, CA94102</b></p> | <p>4a. Article Number</p> <p><b>P143588389</b></p>   |
| <p>5. Received By: (Print Name)</p>   | <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified<br/> <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured<br/> <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> |
| <p>6. Signature: (Addressee or Agent)</p> <p><b>X</b> <i>James Lew</i></p>  | <p>7. Date of Delivery</p> <p><b>AUG 29 1996</b></p>   |
| <p>PS Form 3811, December 1994</p>  | <p>8. Addressee's Address (Only if requested and fee is paid)</p> <p><b>Domestic Return Receipt</b></p>  |

Thank you for using Return Receipt Service.

**JS**

**P 143 588 389**

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

|   |           |
|---|-----------|
| Sent to   |           |
| <b>James Lew Gen Serv Adm.</b>                              |           |
| Street & Number   |           |
| <b>450 Golden Gate Ave. 3fr</b>                             |           |
| Post Office, State, & ZIP Code                              |           |
| <b>San Francisco, CA 94102</b>                              |           |
| Postage   | \$        |
| Certified Fee   |           |
| Special Delivery Fee  |           |
| Restricted Delivery Fee                                     |           |
| Return Receipt Showing to Whom & Date Delivered             |           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

PS Form 3800 April 1995

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 ENVIRONMENTAL PROTECTION DIVISION  
 1131 HARBOR BAY PARKWAY, RM 250  
 ALAMEDA, CA 94502-6577  
 PHONE # 510/567-6700  
 FAX # 510/337-9335

10/18/94  
 Project Specialist  
 Please comply  
 in red ink  
 office at Dept  
 of Tank Rev

Underground Storage Tank Closure  
 Alameda County Health Care Services Agency  
 1131 Harbor Bay Parkway, Room 250  
 Alameda, CA 94502-6577

These tanks are to be closed in accordance with the following instructions:  
 1. The tanks are to be closed in accordance with the following instructions:  
 2. The tanks are to be closed in accordance with the following instructions:  
 3. The tanks are to be closed in accordance with the following instructions:  
 4. The tanks are to be closed in accordance with the following instructions:  
 5. The tanks are to be closed in accordance with the following instructions:  
 6. The tanks are to be closed in accordance with the following instructions:  
 7. The tanks are to be closed in accordance with the following instructions:  
 8. The tanks are to be closed in accordance with the following instructions:  
 9. The tanks are to be closed in accordance with the following instructions:  
 10. The tanks are to be closed in accordance with the following instructions:

Approved by Tank(s) and Piping  
 Signature of Project Specialist

Use of any of the above methods, by permanent or temporary closure of equipment or containers with accepted plan and applicable laws and regulations.

VIOLATION IS A CRIMINAL PENALTY FOR  
 NOT FOLLOWING THESE INSTRUCTIONS:

Contact Specialist

96 SEP 26 AM 7:53  
 ENVIRONMENTAL PROTECTION

**UNDERGROUND TANK CLOSURE PLAN**  
 \* \* \* Complete according to attached instructions \* \* \*

1. Name of Business CAL INC  
 Business Owner or Contact Person (PRINT) David Esparza

2. Site Address Alameda Federal Center 620 Central Ave.  
 City Alameda Zip 94502 Phone 415-522-3227

3. Mailing Address 2040 Peabody Rd., Ste 400  
 City Vacaville Zip 95687 Phone 707-446-7996

4. Property Owner General Services Administration  
 Business Name (if applicable) \_\_\_\_\_  
 Address 450 Golden Gate Ave.  
 City, State San Francisco, CA Zip 94102-3400

5. Generator name under which tank will be manifested  
General Services Administration

EPA ID# under which tank will be manifested C A C 0 0 1 0 6 3 7 2 0

6. Contractor CAL INC  
Address 2040 Peabody Rd., Ste 400  
City Vacaville, CA 95687 Phone 707-446-7996  
License Type\* A, B, ASB, HAZ ID# 657754

\*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires all contractors to also hold Hazardous Waste Certification issued by the State Contract License Board.

7. Consultant (if applicable) CAL INC  
Address 2040 Peabody Rd., Ste 400  
City, State Vacaville, CA 95687 Phone 707-446-7996

8. Main Contact Person for Investigation (if applicable)  
Name Joe Krohn Title Senior Geologist  
Company CAL INC  
Phone 707-446-7996

9. Number of underground tanks being closed with this plan two  
Length of piping being removed under this plan ≤ 20 feet  
Total number of underground tanks at this facility (\*\*confirmed with owner or operator) 2

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

**\*\* Underground storage tanks must be handled as hazardous waste \*\***

a) Product/Residual Sludge/Rinsate Transporter

Name Erickson EPA I.D. No. CAD009466392  
Hauler License No. 0019 License Exp. Date July 31, 1997  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Evergreen Env'tl EPA ID# CAD980887418  
Address 6880 Smith Ave.  
City Newark State CA Zip 94560

c) Tank and Piping Transporter

Name Erickson EPA I.D. No. CAD009466392  
Hauler License No. 0019 License Exp. Date 7/31/97  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson EPA I.D. No. CAD009466392  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

11. Sample Collector

Name Robert Berry  
Company CAL INC  
Address 2040 Peabody Rd., Ste 400  
City Vacaville, State CA Zip 95687 Phone 707-446-7996

12. Laboratory

Name Superior Analytical Laboratory  
Address P.O. Box 2648  
City Martinez State CA Zip 94553  
State Certification No. 1542

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

If yes, describe. There is documented minor soil and groundwater  
contamination

14. Describe methods to be used for rendering tank inert:

Dry ice shall be placed into the tanks prior to removal

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

The Bay Area Air Quality Management District, 415/771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of a combustible gas indicator to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert.

15. Tank History and Sampling Information \*\*\* (see instructions) \*\*\*

| Tank          |  | Material to be sampled<br>(tank contents, soil,<br>groundwater)             | Location and<br>Depth of Samples  |
|---------------|--|---|---|
| Capacity      | Use History<br>include date last<br>used (estimated) |   |   |
| 10,000 gallon | Last use in<br>1950 Diesel                           | Tank content (liquid)<br>Tank Content (solids)<br>Soil                      | Composite<br>Composite<br>Sidewalls at water/<br>table, excavation<br>bottom ( <del>14ft</del> )                          |
| 10,000 gallon | Last use in<br>1950 Diesel                           | Tank Contents (liquid)<br>Tank Contents (soild)<br>Soil<br><br>Water sample | Composite<br>Composite<br>Sidewalls at water/<br>table (5 feet) <i>soi.</i><br><del>Excavation bottom<br/>(14 feet)</del> |

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

**Excavated/Stockpiled Soil**

|  |  |
|--|--|
| <p>Stockpiled Soil Volume (estimated)</p> <p>Approximately 300 cubic yards</p> | <p align="center">Sampling Plan</p> <p>1 composite sample per 50 cubic yards (soil will be screened using a OVA/PID prior to sampling)</p> |
|--|--|

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

Will the excavated soil be returned to the excavation immediately after tank removal? [ ] yes [ ] no [X] unknown

If yes, explain reasoning Uncontaminated soil will be use as backfill  
*Lab analysis will need to be conducted on soil samples to confirm whether they can be backfilled into pit*

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from Alameda County. This means that the contractor, consultant, or responsible party must communicate with the Specialist **IN ADVANCE** of backfilling operations.

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.

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

| Contaminant Sought | EPA or Other Sample Preparation Method Number | EPA or Other Analysis Method Number | Method Detection Limit |
|--------------------|---|-------------------------------------|------------------------|
| TPH-diesel         |   | EPA 8015 modified                   | 1 ppm                  |
| B.T.E.X.           |   | EPA 8260                            | 5 ppb                  |
| Oil & grease       |   | SMWW 5520                           | 50 ppm                 |
| <b>PNAS</b>        |   | <b>8270</b>                         |                        |



18. Submit Worker's Compensation Certificate copy

Name of Insurer Howard Folmar

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 written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.

22. Submit a closure report to this office within 60 days of the tank removal. The report must contain all information listed in item 22 of the instructions.

23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

I declare that to the best of my knowledge and belief that 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 approval from the Environmental Protection Division 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.

CONTRACTOR INFORMATION

Name of Business CAL INC

Name of Individual David Esparza

Signature [Signature]

Date 9/20/96

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business General Services Administration

Name of Individual James Lew

Signature [Signature]

Date 9.20.96

# INSTRUCTIONS

## General Instructions

- \* Three (3) copies of this plan plus attachments and a 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.
- \* State of California Permit Application Forms A and B are to be submitted to this office. One Form A per site, one Form B for each removed tank.

## Line 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 Toxic Substances Control, 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) A page for employees to sign acknowledging that 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 tank(s) and piping in addition to the tank(s) being removed.

20. DEPOSIT

A deposit, payable to "County of Alameda" 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 this office or from the San Francisco Bay Regional Water Quality Control Board (510/286-1255). 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.;

# facsimile TRANSMITTAL

CAL

INC

to: SCOTT HUTCHISON → JULIETTE SHW

fax #: (510) 970-1100 → (510) 337-9335

re: ARANDA SCHEDULE

date: 10/8/96

pages: 4, including cover sheet. Please give me  
a call if you do not receive all of the pages of this fax.

JULIETTE

SCOTT - THIS IS MY BEST GUESS FOR THE UPCOMING

CONSTRUCTION...

CALL w/ Q's:

-R.B

From the desk of...

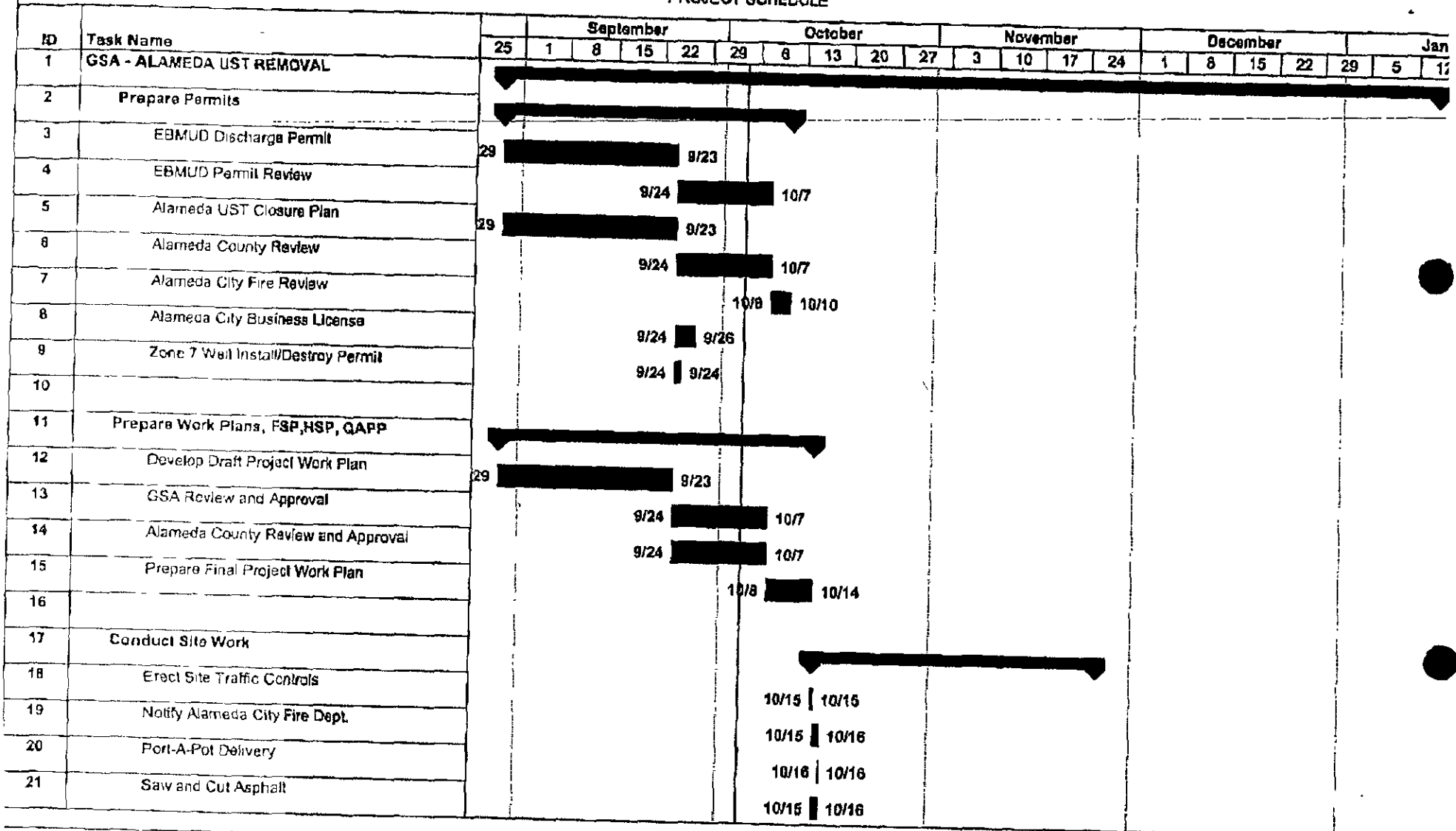
**ROB BARRY**

CAL INC  
P.O. Box 6327  
Vacaville, CA 95696-6327

Thank you & have a great day!

707-446-7996  
Fax: 707-446-4906

**FIGURE 5  
PROJECT SCHEDULE**










UST REMOVAL PROJECT  
ALAMEDA FEDERAL CENTER  
620 CENTRAL AVENUE, ALAMEDA, CA

Task [Task bar] Summary [Task bar] Rolled Up Progress [Task bar]  
 Progress [Task bar] Rolled Up Task [Task bar]  
 Milestone [Diamond] Rolled Up Milestone [Diamond]

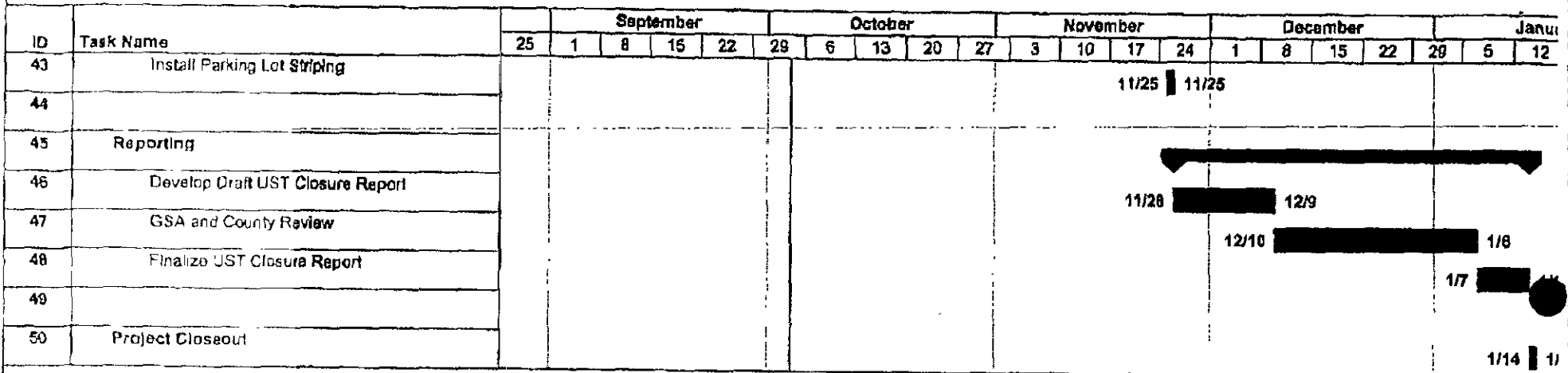
**FIGURE 5  
PROJECT SCHEDULE**

| ID | Task Name                                     | September |   |   |    |    | October |   |    |       |    | November |    |      |    | December |   |    |    | Janu |   |    |
|----|---|-----------|---|---|----|----|---------|---|----|-------|----|----------|----|------|----|----------|---|----|----|------|---|----|
|    |   | 25        | 1 | 8 | 15 | 22 | 29      | 6 | 13 | 20    | 27 | 3        | 10 | 17   | 24 | 1        | 8 | 15 | 22 | 29   | 5 | 12 |
| 22 | Install Well Points, Set Up Dewatering System |           |   |   |    |    |         |   |    |       |    |          |    |      |    |          |   |    |    |      |   |    |
| 23 | Delivery of GAC Units                         |           |   |   |    |    |         |   |    | 10/16 | ■  | 10/21    |    |      |    |          |   |    |    |      |   |    |
| 24 | Begin Pumping Water, Filtering, Discharging   |           |   |   |    |    |         |   |    | 10/21 |    | 10/21    |    |      |    |          |   |    |    |      |   |    |
| 25 | Install Shoring                               |           |   |   |    |    |         |   |    | 10/21 | ■  | 10/25    |    |      |    |          |   |    |    |      |   |    |
| 26 | Begin Excavation                              |           |   |   |    |    |         |   |    | 10/21 |    | 10/22    |    |      |    |          |   |    |    |      |   |    |
| 27 | Inert Tanks using CO2                         |           |   |   |    |    |         |   |    | 10/22 |    | 10/23    |    |      |    |          |   |    |    |      |   |    |
| 28 | Cut Tops Off Tanks                            |           |   |   |    |    |         |   |    | 10/23 |    | 10/24    |    |      |    |          |   |    |    |      |   |    |
| 29 | Remove Tank Contents - Liquid, Sludge         |           |   |   |    |    |         |   |    | 10/23 |    | 10/24    |    |      |    |          |   |    |    |      |   |    |
| 30 | Remove Tanks Contents - Sand, Gravel          |           |   |   |    |    |         |   |    | 10/23 |    | 10/24    |    |      |    |          |   |    |    |      |   |    |
| 31 | Excavation for Tank Removal                   |           |   |   |    |    |         |   |    | 10/23 |    | 10/24    |    |      |    |          |   |    |    |      |   |    |
| 32 | Remove, Transport, and Dispose Tanks          |           |   |   |    |    |         |   |    | 10/24 |    | 10/25    |    |      |    |          |   |    |    |      |   |    |
| 33 | Sampling Tank Contents                        |           |   |   |    |    |         |   |    | 10/25 | ■  | 10/28    |    |      |    |          |   |    |    |      |   |    |
| 34 | Analytical Results (Tank Contents)            |           |   |   |    |    |         |   |    | 10/25 | ■  | 10/28    |    |      |    |          |   |    |    |      |   |    |
| 35 | Overexcavate Contaminated Soil                |           |   |   |    |    |         |   |    | 10/28 | ■  | 10/30    |    |      |    |          |   |    |    |      |   |    |
| 36 | Sample Bottom of Excavation                   |           |   |   |    |    |         |   |    | 10/25 | ■  | 10/28    |    |      |    |          |   |    |    |      |   |    |
| 37 | Analytical Results (Excavation)               |           |   |   |    |    |         |   |    | 10/28 |    | 10/29    |    |      |    |          |   |    |    |      |   |    |
| 38 | Remove Concrete Ballast                       |           |   |   |    |    |         |   |    | 10/29 |    | 10/31    |    |      |    |          |   |    |    |      |   |    |
| 39 | Backfill and Compaction                       |           |   |   |    |    |         |   |    | 10/29 |    | 10/30    |    |      |    |          |   |    |    |      |   |    |
| 40 | Install Aggregate Base Course                 |           |   |   |    |    |         |   |    | 10/30 | ■  | 11/4     |    |      |    |          |   |    |    |      |   |    |
| 41 | Install Asphalt Pavement                      |           |   |   |    |    |         |   |    |       |    | 11/4     | ■  | 11/8 |    |          |   |    |    |      |   |    |
| 42 | Port-A-Pot Removal                            |           |   |   |    |    |         |   |    |       |    | 11/6     |    | 11/7 |    |          |   |    |    |      |   |    |
|    |   |           |   |   |    |    |         |   |    |       |    | 11/7     |    | 11/8 |    |          |   |    |    |      |   |    |

UST REMOVAL PROJECT  
ALAMEDA FEDERAL CENTER  
820 CENTRAL AVENUE, ALAMEDA, CA

Task  Summary  Rolled Up Progress   
 Progress  Rolled Up Task   
 Milestone  Rolled Up Milestone 

**FIGURE 5  
PROJECT SCHEDULE**



DCT-08-1996 08:48  
CPL INC.

UST REMOVAL PROJECT  
ALAMEDA FEDERAL CENTER  
820 CENTRAL AVENUE, ALAMEDA, CA

|           |  |                     |  |                    |  |
|-----------|--|---------------------|--|--------------------|--|
| Task      |  | Summary             |  | Rolled Up Progress |  |
| Progress  |  | Rolled Up Task      |  |                    |  |
| Milestone |  | Rolled Up Milestone |  |                    |  |

P. 04



\*\*\*\*\* COMM. JOURNAL \*\*\*\*\* DATE OCT-08-1996 \*\*\*\*\* TIME 08:37 \*\*\* P.01

MODE = TRANSMISSION

START=OCT-08 08:35

END=OCT-08 08:37

| NO. | COM | ABBR/NTWK | STATION NAME/<br>TELEPHONE NO. | PAGES | PRG.NO. | PROGRAM NAME |
|-----|-----|-----------|--------------------------------|-------|---------|--------------|
| 001 | DK  |           | 15109701120                    | 004   |         |              |
|     |     |           |                                |       |         | -CAL INC.    |

\*\*\*\*\* ( FAX-950 V1.35) \*\* -

- \*\*\*\*\* -

- \*\*\*\*\*

| COM No. | REMOTE STATION | START TIME  | DURATION | PAGES | RESULT | USER ID | REMARKS |
|---------|----------------|-------------|----------|-------|--------|---------|---------|
| 624     | 7074464906     | 10-08 08:52 | 00' 49   | 02/02 | OK     |         |         |

7499402045

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



|  |                      |                |
|--|----------------------|----------------|
| Post-It™ brand fax transmittal memo 7671 |                      | # of pages ▶ 2 |
| To Robert Barry                          | From Juliet Shin     |                |
| Co. CAL Inc                              | Co. Alameda County   |                |
| Dept.                                    | Phone # 510-567-6763 |                |
| Fax # 707-446-4906                       | Fax # 510-337-9335   |                |

1151 Harbor Bay Parkway, Suite 250  
Alameda, CA 94602-6577  
(510) 567-6700  
FAX (510) 337-9335

October 8, 1996

Mr. James Lew  
General Services Administration (GSA)  
San Francisco Service Center (9PEC)  
450 Golden Gate Ave., 3rd Fl. East  
San Francisco, CA 94102-3400

STID 4655

Re: Removal of Tanks #3 and #4 at the Alameda Federal Center, located at 620 Central Avenue, Alameda, California

Dear Mr. Lew,

This office has reviewed over CAL, Inc.'s (CAL) draft workplan, dated September 1996, addressing the removal of Tanks #3 and #4 at the above site. The work plan is acceptable to this office with the following additional comments/requests:

- o A minimum of one monitoring well may be required in the vicinity of Tanks #3 and #4 if any residual soil or groundwater contamination is identified and left in place in the excavation pits. A permanent monitoring well will most likely need to be installed based on the floating product previously observed in Well MW-3, which is currently located immediately adjacent to Tanks #3 and #4; and based on the elevated levels of Polynuclear Aromatic Hydrocarbons (PNAs), Oil & Grease, and Total Extractable Petroleum Hydrocarbons (TEPH) identified in soil samples collected from boring TB3, also located in proximity to these tanks.
- o Table 2, on page 29, should list BTEX and Oil & Grease under the proposed analyses.

**CAL**

**INC**

**Corporate Office**  
2040 Peabody Road  
Suite 400  
Vacaville, CA 95687  
707/446-7996  
FAX 707/446-4906

**Mailing Address**  
P.O. Box 6327  
Vacaville, CA 95696-6327

**Washington D.C.**  
4360 Montgomery Avenue  
Suite 600  
Bethesda, MD 20814

**San Francisco**  
Opera Plaza  
801 Van Ness Avenue  
#E3-134  
San Francisco, CA 94102  
415/824-2966

**Monterey**  
395 Del Monte Center  
#203  
Monterey, CA 93940

**Sacramento**  
210 Estates Drive  
Suite 208  
Roseville, CA 95678  
916/393-1221

September 27, 1996

Ms. Juliette Shin  
Alameda County Department of Environmental Health  
1131 Harbor Way Parkway, Room 200  
Alameda, CA 94502

**TRANSMITTAL OF SWRCB FORM B  
UST REMOVAL PROJECT  
ALAMEDA FEDERAL CENTER  
620 CENTRAL AVENUE  
ALAMEDA, CALIFORNIA**

**GSA CONTRACT NO. GS-09P-96-KZC-0013  
GSA PROJECT NO. RCA21602**

Dear Ms. Shin:

As you requested, enclosed please find one copy of the State Water Resources Control Board's Underground Storage Tank Permit Application - Form B. I regret that the original Alameda County Underground Tank Closure Plan did not contain two Form B's as is necessary. I hope that this will not cause a delay in the processing of the Plan.

Please contact either Joe Krohn or me if you have any questions regarding this submittal. Thank you for the attention you are giving to this project.

Sincerely,



G. Robert Barry  
Environmental Geologist

attachments

96 OCT - 1 AM 9: 27  
ENVIRONMENTAL  
PROTECTION

# facsimile TRANSMITTAL

CAL

INC

to: JULIETTE SHIN

fax #: (510) 337-9335

re: ALAMEDA FED. CTR USTs

date: 9-27-96

pages: 2, including cover sheet. Please give me  
a call if you do not receive all of the pages of this fax.

JULIETTE - HERE IS THE CONTRACTOR'S CERTIFICATION

CARD SHOWING THE EXPIRATION (10/31/96). WE HAVE REAPPLIED

FOR NEXT YEAR'S.

CALL WITH ANY QUESTIONS!

-Rob

Thank you & have a great day!

From the desk of...

**Rob Barry**  
 CAL INC.  
 P O Box 6327  
 Vacaville, CA. 95696-6327

707-446-7996  
 Fax 707-446-4906

**facsimile**  
TRANSMITTAL

CAL

INC

to: JULIETTE SHIN

fax #: (510) 337-9335

re: ALAMEDA FED. CTR. USTs

date: 9-26-96

pages: 4, including cover sheet. Please give me  
a call if you do not receive all of the pages of this fax.

J.S.- AS WE DISCUSSED, HERE ARE COPIES OF CAL INC'S

- CONTRACTOR'S CERTIFICATION (the card is being carried by  
CAL INC owner, who is out of the office today)

- HAZ. SUBSTANCES REMOVAL CERT.

THANKS FOR THE PROMPT ATTENTION YOU'RE GIVING OUR PLANS.

-REB

From the desk of...

**ROB BARRY**

Thank you & have a great day!

CAL INC.  
P O Box 6327  
Vacaville, CA 95696-6327

707-446-7996  
Fax: 707-446-4906

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

|                           |  |   |   |   |
|---------------------------|--|---|---|---|
| <b>MARK ONLY ONE ITEM</b> | <input checked="" type="checkbox"/> 1 NEW PERMIT | <input type="checkbox"/> 3 RENEWAL PERMIT | <input type="checkbox"/> 5 CHANGE OF INFORMATION  | <input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE |
|                           | <input type="checkbox"/> 2 INTERIM PERMIT        | <input type="checkbox"/> 4 AMENDED PERMIT | <input type="checkbox"/> 6 TEMPORARY TANK CLOSURE | <input checked="" type="checkbox"/> 8 TANK REMOVED    |

**DBA OR FACILITY NAME WHERE TANK IS INSTALLED:** Alameda Federal Center

**I. TANK DESCRIPTION** COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

|                                 |  |
|---------------------------------|--|
| A. OWNER'S TANK I. D. #         | B. MANUFACTURED BY:                                |
| C. DATE INSTALLED (MO/DAY/YEAR) | D. TANK CAPACITY IN GALLONS: <u>10,000 gallons</u> |

**II. TANK CONTENTS** IF A-1 IS MARKED, COMPLETE ITEM C.

|   |                                     |                                       |
|---|-------------------------------------|---------------------------------------|
| A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL | 4 OIL                               | B. <input type="checkbox"/> 1 PRODUCT |
| <input type="checkbox"/> 2 PETROLEUM                        | <input type="checkbox"/> 80 EMPTY   | <input type="checkbox"/> 2 WASTE      |
| <input type="checkbox"/> 3 CHEMICAL PRODUCT                 | <input type="checkbox"/> 95 UNKNOWN |                                       |

C.  1a REGULAR UNLEADED  3 DIESEL  6 AVIATION GAS  
 1b PREMIUM UNLEADED  4 GASAHOL  7 METHANOL  
 1c MIDGRADE UNLEADED  5 JET FUEL  8 M85  
 2 LEADED  99 OTHER (DESCRIBE IN ITEM D BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED \_\_\_\_\_ C. A. S. #: \_\_\_\_\_

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

|   |   |   |
|---|---|---|
| A. TYPE OF SYSTEM                                 | 3 SINGLE WALL WITH EXTERIOR LINER                 | 5 INTERNAL BLADDER SYSTEM               |
| <input type="checkbox"/> 1 DOUBLE WALL            | <input type="checkbox"/> 4 SINGLE WALL IN A VAULT | <input type="checkbox"/> 95 UNKNOWN     |
| <input checked="" type="checkbox"/> 2 SINGLE WALL |   | <input type="checkbox"/> 99 OTHER _____ |

|                                       |   |   |
|---------------------------------------|---|---|
| B. TANK MATERIAL (Primary Tank)       | 2 STAINLESS STEEL                             | 3 FIBERGLASS                            |
| <input type="checkbox"/> 1 BARE STEEL | <input type="checkbox"/> 6 POLYVINYL CHLORIDE | <input type="checkbox"/> 7 ALUMINUM     |
| <input type="checkbox"/> 5 CONCRETE   | <input type="checkbox"/> 10 GALVANIZED STEEL  | <input type="checkbox"/> 95 UNKNOWN     |
| <input type="checkbox"/> 9 BRONZE     |   | <input type="checkbox"/> 99 OTHER _____ |

|   |                                    |  |
|---|------------------------------------|--|
| C. INTERIOR LINING OR COATING           | 2 ALKYD LINING                     | 3 EPOXY LINING                                 |
| <input type="checkbox"/> 1 RUBBER LINED | <input type="checkbox"/> 6 UNLINED | <input checked="" type="checkbox"/> 95 UNKNOWN |
| <input type="checkbox"/> 5 GLASS LINING |                                    | <input type="checkbox"/> 99 OTHER _____        |

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_

|  |                                  |  |
|--|----------------------------------|--|
| D. EXTERIOR CORROSION PROTECTION               | 2 COATING                        | 3 VINYL WRAP                                   |
| <input type="checkbox"/> 1 POLYETHYLENE WRAP   | <input type="checkbox"/> 91 NONE | <input checked="" type="checkbox"/> 95 UNKNOWN |
| <input type="checkbox"/> 5 CATHODIC PROTECTION |                                  | <input type="checkbox"/> 99 OTHER _____        |

E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) \_\_\_\_\_ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) \_\_\_\_\_  
DROPTUBE YES \_\_\_ NO  STRIKER PLATE YES \_\_\_ NO  DISPENSER CONTAINMENT YES \_\_\_ NO

**IV. PIPING INFORMATION** CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

|   |   |   |   |
|---|---|---|---|
| A. SYSTEM TYPE  | 1 SUCTION   | 2 PRESSURE  | 3 GRAVITY   |
| <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U |
| <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U |

|   |   |   |   |
|---|---|---|---|
| B. CONSTRUCTION                                       | 1 SINGLE WALL   | 2 DOUBLE WALL   | 3 LINED TRENCH  |
| <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U |
| <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U |

|   |   |   |   |
|---|---|---|---|
| C. MATERIAL AND CORROSION PROTECTION                  | 1 BARE STEEL  | 2 STAINLESS STEEL                                     | 3 POLYVINYL CHLORIDE (PVC)                            |
| <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U |
| <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U |

|   |   |   |   |
|---|---|---|---|
| D. LEAK DETECTION                                     | 1 MECHANICAL LINE LEAK DETECTOR                       | 2 LINE TIGHTNESS TESTING                              | 3 CONTINUOUS INTERSTITIAL MONITORING                  |
| <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U |
| <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U | <input type="checkbox"/> A <input type="checkbox"/> U |

**V. TANK LEAK DETECTION**

|                          |                                   |                          |                          |
|--------------------------|-----------------------------------|--------------------------|--------------------------|
| 1 VISUAL CHECK           | 2 MANUAL INVENTORY RECONCILIATION | 3 VADOZE MONITORING      | 4 AUTOMATIC TANK GAUGING |
| <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |

|                           |                          |                                      |                          |
|---------------------------|--------------------------|--------------------------------------|--------------------------|
| 5 GROUND WATER MONITORING | 6 ANNUAL TANK TESTING    | 7 CONTINUOUS INTERSTITIAL MONITORING | 8 SIR                    |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> |

|                              |                          |                                     |                          |
|------------------------------|--------------------------|-------------------------------------|--------------------------|
| 9 WEEKLY MANUAL TANK GAUGING | 10 MONTHLY TANK TESTING  | 95 UNKNOWN                          | 99 OTHER                 |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

**VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)**

|   |  |  |
|---|--|--|
| 1 ESTIMATED DATE LAST USED (MO/DAY/YR)<br><u>1950</u> | 2 ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>1</u> GALLONS | 3 WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|---|--|--|

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

|  |                         |
|--|-------------------------|
| TANK OWNER'S NAME (PRINTED & SIGNATURE)<br><u>James Lew, GSA</u> | DATE<br><u>07-21-16</u> |
|--|-------------------------|

**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

|                 |                         |                 |                         |                         |
|-----------------|-------------------------|-----------------|-------------------------|-------------------------|
| STATE I.D.#     | COUNTY #                | JURISDICTION #  | FACILITY #              | TANK #                  |
| [ ] [ ] [ ] [ ] | [ ] [ ]                 | [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] [ ] |
| PERMIT NUMBER   | PERMIT APPROVED BY/DATE |                 | PERMIT EXPIRATION DATE  |                         |

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

# INSTRUCTIONS FOR COMPLETING FORM "B"

## GENERAL INSTRUCTIONS

Section 2711 of Title 23, Division 3, Chapter 16, California Code of Regulations and sections 25286, 25287, and 25289 of Chapter 6.7, Division 20, Health and Safety Code require tank owners to apply for an UST operating permit.

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(8) COR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) COR].

## TOP OF FORM: MARK ONLY ONE ITEM

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

## I. TANK DESCRIPTION - COMPLETE ALL ITEMS - IF UNKNOWN - SO SPECIFY

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

## II. TANK CONTENTS

- A. 1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.  
2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

## III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. If OTHER, print in the space provided.

## IV. PIPING INFORMATION

1. Circle "A" if above ground circle "U" if underground, and circle both if applicable.
2. If UNKNOWN circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

## V. TANK LEAK DETECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

## VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88)
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check "Yes" or "No".

-----

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A**



COMPLETE THIS FORM FOR EACH FACILITY/SITE

|                           |  |   |   |  |
|---------------------------|--|---|---|--|
| <b>MARK ONLY ONE ITEM</b> | <input checked="" type="checkbox"/> 1 NEW PERMIT | <input type="checkbox"/> 3 RENEWAL PERMIT | <input type="checkbox"/> 5 CHANGE OF INFORMATION  | <input type="checkbox"/> 7 PERMANENTLY CLOSED SITE |
|                           | <input type="checkbox"/> 2 INTERIM PERMIT        | <input type="checkbox"/> 4 AMENDED PERMIT | <input type="checkbox"/> 6 TEMPORARY SITE CLOSURE |  |

**I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)**

|   |  |  |                          |  |
|---|--|--|--------------------------|--|
| DBA OR FACILITY NAME<br><b>Alameda Federal Center</b>   |  | NAME OF OPERATOR<br><b>General Services Administration</b> |                          |  |
| ADDRESS<br><b>620 Central Ave</b>   |  | NEAREST CROSS STREET<br><b>Mc Kay</b>                      | PARCEL # (OPTIONAL)      |  |
| CITY NAME<br><b>Alameda,</b>  |  | STATE<br><b>CA</b>   | ZIP CODE<br><b>94502</b> | SITE PHONE # WITH AREA CODE<br><b>415-522-3227</b> |
| <input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS* <input type="checkbox"/> COUNTY AGENCY* <input type="checkbox"/> STATE AGENCY* <input type="checkbox"/> FEDERAL AGENCY* |  |  |                          |  |
| * If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST _____   |  |  |                          |  |
| TYPE OF BUSINESS  |  | IF INDIAN RESERVATION OR TRUST LANDS                       |                          | # OF TANKS AT SITE                                 |
| <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR<br><input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER   |  |  |                          | E. P. A. I. D. # (optional)                        |

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

|   |  |   |  |                            |  |                        |  |
|---|--|---|--|----------------------------|--|------------------------|--|
| DAYS: NAME (LAST, FIRST)<br><b>Krohn, Joe</b>       |  | PHONE # WITH AREA CODE<br><b>707-446-7996</b> |  | DAYS: NAME (LAST, FIRST)   |  | PHONE # WITH AREA CODE |  |
| NIGHTS: NAME (LAST, FIRST)<br><b>Esparza, David</b> |  | PHONE # WITH AREA CODE<br><b>707-446-4163</b> |  | NIGHTS: NAME (LAST, FIRST) |  | PHONE # WITH AREA CODE |  |

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

|  |  |  |                               |   |
|--|--|--|-------------------------------|---|
| NAME<br><b>General Services Administration</b>           |  | CARE OF ADDRESS INFORMATION<br><b>John Stegner</b>   |                               |   |
| MAILING OR STREET ADDRESS<br><b>450 Golden Gate Ave.</b> |  | <input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY<br><input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input checked="" type="checkbox"/> FEDERAL AGENCY |                               |   |
| CITY NAME<br><b>San Francisco</b>                        |  | STATE<br><b>CA</b>   | ZIP CODE<br><b>94102-3400</b> | PHONE # WITH AREA CODE<br><b>415-522-3227</b> |

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

|                                       |  |   |          |                        |
|---------------------------------------|--|---|----------|------------------------|
| NAME OF OWNER<br><b>Same As above</b> |  | CARE OF ADDRESS INFORMATION   |          |                        |
| MAILING OR STREET ADDRESS             |  | <input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY<br><input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY |          |                        |
| CITY NAME                             |  | STATE   | ZIP CODE | PHONE # WITH AREA CODE |

**IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.**

TY (TK) HQ **44-**

**V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED**

|   |   |                                      |                                      |  |
|---|---|--------------------------------------|--------------------------------------|--|
| <input checked="" type="checkbox"/> box to indicate | <input type="checkbox"/> 1 SELF-INSURED     | <input type="checkbox"/> 2 GUARANTEE | <input type="checkbox"/> 3 INSURANCE | <input type="checkbox"/> 4 SURETY BOND |
|   | <input type="checkbox"/> 5 LETTER OF CREDIT | <input type="checkbox"/> 6 EXEMPTION | <input type="checkbox"/> 99 OTHER    |  |

**VI. LEGAL NOTIFICATION AND BILLING ADDRESS** Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING

I  II  III

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

|   |                                     |  |
|---|-------------------------------------|--|
| OWNER'S NAME (PRINTED & SIGNED)<br><i>[Signature]</i> | OWNER'S TITLE<br><i>[Signature]</i> | DATE MONTH DAY YEAR<br><b>04 20 96</b> |
|---|-------------------------------------|--|

**LOCAL AGENCY USE ONLY**

|                          |  |  |
|--------------------------|--|--|
| COUNTY #                 | JURISDICTION #   | FACILITY #   |
|                          | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| LOCATION CODE - OPTIONAL | CENSUS TRACT # - OPTIONAL                                      | SUPERVISOR - DISTRICT CODE - OPTIONAL  |

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS



# INSTRUCTIONS FOR COMPLETING FORM "A"

## GENERAL INSTRUCTIONS:

SECTION 2711 OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS AND SECTIONS 25286, 25287, AND 25289 OF CHAPTER 6.7, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE REQUIRE OWNERS TO APPLY FOR AN UST OPERATING PERMIT

1. One FORM "A" shall be completed for all NEW PERMIT CHANGES or any FACILITY/SITE INFORMATION CHANGES.
2. SUBMIT ONLY ONE (1) FORM "A" for a Facility Site, regardless of the number of tanks located at the site
3. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
4. Please type or print clearly all requested information
5. Use a hard point writing instrument, you are making 3 copies.
6. Tank owner must submit a facility plot plan to the local agency as part of the application showing the location of the USTs with respect to buildings and landmarks (Section 2711 (a)(8), CCR).
7. Tank owner must submit documentation showing compliance with state financial responsibility requirements to the local agency as part of the application for petroleum USTs (Section 2711 (a)(11), CCR)

## TOP OF FORM: "MARK ONLY ONE ITEM"

Mark an (X) in the box next to the item that best describes the reason the form is being completed.

### I. FACILITY/SITE INFORMATION & ADDRESS (MUST BE COMPLETED)

1. Record name and address (physical location) of the underground tank(s).  
NOTE: Address MUST have a valid physical location including city, state, and zip code.  
P.O. BOX NUMBERS ARE NOT ACCEPTABLE.  
Include nearest cross street and name of the operator
2. Phone number must have an area code. If the night number is the same, write "SAME" in proper location.
3. Check the appropriate box for TYPE OF BUSINESS OWNERSHIP (ex. CORPORATION, INDIVIDUAL, etc.).
4. Check the appropriate box for TYPE OF BUSINESS.
5. If Facility/ Site is located within an Indian reservation or other Indian trust lands, check the box marked "YES".
6. Indicate the NUMBER of TANKS at this SITE.
7. Record the E.P.A. ID # or write "NONE" in the space provided.

### II. PROPERTY OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

Complete all items in this section unless all items are the same as SECTION I; if the same, write "SAME AS SITE" across this section. Be sure to check PROPERTY OWNERSHIP TYPE box.

### III. TANK OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

Complete all items in this section unless all items are the same as SECTION I; if the same, write "SAME AS SITE" across this section. Be sure to check TANK OWNERSHIP TYPE box.

### IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED. SEE ARTICLE 5, CHAPTER 6.75, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE)

After you've Board of Equalization (BOE) UST storage fee account number which is required before your application can be processed. If this account with the BOE, will ensure that you will receive a quarterly storage fee return in return for the \$1,500 (one thousand five hundred) fee on the number of gallons pumped at your USTs. The BOE will credit persons exempt from paying the storage fee returns with a credit of \$500 if you do not have an account with the BOE. If you have any questions regarding the fee exemptions, please call the BOE at 916-321-3000 or write to the BOE at the following address: Board of Equalization, Fuel Taxes Division, P.O. Box 9285, Sacramento, CA 95833-0928.

### V. PETROLEUM FINANCIAL RESPONSIBILITY (MUST BE COMPLETED FOR PETROLEUM UST'S ONLY, NOT SECTIONS 2711 (a)(8) OR 2711 (a)(9), CHAPTER 16, CALIFORNIA CODE OF REGULATIONS)

Identify the individual(s) held by the owner and/or operator, including the local and state financial responsibility requirements, as well as any federal or state agency, as well as non petroleum USTs are exempt from this requirement.

### VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Check ONE BOX for the address that will be used for BOTH LEGAL AND BILLING NOTIFICATIONS

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THIS FORM AS A WITNESS TO THE UST OPERATING PERMIT (SECTION 2711 (a)(5) OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.)

### INSTRUCTION FOR LOCAL AGENCIES

The county number (located on the bottom of the form) can be obtained by calling the State Board (916) 227-4403. The county number may be assigned by the local agency. However, this number must be different and cannot contain any alpha-numeric characters. If the local agency notifies the State Board to assign the facility number, please leave it blank.

FOR MORE INFORMATION, CONTACT THE CALIFORNIA UNDERGROUND TANK BOARD AT (916) 227-4403

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

|                           |  |   |   |   |  |   |   |   |
|---------------------------|--|---|---|---|--|---|---|---|
| <b>MARK ONLY ONE ITEM</b> | <input checked="" type="checkbox"/> 1 NEW PERMIT | <input type="checkbox"/> 2 INTERIM PERMIT | <input type="checkbox"/> 3 RENEWAL PERMIT | <input type="checkbox"/> 4 AMENDED PERMIT | <input type="checkbox"/> 5 CHANGE OF INFORMATION | <input type="checkbox"/> 6 TEMPORARY TANK CLOSURE | <input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE | <input type="checkbox"/> 8 TANK REMOVED |
|---------------------------|--|---|---|---|--|---|---|---|

**DBA OR FACILITY NAME WHERE TANK IS INSTALLED:** ALAMEDA FEDERAL CENTER

**I. TANK DESCRIPTION** COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

|                                 |  |
|---------------------------------|--|
| A. OWNER'S TANK I. D. #         | B. MANUFACTURED BY:                                |
| C. DATE INSTALLED (MO/DAY/YEAR) | D. TANK CAPACITY IN GALLONS: <u>10,000 GALLONS</u> |

**II. TANK CONTENTS** IF A-1 IS MARKED, COMPLETE ITEM C.

|  |  |  |
|--|--|--|
| <b>A.</b> <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL<br><input type="checkbox"/> 2 PETROLEUM<br><input type="checkbox"/> 3 CHEMICAL PRODUCT                                    | <input type="checkbox"/> 4 OIL<br><input type="checkbox"/> 80 EMPTY<br><input type="checkbox"/> 95 UNKNOWN | <b>B.</b> <input type="checkbox"/> 1 PRODUCT<br><input type="checkbox"/> 2 WASTE   |
| <b>C.</b> <input type="checkbox"/> 1a REGULAR UNLEADED<br><input type="checkbox"/> 1b PREMIUM UNLEADED<br><input type="checkbox"/> 1c MIDGRADE UNLEADED<br><input type="checkbox"/> 2 LEADED |  | <input checked="" type="checkbox"/> 3 DIESEL<br><input type="checkbox"/> 4 GASAHOL<br><input type="checkbox"/> 5 JET FUEL<br><input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW) |
| D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED  |  | C. A. S. #:  |

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

|  |   |  |
|--|---|--|
| <b>A. TYPE OF SYSTEM</b><br><input type="checkbox"/> 1 DOUBLE WALL<br><input checked="" type="checkbox"/> 2 SINGLE WALL  | <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER<br><input type="checkbox"/> 4 SINGLE WALL IN A VAULT                             | <input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM<br><input type="checkbox"/> 95 UNKNOWN<br><input type="checkbox"/> 99 OTHER   |
| <b>B. TANK MATERIAL (Primary Tank)</b><br><input checked="" type="checkbox"/> 1 BARE STEEL<br><input type="checkbox"/> 5 CONCRETE<br><input type="checkbox"/> 9 BRONZE   | <input type="checkbox"/> 2 STAINLESS STEEL<br><input type="checkbox"/> 6 POLYVINYL CHLORIDE<br><input type="checkbox"/> 10 GALVANIZED STEEL | <input type="checkbox"/> 3 FIBERGLASS<br><input type="checkbox"/> 7 ALUMINUM<br><input type="checkbox"/> 95 UNKNOWN<br><input type="checkbox"/> 99 OTHER                                 |
| <b>C. INTERIOR LINING OR COATING</b><br><input type="checkbox"/> 1 RUBBER LINED<br><input type="checkbox"/> 5 GLASS LINING   | <input type="checkbox"/> 2 ALKYD LINING<br><input type="checkbox"/> 6 UNLINED   | <input type="checkbox"/> 3 EPOXY LINING<br><input checked="" type="checkbox"/> 95 UNKNOWN<br><input type="checkbox"/> 4 PHENOLIC LINING<br><input type="checkbox"/> 99 OTHER             |
| IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___   |   |  |
| <b>D. EXTERIOR CORROSION PROTECTION</b><br><input type="checkbox"/> 1 POLYETHYLENE WRAP<br><input type="checkbox"/> 5 CATHODIC PROTECTION  | <input type="checkbox"/> 2 COATING<br><input type="checkbox"/> 91 NONE  | <input type="checkbox"/> 3 VINYL WRAP<br><input checked="" type="checkbox"/> 95 UNKNOWN<br><input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC<br><input type="checkbox"/> 99 OTHER |
| <b>E. SPILL AND OVERFILL, etc.</b> SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____<br>DROP TUBE YES ___ NO <input checked="" type="checkbox"/> STRIKER PLATE YES ___ NO <input checked="" type="checkbox"/> DISPENSER CONTAINMENT YES ___ NO <input checked="" type="checkbox"/> |   |  |

**IV. PIPING INFORMATION** CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

|                                      |  |   |   |  |  |
|--------------------------------------|--|---|---|--|--|
| A. SYSTEM TYPE                       | A U 1 SUCTION  | A U 2 PRESSURE                                    | A <u>U</u> 3 GRAVITY  | A U 4 FLEXIBLE PIPING                                    | A U 99 OTHER                                       |
| B. CONSTRUCTION                      | A <u>U</u> 1 SINGLE WALL                                 | A U 2 DOUBLE WALL                                 | A U 3 LINED TRENCH  | A U 95 UNKNOWN   | A U 99 OTHER                                       |
| C. MATERIAL AND CORROSION PROTECTION | A <u>U</u> 1 BARE STEEL                                  | A U 2 STAINLESS STEEL                             | A U 3 POLYVINYL CHLORIDE (PVC)                                | A U 4 FIBERGLASS PIPE                                    |  |
|                                      | A U 5 ALUMINUM   | A U 6 CONCRETE                                    | A U 7 STEEL W/ COATING  | A U 8 100% METHANOL COMPATIBLE W/FRP                     |  |
|                                      | A U 9 GALVANIZED STEEL                                   | A U 10 CATHODIC PROTECTION                        | A U 95 UNKNOWN  | A U 99 OTHER   |  |
| D. LEAK DETECTION                    | <input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR | <input type="checkbox"/> 2 LINE TIGHTNESS TESTING | <input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING | <input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR | <input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN |
|                                      | <input type="checkbox"/> 99 OTHER                        |   |   |  |  |

**V. TANK LEAK DETECTION**

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <input type="checkbox"/> 1 VISUAL CHECK                       | <input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION | <input type="checkbox"/> 3 VADOZE MONITORING          | <input type="checkbox"/> 4 AUTOMATIC TANK GAUGING | <input type="checkbox"/> 5 GROUND WATER MONITORING | <input type="checkbox"/> 6 ANNUAL TANK TESTING |
| <input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING | <input type="checkbox"/> 8 SIR                             | <input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING | <input type="checkbox"/> 10 MONTHLY TANK TESTING  | <input checked="" type="checkbox"/> 95 UNKNOWN     | <input type="checkbox"/> 99 OTHER              |

**VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)**

|   |  |  |
|---|--|--|
| 1 ESTIMATED DATE LAST USED (MO/DAY/YR)<br><u>1950</u> | 2 ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>1</u> GALLONS | 3 WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|---|--|--|

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE IS TRUE AND CORRECT

|  |                        |
|--|------------------------|
| TANK OWNER'S NAME (PRINTED & SIGNATURE)<br><u>John D. Stegner</u><br>GSA | DATE<br><u>9/30/96</u> |
|--|------------------------|

**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

|               |                         |                |                        |                 |
|---------------|-------------------------|----------------|------------------------|-----------------|
| STATE I.D.#   | COUNTY #                | JURISDICTION # | FACILITY #             | TANK #          |
|               | [ ] [ ]                 | [ ] [ ]        | [ ] [ ] [ ] [ ]        | [ ] [ ] [ ] [ ] |
| PERMIT NUMBER | PERMIT APPROVED BY/DATE |                | PERMIT EXPIRATION DATE |                 |

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS.

## INSTRUCTIONS FOR COMPLETING FORM "B"

### GENERAL INSTRUCTIONS

Section 2711 of Title 23, Division 3, Chapter 16, California Code of Regulations and sections 25286, 25287, and 25289 of Chapter 6.7, Division 20, Health and Safety Code require tank owners to apply for an UST operating permit.

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(8) CCR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) CCR].

### TOP OF FORM: MARK ONLY ONE ITEM

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

### I. TANK DESCRIPTION - COMPLETE ALL ITEMS - IF UNKNOWN - SO SPECIFY

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

### II. TANK CONTENTS

- A. 1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.  
2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

### III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. If OTHER, print in the space provided.

### IV. PIPING INFORMATION

1. Circle "A" if above ground circle "U" if underground, and circle both if applicable.
2. If UNKNOWN circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

### V. TANK LEAK DETECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

### VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88)
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check "Yes" or "No".

PLEASE PRINT THE FORM AS INDICATED

**ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION**

**DECLARATION OF SITE ACCOUNT REFUND RECIPIENT**

*There may be excess funds remaining in the Site Account at the completion of this project. The PAYOR (person or company that issues the check) will use this form to predesignate another party to receive any funds refunded at the completion of this project. In the absence of this form, the PAYOR will receive the refund.*

**SITE INFORMATION:**

Site ID Number  
(if known)

Alameda Federal Center

Name of Site

620 Central Ave.

Street Address

Alameda , CA 94502

City, State & Zip Code

I designate the following person or business to receive any refund due at the completion of all deposit/refund projects:

CAL INC

Name

2040 Peabody Rd., Ste 400

Street Address

Vacaville, CA 95687

City, State & Zip Code

Signature of Payor

9/20/96  
Date

Dave Esparra

Name of Payor

(PLEASE PRINT CLEARLY)

CAL Inc

Company Name of Payor

**RETURN FORM TO:**

County of Alameda, Environmental Protection

1131 Harbor Bay Parkway, Rm 250

Alameda CA 94502-6577

Phone#(510) 567-6700

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
09/23/96

**PRODUCER**  
Surety Bonds Insurance Service  
Howard Folmar  
P. O. Box 3626  
Tustin CA 92781

Howard Folmar  
Phone No. 714-838-4880 Fax No. 714-838-8954

**INSURED**  
  
CAL INC.  
2040 Peabody Road Ste. 400  
P. O. Box 6327 95696  
Vacaville CA 95687

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

- COMPANY A Golden Eagle Insurance Company
- COMPANY B
- COMPANY C
- COMPANY D

**COVERAGE**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO<br>LTH | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMITS  |
|-----------|--|---------------|-------------------------------------|--------------------------------------|---|
|           | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT                             |               |                                     |                                      | GENERAL AGGREGATE \$<br>PRODUCT S - COMP/OP AGG \$<br>PERSONAL & ADV INJURY \$<br>EACH OCCURRENCE \$<br>FIRE DAMAGE (Any one fire) \$<br>MED EXP (Any one person) \$  |
|           | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |               |                                     |                                      | COMBINED SINGLE LIMIT \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE \$  |
|           | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |               |                                     |                                      | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY:<br>EACH ACCIDENT \$<br>AGGREGATE \$   |
|           | <b>EXCESS LIABILITY</b><br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM   |               |                                     |                                      | EACH OCCURRENCE \$<br>AGGREGATE \$  |
| A         | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL  | HWCS22632-01  | 09/01/96                            | 09/01/97                             | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER<br>EL EACH ACCIDENT \$ 1,000,000<br>EL DISEASE - POLICY LIMIT \$ 1,000,000<br>EL DISEASE - EA EMPLOYEE \$ 1,000,000 |
|           | OTHER  |               |                                     |                                      |   |

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS  
 Re: Removal of 2 UST at Alameda Federal Center. Start date: 10/1/96 to ?

\* Except ten days for non-payment of premium.

**CERTIFICATE HOLDER**  
  
General Service Administration  
Region, Phillip Burton Federal  
Bldg and U.S. Courthouse  
450 Golden Gate Ave  
San Francisco CA 94102-3400

GENER-4

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30\* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
Howard Folmar

*Howard Folmar*



August 12, 1996

DEPARTMENT OF ENVIRONMENTAL HEALTH  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6777

Mr. James Lew  
General Services Administration  
S.F. Service Center/  
Construction Services Branch (9PEC)  
525 Market Street, 31st Flr.  
San Francisco, CA 94105

New  
Address:

James Lew  
BSA  
San Francisco Service Center  
(9PEC)  
450 Golden Gate Ave, 3<sup>rd</sup> Flr  
San Fran, CA 94102-3400 East  
Ph#: 1-415-522-3228

STID 4655

Re: Investigations at Alameda Federal Center, located at 620 Central Ave., Alameda, CA

Dear Mr. Lew,

This office has reviewed CAPE Environmental Management Inc.'s (CAPE) Groundwater Monitoring Report, dated July 1996, for the above site. Per the recommendations of CAPE, monitoring of all the wells, except for MW-1, may discontinue at the site due to the Non Detect levels observed in these wells. Quarterly groundwater monitoring of MW-1 should continue based on the increasing concentrations of the chlorinated hydrocarbons cis- and trans-1,2-dichloroethene. Please keep in mind that groundwater monitoring may eventually be required in the area of Tanks 3 and 4 subsequent to the tank removals. Per our conversation on July 18, 1996, you will be awarding the contract for the proposed removal of Tanks 3 and 4 at the end of September 1996. The tank removals should be conducted within 45 days after awarding the contract. Please notify this office if there is a change in the schedule.

If you have any questions or comments, please contact me at (510) 567-6763.

Sincerely,

Juliet Shin  
Senior Hazardous Materials Specialist

cc: Norma J. Hermocillo, General Services Administration, Region 9  
525 Market St., S.F., CA 94105-2799

Larry M. Harlan, CAPE Environmental Mgmt., Inc.  
20280 South Vermont Avenue, Ste 250, Torrance, CA 90502

Acting Chief-File

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6777

May 9, 1996

Mr. James Lew  
General Services Administration  
S.F. Service Center/  
Construction Services Branch (9PEC)  
525 Market Street, 31st Flr.  
San Francisco, CA 94105

STID 4655

Re: Investigations at Alameda Federal Center, located at 620 Central Ave., Alameda, CA

Dear Mr. Lew,

This office has reviewed CAPE Environmental Management Inc.'s (CAPE) Third and Fourth Quarter 1995 monitoring reports. Based on the groundwater analysis results, sampling of Wells MW-2R and MW-4 may be discontinued. However, one additional round of quarterly groundwater monitoring should be conducted on Wells MW-1, MW-5, and MW-6 in June 1996. Due to the nondescript nature of the Total Extractable Petroleum Hydrocarbons (TEPH) identified in these wells, this office is requesting that you employ a silica gel cleanup on the next round of samples to eliminate any interference from biogenic materials. Proper characterization of this unidentified hydrocarbon material is essential.

Based on the results of the next round of sampling, it will be determined whether continued monitoring of these wells will be required.

Lastly, per a December 20, 1995 letter from your office, the removal of Tanks 3 and 4 at the site were planned for after March 1996. Please contact this office as soon as possible to update us on the status of the anticipated tank removals and work schedule.

If you have any questions or comments, please feel free to contact me at (510) 567-6763.

Sincerely,

Juliet Shin  
Senior Hazardous Materials Specialist

CC: Norma J. Hermocillo, General Services Administration, Region 9, 525 Market Street, San Francisco, CA 94105-2799  
Larry M. Harlan, CAPE Environmental Mgmt, Inc., 20280 South Vermont Avenue, Suite 250, Torrance, CA 90502  
Acting Chief-file



General Services Administration, Region 9  
525 Market Street  
San Francisco, CA 94105-2799

DEC 26 1995

December 20, 1995

Ms. Juliet Shin  
Alameda County Health Care Services  
Department of Environmental Health  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577

Ref: Underground Storage Tank Removal, Project RCA21602  
Alameda Federal Center, Alameda, CA

Dear Ms. Shin:

This is to confirm our conversation of December 14, 1995, regarding the status of the above referenced project. The bid opening for this project was held on November 2, 1995. Ten bids were received which ranged from a low of approximately \$67,000 to a high of approximately \$411,000. We are currently evaluating the low bidder's alleged mistake in the bid. At the present time, we are considering converting this solicitation from sealed bidding to a negotiated procurement due to the wide range of bid prices received which varied significantly from our Government estimate. This conversion would allow us to examine the technical approaches of the bidders and the reasonableness of the prices proposed.

Although we are currently unable to provide a realistic project schedule due to the complexity of the procurement actions required, we can tell you that we do not anticipate awarding the tank removal contract prior to February 1996. Once the contract is awarded, the contractor will have fifteen (15) calendar days to submit performance and payment bonds. Notice to Proceed could not be issued prior to receipt of these bonds; consequently, work would probably not begin on the site before March 1996.

*James Lew 415-522-3228*  
*For [unclear] [unclear]*  
*[unclear] [unclear]*  
*415-522-5228*

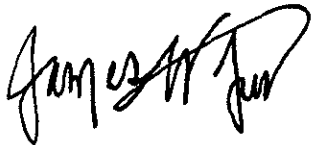


Letter to Ms. Juliet Shin

Page 2

We appreciate your understanding and patience and will keep you apprised of the status of this project. Should you require additional information, feel free to contact me at (415) 744-5995, or Norma J. Hermocillo, the Contracting Officer, at (415) 744-5117.

Sincerely,

A handwritten signature in black ink, appearing to read "James W. Lew". The signature is fluid and cursive, with a large initial "J" and "L".

James W. Lew  
Project Manager  
San Francisco Service Center  
Public Buildings Service (9PEC)

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

November 2, 1995

DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6777

Mr. James Lew  
General Services Administration  
S.F. Service Center/  
Construction Services Branch (9PEC)  
525 Market Street, 31st Flr.  
San Francisco, CA 94105

STID 4655

Re: Groundwater monitoring at the Alameda Federal Center,  
located at 620 Central Ave., Alameda, California

Dear Mr. Lew,

This office has reviewed over CAPE Environmental Mgmt. Inc.'s (CAPE) Addenda to Second Quarter Groundwater Monitoring Report, dated October 1995, for the above site. Per the recommendations outlined in this report, it is acceptable to this office to discontinue analysis for Total Petroleum Hydrocarbons as gasoline (TPHg) in Wells MW-1, MW-2R, MW-4, TW/MW-5, and MW-6 in future sampling events. Additionally, analysis for benzene, toluene, ethylbenzene, and xylenes (BTEX) may be discontinued in future monitoring events for Wells MW-2R, MW-4, TW-MW-5, and MW-6. However, if the gradient flow direction varies from the existing southerly direction in future monitoring events, analysis for BTEX may need to resume in some of these wells.

Please be reminded that none of the above requirements necessarily apply to future investigations associated with Tanks 3 and 4.

If you have any questions or comments, please contact me at (510) 567-6763.

Sincerely,

Juliet Shin  
Senior Hazardous Materials Specialist

cc: Larry Harlan  
CAPE Environmental Mgmt.  
20280 South Vermont Ave.  
Suite 250  
Torrance, CA 90502

Acting Chief-File



General Services Administration, Region 9  
525 Market Street  
San Francisco, CA 94105-2799

95 AUG 31 PM 2:26

August 28, 1995

Alameda County Environmental Health  
Environmental Protections Division  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

ATTN : Ms. Juliet Shin  
RE : Alameda Federal Center, Alameda, CA  
Removal of (2) 10,000 Gallon Underground Storage Tanks  
Project Number: RCA21602

Dear Ms. Shin :

The Design Package for the tanks 3 and 4 area have been completed and the project is now ready for construction. In addition, the installation of monitoring wells and the development of a preliminary site assessment in the tanks 1 and 2 area have been completed with the monitoring program about to get underway. Due to the reorganization, Fee Developer is now transferring the subject project to the San Francisco Service Center/Construction Services Branch (9PEC) for the completion and continuation of this project. The new Project Director is Mr. James Lew and the Contract Specialist is Ms. Norma Hermocillo. Please contact Mr. James Lew at (415) 744-5995 for any future questions concerning the subject project. All future correspondence should be sent to:

General Services Administration  
S.F. Service Center/Construction Services Branch (9PEC)  
525 Market Street, 31st. Floor  
San Francisco, CA 94105  
Attn: Mr. James Lew

Should you have any further questions regarding the transfer of this project, please do not hesitate to call me at (415) 744-5806.

Sincerely,

Richard Chiu Jr  
Fee Developer  
Technical Services Branch

9/1/95  
Spoke to James Lew to find out schedule for tank removal. He said they have it scheduled for next week. He will be in charge of the removal. He will be in charge of the removal. He will be in charge of the removal.

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Director

Alameda County  
Environmental Protection Division  
1131 Harbor Bay Parkway, Room 250  
Alameda CA 94502-6577

CC4586

August 8, 1995

Mr. Richard Chu  
GSA  
525 Market St., 31st Floor  
San Francisco, CA 94105

STID 4655

Re: Investigations at Alameda Federal Center (GSA), located at  
620 Central Ave., Alameda, California

Dear Mr. Chu,

This office has reviewed Cape Environmental Management's (Cape) Preliminary Site Assessment (PSA), dated July 1995, for the above site. Soil samples collected from the newly installed monitoring wells and borings identified Oil and Grease, Total Extractable Petroleum Hydrocarbons (TEPH), and Polynuclear Aromatics (PNAs) in the vicinity of both former Tanks 1 and 2, and existing Tanks 3 and 4. Additionally, low levels of benzene, ethylbenzene, xylenes, and chlorinated hydrocarbons were identified in Well MW-1, located adjacent to former Tank 1.

Quarterly groundwater monitoring shall continue at the site. All wells shall continue to be analyzed for the same constituents as in the last sampling event. The next quarterly sampling event is due to be implemented in August 1995.

Per the PSA report, Cape proposes to discontinue sampling of Wells MW2-R, MW-4, and TW/MW-5, if the next quarter's contaminant concentrations are commensurate to this last sampling event. Although this will be acceptable for Well MW-4, sampling of Wells MW2-R and TW/MW-5 should continue beyond the next quarterly sampling event. Since Well MW2-R is located nearest to former Tank 2, this well should be sampled for at least three additional quarters. If contaminant levels continue to be low to Non Detect in Well MW2-R throughout the four quarters of monitoring, sampling of this well may be discontinued.

Sampling should also continue for Well TW/MW-5, due to the levels of PNAs identified from this well (benzo(a)pyrene concentrations exceeded MCLs). The sampling results obtained in the last sampling event for this well may be incorrect due to inadequate well development. Please be reminded to adequately develop this well at least 24 hours prior to the next sampling event. If unacceptable contaminant concentrations continue to be identified from this well, further investigations may be needed to determine the source of these contaminants.

Mr. Richard Chu  
Re: 620 Central  
August 8, 1995  
Page 2 of 2

As part of the next quarterly sampling event, this office is requesting that a TDS analysis be conducted on some of the water samples to determine whether this water is potentially potable. Cleanup levels for the site will depend partly on the useability of this water.

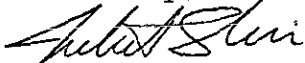
It is the understanding of this office that GSA is currently preparing for the removal of Tanks 3 and 4. Please be reminded to complete the attached Alameda County Underground Storage Tank Removal Plan and have it approved by both this office and the Alameda Fire Department prior to removing tanks. Please provide at least 48 hours notice to this office prior to the tank removals so that we can arrange to have a County representative oversee the work.

A summary work plan documenting any additional work, such as dewatering and discharge of water, overexcavation, etc. shall be submitted in conjunction with the Underground Storage Tank Removal Plan.

According to our files, GSA never submitted the required Unauthorized Release/Leak Report form following the last tank removals. This is a standard form that needs to be completed whenever a release has been documented from a petroleum underground storage tank. Please complete the attached form and submit it to this office within 30 days of the date of this letter.

If you have any questions or comments, please contact me at (510) 567-6763.

Sincerely,



Juliet Shin  
Senior Hazardous Materials Specialist

**ATTACHMENT**

cc: Ms. Beverly Chin  
GSA  
525 Market St., 31st Flr  
San Francisco, CA 94105

Larry Harlan  
Cape Environmental Mgmt. Inc.  
20280 South Vermont Ave., Ste 250  
Torrance, CA 90502

Acting Chief-File

**General Services Administration, Pacific Rim Region****Fee Developer Division  
525 Market Street, 31<sup>st</sup> Floor  
San Francisco, CA 94105**

August 14, 1995

**To:** JULIET SHIN  
**Location:** Alameda, CA  
**Firm:** Alameda County Dept.  
of Environmental Health  
**From:** RICHARD CHIU (9PCT)  
Technical Services  
**Subject:** Alameda Federal Center  
Underground Storage Tank Removal  
Proj. No.: RCA21602

Fax No. (510) 337-9335

Tel No. (510) 567-6763

Total No. of Pages: 2 including this page

Original to follow: \_\_\_ yes  no

Fax No. (415) 744-5768

Tel No. (415) 744-5806

**Comments:** Juliet,

Here is a copy of the Unauthorized Release/Leak Report form that was filed in January of 1994 as requested. I will call you to discuss further.

Thanks, Richard

If this facsimile is illegible or incomplete, please call our office for retransmission.

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

|  |  |  |
|--|--|--|
| EMERGENCY<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | FOR LOCAL AGENCY USE ONLY<br>I HEREBY CERTIFY THAT I AM A QUALIFIED GOVERNMENT EMPLOYEE AND THAT I HAVE REVIEWED THIS REPORT TO DETERMINE ITS ACCURACY AND COMPLIANCE WITH SECTION 2510.7 OF THE ENVIRONMENTAL CODE. |
| REPORT DATE<br><b>08/14/95</b>   | CASE #   | DATE   |

|   |   |                     |
|---|---|---------------------|
| NAME OF RETAIL FILING REPORT<br><b>TIM SMITH</b>  | PHONE<br><b>209 / 257-5903</b>                            | SIGNATURE<br>       |
| REPRESENTING<br><input type="checkbox"/> Local Agency <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER <b>Consultant</b> | COMPANY OR AGENCY NAME<br><b>T &amp; T EARTH SERVICES</b> |                     |
| ADDRESS<br><b>P.O. Box 1618, 125 Academy Drive</b>  |   |                     |
| CITY<br><b>Sutter Creek</b>   |   | STATE<br><b>CA</b>  |
|   |   | ZIP<br><b>95685</b> |

|   |                                       |                                |
|---|---------------------------------------|--------------------------------|
| RESPONSIBLE PARTY<br><b>Central Services Adm.</b> | CONTACT PERSON<br><b>Beverly Chin</b> | PHONE<br><b>(415) 744-5665</b> |
| ADDRESS<br><b>525 Market St., 31st floor</b>      | CITY<br><b>San Francisco</b>          | STATE<br><b>CA</b>             |
|   |                                       | ZIP<br><b>94105</b>            |

|  |                        |                                |
|--|------------------------|--------------------------------|
| FACILITY NAME (IF APPLICABLE)<br><b>Alameda Federal Center</b> | OPERATOR<br><b>USA</b> | PHONE<br><b>(415) 744-5665</b> |
| ADDRESS<br><b>620 &amp; Central Avenue</b>                     | CITY<br><b>Alameda</b> | COUNTY<br><b>Alameda</b>       |
| CROSS STREET<br><b>Highway</b>                                 |                        |                                |

|  |   |                                      |
|--|---|--------------------------------------|
| LOCAL AGENCY<br><b>Alameda County Health Care Services</b> | AGENCY NAME<br><b>Heat Map Division</b> | CONTACT PERSON<br><b>Juliet Shin</b> |
| REGIONAL BOARD<br><b>Bay Area</b>                          |   | PHONE<br><b>(510) 271-4320</b>       |
|  |   | PHONE<br><b>( )</b>                  |

|   |                        |  |
|---|------------------------|--|
| SUBSTANCES INVOLVED<br><b>(A) Waste Oil</b> | NAME<br><b>Tank #3</b> | QUANTITY LIST (GALLONS)<br><input checked="" type="checkbox"/> UNKNOWN |
| <b>(B) Possible Waste &amp; Gasoline</b>    | <b>Tank #1</b>         | <input checked="" type="checkbox"/> UNKNOWN                            |

|  |  |
|--|--|
| DATE DISCOVERED<br><b>08/14/95</b>   | HOW DISCOVERED<br><input type="checkbox"/> TANK TEST <input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> MISUSE CONDITIONS |
| DATE DISCHARGE BEGAN   | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)<br><input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK                |
| HAS DISCHARGE BEEN STOPPED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE  |
| YES DATE<br><b>08/14/95</b>  | OTHER<br><b>Tank #3 remains full of tar-like substance &amp; can't be pumped by normal methods</b>   |

|   |  |
|---|--|
| SOURCE OF DISCHARGE<br><input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> PIPE LEAK <input type="checkbox"/> PROBLEMS | CAUSE(S)<br><input type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> MPTURE/FALURE <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER |
| <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER   | <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER   |

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

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

|  |  |   |
|--|--|---|
| CHECK ALL APPROPRIATE ACTION(S)<br><input type="checkbox"/> CAP SITE (C1) <input type="checkbox"/> CLAY/ARGENT BARRIER (C2) <input type="checkbox"/> VACUUM EXTRACT (VE) | ENCAVATE & DISPOSE (E1) <input checked="" type="checkbox"/> ENCAVATE & TREAT (E2) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT) | REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (PT) <input type="checkbox"/> TREATMENT AT HOOKUP (AT) <input type="checkbox"/> ENHANCED BIO-REMEDIATION (IT) <input checked="" type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> |
|--|--|---|

**COMMENTS**  
 Tank #1 has been pumped & inerted awaiting removal.  
 Tank #3 was abandoned full of waste oil of unknown heavy character. It has been found opened & closed after being unable to remove "surprise" contents due to consistency & lack of characterization for vacuum truck removal. Time of abandonment is unknown as of yet, but was many years ago.



## CONTRACTORS STATE LICENSE BOARD

9835 GOETHE ROAD, SACRAMENTO, CALIFORNIA  
MAILING ADDRESS: P.O. BOX 26000  
SACRAMENTO, CALIFORNIA 95826



May 9, 1995

Cal Inc.  
P O Box 6327  
Vacaville, CA 95696

MAY 15 1995

License Number: 657754

William Delmer Horner was approved as the Responsible Managing Employee for the Hazardous classification on May 3, 1995.

Sincerely,

Betty Spence  
Additional Classification-RME/O Unit  
(916) 255-3900



ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6700

May 2, 1995  
STID 4655

Ms. Beverly Chin  
GSA  
525 Market St., 31st Floor  
San Francisco, CA 94105

RE: Addendum for the investigation at the Alameda Federal  
Center (GSA), located at 620 Central Ave., Alameda, CA

Dear Ms. Chin:

This office has received and reviewed an Addendum as above, dated  
April 28, 1995 for the above site. This office accepts the  
addendum, with the following comments:

1. The comments in the letter from this office by Juliet Shin  
dated April 14, 1995 have been dealt with and are adequate.
2. Please notify this office at least three days prior to  
implementation of the workplan.

If you have any questions, please contact this office at (510)  
567-6763. Although she is gone this week, Ms. Shin is the  
caseworker for your site.

Sincerely,

Thomas Peacock, Supervising HMS  
Division of Environmental Protection

cc: Bill Reynolds, Acting Chief - files  
Larry Harlan, Cape Environmental Mgmt., Inc. 20280 South  
Vermont Ave., Ste. 250, Torrence, CA 90502  
Juliet Shin

**CASE CLOSURE SUMMARY**  
**Leaking Underground Fuel Storage Tank Program**

**I. AGENCY INFORMATION**

Date: May 1, 1995  
Agency name: Alameda County-HazMat Address: 1131 Harbor Bay Parkway  
City/State/Zip: Alameda, CA 94502 Phone: (510) 567-6700  
Responsible staff person: Susan Hugo Title: Sr. Hazardous Materials Spec.

**II. CASE INFORMATION**

Site facility name: Quick Stop Market  
Site facility address: 6001 MacArthur Blvd. Oakland, CA 94619  
RB LUSTIS Case No: N/A Local Case No./LOP Case No.: 4141  
URF filing date: 5/7/92 SWEEPS No: N/A

| <u>Responsible Parties:</u>                | <u>Addresses:</u>                        | <u>Phone Numbers:</u> |
|--|--|-----------------------|
| Quick Stop Market,<br>c/o Michael Karvelot | 4567 Enterprise St.<br>Fremont, CA 94538 | (510) 567-8500        |

| <u>Tank No:</u> | <u>Size in gal.:</u> | <u>Contents:</u> | <u>Closed in-place or removed?:</u> | <u>Date:</u> |
|-----------------|----------------------|------------------|-------------------------------------|--------------|
| 1               | 10,000               | gasoline         | Removed                             | 4/14/92      |
| 2               | 10,000               | gasoline         | Removed                             | 4/14/92      |
| 3               | 300                  | waste oil        | Removed                             | 6/30/92      |

**III. RELEASE AND SITE CHARACTERIZATION INFORMATION**

Cause and type of release: **Unknown, probably from overfilling**  
Site characterization complete? **YES**  
Date approved by oversight agency: 6/30/92  
Monitoring Wells installed? **YES** Number: 3  
Proper screened interval? **YES**  
Highest GW depth below ground surface: 8.78 ft. Lowest depth: 11.52 ft.  
Flow direction: **Generally northwest (gradient trend is to the SF Bay)**  
Most sensitive current use: **Unknown**  
Are drinking water wells affected? **NO** Aquifer name: **Unknown**  
Is surface water affected? **NO** Nearest affected SW name: **NA**  
Off-site beneficial use impacts (addresses/locations): **NA**  
Report(s) on file? **YES** Where is report(s) filed? **Alameda County**  
1131 Harbor Bay Parkway  
Alameda, CA 94502

**Treatment and Disposal of Affected Material:**

| <u>Material</u> | <u>Amount (include units)</u> | <u>Action (Treatment of Disposal w/destination)</u>    | <u>Date</u> |
|-----------------|-------------------------------|--|-------------|
| Tank            | 2-10,000 gallon               | Erickson -Richmond, CA                                 | 4/14/92     |
|                 | 1-300 gallon                  | Erickson -Richmond, CA                                 | 8/7/92      |
| Soil            | 6400 cu yds (aerated)         | Reuse at 580 El Charro Rd. Pleasanton                  | 1/6/94      |
|                 | 45 cu yds                     | Guadalupe Landfill, San Jose                           | 6/92        |
|                 | 20 cu yds                     | BFI - Vasco Rd, Livermore                              | 12/29/93    |
| Groundwater     | 15,800 gallons                | Treated, disposed into storm drain w/ RWQCB's approval | 8/92        |
|                 | 950 gallons                   | Gibson Oil & Refining Inc.                             | 7/1/93      |

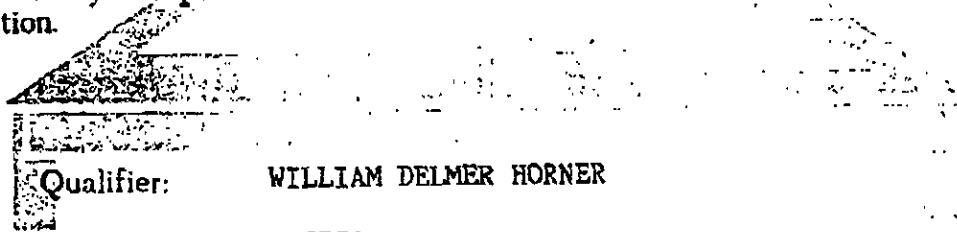
STATE OF CALIFORNIA  
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



*Building Quality*

# HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: WILLIAM DELMER HORNER  
License No.: 657754  
Business Name: CAL INC

WITNESS my hand and official seal this  
3RD day of MAY 1995

*Doris R. Peltier*  
Registrar of Contractors

This certification is the property of the Registrar of Contractors. It is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

131-36 (12/91)

A 6552

State of California  
**Contractors State License Board**

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code  
 and the Rules and Regulations of the Contractors State License Board,  
 the Registrar of Contractors does hereby issue this license to:

**CAL INC**



to engage in the business or act in the capacity of a contractor  
 in the following classification(s):

- B - GENERAL BUILDING CONTRACTOR
- ASB - ASBESTOS
- A - GENERAL ENGINEERING CONTRACTOR
- HAZ - HAZARDOUS SUBSTANCES REMOVAL

Witness my hand and seal this day,

April 11, 1996

Issued October 30, 1992

CERTIFIED COPY

This license is the property of the Registrar of Contractors, is not  
 transferrable, and shall be returned to the Registrar upon demand  
 when suspended, revoked, or invalidated for any reason. It becomes  
 void if not renewed.



State of California  
 Department of  
**Consumer  
 Affairs**

*[Handwritten Signature]*

Registrar of Contractors

657754

License Number

*[Handwritten Signature]*  
 Signature of Licensee

*[Handwritten Signature]*  
 Signature of License Qualifier

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

April 14, 1995

Ms. Beverly Chin  
GSA  
525 Market St., 31st Floor  
San Francisco, CA 94105

ALAMEDA COUNTY-ENV. HEALTH DEPT.  
ENVIRONMENTAL PROTECTION DIV.  
1131 HARBOR BAY PKWY., #250  
ALAMEDA CA 94502-6577  
(510)567-6700

STID 4655

Re: Work plan for investigations at the Alameda Federal Center  
(GSA), located at 620 Central Ave., Alameda, California

Dear Ms. Chin,

This office has reviewed Cape Environmental Management's (Cape) work plan, dated April 4, 1995, addressing further investigations at the above site. The following are a list of the County's comments/additional requirements regarding the work plan:

- o Per T & T Earth Services' Preliminary Investigation Report, dated May 1994, free product was identified in Well MW-3, located adjacent to the two existing underground storage tanks (USTs) (Tanks 3 & 4). Per Article 11, Title 23 California Code of Regulations, the work plan needs to address interim remedial measures to remove the free product. Based on the amount of free product present in this location, you may be able to implement a passive product skimmer or pump the product out from the tank pits into baker tanks following the removal of Tanks 3 & 4. As you are probably aware, the removed product must be disposed of or recycled properly at a certified facility.
- o Although the work plan proposes to install borings around Tanks 3 & 4 prior to the tank removals, it appears that it would be more practical to remove the tanks first, conduct a preliminary assessment of the extent and severity of soil contamination from within the open tank pit, and then implement the appropriate number of borings to delineate the extent of any contamination observed in this pit. As proposed in the work plan, a minimum of three permanent monitoring wells will be needed in the area to determine the ground water gradient flow direction. Well MW-3 may be used in conjunction with any new wells to conduct these gradient determinations. Additionally, based on the fact that elevated levels of Total Petroleum Hydrocarbons as diesel (TPHd) and Oil & Grease were identified in a soil sample collected from MW-3, further soil delineation should be addressed south of this boring.

Ms. Beverly Chin  
Re: 620 Central Ave.  
April 14, 1995  
Page 2 of 3

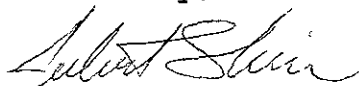
- o The work plan states that samples collected from around Tanks 3 & 4 shall be analyzed for TPHd, Total Oil & Grease (TOG), and benzene, toluene, ethylbenzene, and xylenes (BTEX). These samples shall also be analyzed for Polynuclear Aromatic Hydrocarbons (PNAs) based on the concentrations of pyrene and fluoranthene identified in a soil sample collected from MW-3. Per my conversation with Larry Harlan, Cape Environmental, and Richard Chiu, GSA, on April 14, 1995, it will be acceptable to employ Method 8100 for the PNA analysis.
- o Cape has proposed to install five soil borings at Tank Sites 1 & 2. It appears that all five soil borings may not be required at this site. Two borings, in conjunction with existing Well MW-1, are proposed to be used for gradient determinations. Following gradient determinations, two additional wells have been proposed in the area to continue quarterly ground water monitoring and gradient determinations. Please be reminded that the Regional Water Quality Control Board's guidelines request that one well be placed within 10 feet downgradient of each former UST. It does not appear that a fifth boring would be necessary at this time.
- o Although Cape states that the monitoring wells will be screened 3 feet above the water table, with 1 to 2 feet of filter pack sand above the screened section, the water table at the site may be too shallow to employ this well construction. Past depth-to-water readings were recorded at 5-feet below ground surface (bgs). After the heavy rains this year, the water table is anticipated to be even shallower. Details on how the well constructions will account for a potentially shallower water table need to be submitted. Please be reminded that the Regional Water Quality Control Board standardly requires monitoring wells to be screened at or above the historical shallow water table and 10 feet below the water table.
- o This office has no information on whether Well MW-2 was properly destroyed under permit. Please submit all details on the destruction of Well MW-2.
- o Monthly water level measurements and corresponding ground water gradient determinations shall be conducted for the first three months and then quarterly thereafter. However, if significant gradient variations are observed in the first three months, monthly water level measurements shall continue for nine consecutive additional months.

Ms. Beverly Chin  
Re: 620 Central Ave.  
April 14, 1995  
Page 3 of 3

- o Please be reminded that the three initial monitoring wells at either of the tank sites must be located at least 20 feet apart and form a sufficient triangle for adequate gradient flow determinations.
- o Please be reminded to collect soil samples from the soil/water interface, in addition to five-foot intervals and changes in lithology.

You are required to submit an addendum to the work plan addressing the above concerns **within 20 days** of the date of this letter. If you have any questions or comments, please contact me at (510) 567-6763.

Sincerely,



Juliet Shin  
Senior Hazardous Materials Specialist

cc: Larry Harlan  
Cape Environmental Mgmt., Inc.  
20280 South Vermont Ave., Ste 250  
Torrance, CA 90502

Acting Division Chief, ACDEH (File)



3480 Buskirk Avenue  
Pleasant Hill, CA 94523-4342  
P.O. Box 8045  
Walnut Creek, CA 94596-1220  
(510) 937-9010  
FAX (510) 937-9026

HAZMAT  
94 DEC 20 PM 4:07

December 19, 1994

Ms. Beverly Chin  
Contracting Officer, Contract Division, 5th Floor  
General Services Administration  
525 Market Street  
San Francisco, CA 94105

11-1016

Reference: Alameda Underground Tank Removal & Parking Lot Upgrade  
Project No. RCA 21232 Contract No. GS09P93KTC0071

Subject: Project Status - Tanks 1 through 4

Dear Ms. Chin:

We received a copy of Alameda County Health Care Services Agency letter, dated December 6, 1994. This letter addressed the Agency's concern for scheduling additional site investigation, as well as, it's requirement for submission of a new work plan.

It is Brown and Caldwell's understanding, based on verbal direction received from Mr. Wil Uclusin and Mr. Richard Chiu of your office, that the current project will not include additional site investigation or tank removal. They have also directed us to have the contractor, Serrano & Cone, backfill and pave the tank areas including Tanks 1 & 2 and Tanks 3 & 4. The paving operations are currently underway.

We assume that GSA will respond to the Agency's concerns and requests on their own accord, outside the scope of this contract. If you have any questions, or wish to discuss this matter further, please contact me at (510) 210-2439.

Sincerely,

BROWN AND CALDWELL

Jill Wienbar  
Assistant Construction Manager

cc: Mr. Wil Uclusin, GSA  
Mr. Richard Chiu, GSA  
Ms. Carolyn Cooley, GSA  
Ms. Juliet Shin, ACHCSA



ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

December 6, 1994

Beverly Chin  
GSA  
525 Market St., 31st Floor  
San Francisco, CA 94105

ALAMEDA COUNTY CC4580  
DEPT. OF ENVIRONMENTAL HEALTH  
ENVIRONMENTAL PROTECTION DIVISION  
1131 HARBOR BAY PKWY., #250  
ALAMEDA CA 94502-6577

STID 4655

Re: Required investigations at the Alameda Federal Center  
(GSA), located at 620 Central Ave., Alameda, California

Dear Ms. Chin,

Two underground storage tanks (USTs), one 1,000-gallon gas/diesel (Tank 1) and one 5,000-gallon gasoline (Tank 2), were removed from the above site on January 27, 1994. There are two remaining 10,000-gallon diesel USTs (Tanks 3 and 4) currently at the site.

Prior to the removal of Tanks 1 and 2, borings were placed around all of the tanks, including Tanks 3 and 4, to determine the extent of soil and ground water contamination resulting from the operation of these tanks. Borings 1 and 2 were placed adjacent to Tank 1, borings 3, 4, and 5 were placed adjacent to Tank 2, and boring 6 was placed adjacent to Tanks 3 and 4. Soil samples collected from near Tank 1 identified up to 12 parts per million (ppm) Total Petroleum Hydrocarbons as diesel (TPHd), 100 ppm Oil & Grease, and traces of heavy metals. Soil samples collected from near Tank 2 identified 57 (ppm) TPHd, 120 ppm Oil & Grease, and 7 ppm Trichloroethene (TCE). Soil samples collected from near Tank 2 only identified low levels of semi-volatiles, such as 12 ppm flouranthene and 26 ppm pyrene. Soil samples collected from near Tanks 3 and 4 identified elevated levels of TPHd at 5,100 ppm, and Oil & Grease at 19,000 ppm.

Soil samples collected from the tank pits of Tanks 1 and 2 during the tank removals identified only low levels of motor oil. Boring 1 was converted into Monitoring Well (MW) 1, boring 5 was converted into MW-2, and boring 6 was converted into MW-3. Ground water samples were collected from wells MW-1 and MW-3 on January 28, 1994. MW-2 was apparently destroyed before it could be sampled. Analysis of the ground water sample collected from MW-1 identified up to 0.6 parts per billion (ppb) benzene, 1.5 ppb 1,2-dichloroethene (DCE), 1 ppb tetrachloroethylene (PCE), and 3 ppb TCE. Free product was identified in Well MW-3.

Guidelines established by the California Regional Water Quality Control Board (RWQCB) require that soil and ground water investigations be conducted when there is evidence to indicate that a release from an UST will impact or may have impacted the ground water.

Ms. Beverly Chin  
Re: 620 Central Ave.  
December 6, 1994  
Page 2 of 5

Per GSA's December 1, 1994 letter, and my conversation with Richard Chiu on December 6, 1994, it is the understanding of this office that GSA intends on removing the two remaining diesel tanks (Tanks 3 and 4) in conjunction with construction work scheduled to begin in July 1995. However, the schedule given in the December 1, 1994 letter does not specifically address any additional investigations associated with the soil and ground water contamination identified in January 1994. You are required to take steps to investigate the area around Tanks 1 and 2, which appear to be located outside of the proposed construction areas, in the interim (i.e., before July 1995).

Although GSA submitted a work plan, prepared by T & T Earch Services, in May 1994, GSA no longer intends on using this work plan, according to my conversation with Richard Chiu, GSA, on December 6, 1994.

As part of the required investigations at the site, you are required to prepare a Preliminary Site Assessment (PSA) work plan which addresses the delineation of the lateral and vertical extent and severity of the observed soil and ground water contamination at the site. The information gathered by the referenced PSA will be used to determine an appropriate course of action to remediate the site, if deemed necessary. The PSA must be conducted in accordance with the RWQCB's Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, and be consistent with requirements set forth in Article 11 of Title 23 California Code of Regulations. The major elements of such an investigation are summarized in the attached **Appendix A**. The major elements of the guidelines include, but are not limited to, the following:

- o At least one permanent ground water monitoring well must be installed within 10 feet of the former tanks, in the downgradient direction relative to ground water. It is still uncertain whether Wells MW-1 and MW-3 are in fact located in the downgradient direction from former Tank 1 and existing Tanks 3 and 4. In the absence of neighboring monitoring wells located within 100 feet of the site, or any other data identifying the confirmed downgradient direction, a minimum of three wells will be required to verify gradient direction. During the installation of these wells, soil samples are to be collected at five-foot depth intervals and any significant changes in lithology.

Ms. Beverly Chin  
Re: 620 Central Ave.  
December 6, 1994  
Page 3 of 5

- o Subsequent to the installation of the monitoring wells, these wells must be surveyed to an established benchmark, (i.e., Mean Sea Level) with an accuracy of 0.01 foot. Ground water samples are to be collected and analyzed quarterly, and water level measurements are to be collected monthly for the first 12 months, and then quarterly thereafter. Samples associated with Tank 1 and Tank 2 shall be analyzed for Total Petroleum Hydrocarbons as gasoline (TPHg), benzene, toluene, ethylbenzene, and xylenes (BTEX), TPHd, Oil & Grease, and chlorinated hydrocarbons. Samples associated with Tanks 3 and 4 shall be analyzed for TPHd, BTEX, and Oil & Grease.

This Department will oversee the assessment and remediation of your site. Our oversight will include the review of and comment on work proposals and technical guidance on appropriate investigative approaches and monitoring schedules. The issuance of well drilling permits, however, will be through the Alameda County Flood Control and Water Conservation District, Zone 7, in Pleasanton. The RWQCB may choose to take over as lead agency if it is determined, following the completion of the initial assessment, that there has been a substantial impact to ground water.

In order to properly conduct a site investigation, you are required to obtain the professional services of a reputable environmental consultant. All reports and proposals must be submitted under seal of a California-Registered Geologist, -Certified Engineering Geologist, or -Registered Civil Engineer.

The PSA work plan is due **within 60 days** of the date of this letter. Following completion of the well installations, subsequent ground water monitoring reports are to be submitted quarterly until this site qualifies for case closure by RWQCB. Such quarterly reports are due the first day of the second month of each subsequent quarter.

The referenced initial and quarterly reports must describe the status of the investigation and must include, among others, the following elements:

- o Details and results of all work performed during the designated period of time: 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, tabulations of free product thicknesses and dissolved fractions, etc.

Ms. Beverly Chin  
Re: 620 Central Ave.  
December 6, 1994  
Page 4 of 5

- o Status of ground water contamination characterization.
- o Interpretations of results: water level contour maps showing gradients, free and dissolved product plume definition maps for each target component, geologic cross sections, etc.
- o Recommendations or plans for additional investigative work or remediation.

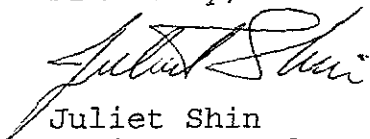
Please be advised that this is a formal request for a work plan pursuant to Section 2722 (c)(d) of Title 23 California Code of Regulations. Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by either this agency or RWQCB.

Additionally, the required work plan shall also address interim measures to remove, contain, and/or further characterize the floating product observed in Well MW-3.

Lastly, please include a more detailed and revised timetable for scheduled work in the PSA work plan.

If you have any questions or comments, please contact me at (510) 567-6763.

Sincerely,



Juliet Shin  
Senior Hazardous Materials Specialist

**ATTACHMENT**

cc: Richard Chiu Jr.  
General Services Administration, Region 9  
525 Market Street  
San Francisco, CA 94105-2799

Ms. Beverly Chin  
Re: 620 Central Ave.  
December 6, 1994  
Page 5 of 5

Ando Merendi  
General Services Administration, Region 9  
(Safety & Environment Branch)  
9 PMS  
525 Market St.  
San Francisco, CA 94105

George Pendergrass  
Brown & Caldwell  
P.O. Box 13449  
Sacramento, CA 95813-3449

Edgar Howell



General Services Administration, Region 9  
525 Market Street  
San Francisco, CA 94105-2799

HAZMAT  
54 DEC -5 PM 3:41

December 1, 1994

Ms. Juliet Shin  
Hazardous Materials Specialist  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
Environmental Protection Division  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

Subject: Status of Underground Storage Tank Removal Project for  
Alameda Federal Center,  
620 Central Ave., Alameda, CA 94501  
Site ID# 4655

Dear Ms. Shin,

Per our telephone conversation on November 23, 1994 the following is the status and schedule you requested concerning the above project.

The scope of work for the construction of this project consists upgrading the storm drainage system for the entire complex, repairing the paving and resealing the parking lots and streets, restriping of the parking lots, demolition of a storage shed, removal of three underground storage tanks (USTs) and the restoration of the facility. During construction, an additional UST was discovered. Currently the remaining items to be performed are repaving the parking lots and streets, the removal of two (2) underground storage tanks (USTs) and the final clean-up of the facility. Paving operations for the facility will start in early December 1994 (Weather Permitting) and is expected to be completed by January of 1995.

Due to the fact that the two remaining USTs are adjacent to a retaining wall, the contractor (T & T Earth Services) proposed to remediate the tanks in place through in-situ bioremediation. The Government had some concerns with the contractor's proposal and recommended that the tanks be physically removed. Due to the differences as to how best to handle the removal of the two tanks and the continued action required at the removed tank sites, the Government decided to complete of this activity after paving operations. I am in the process of developing the new project documents for the new contract. Shown below is a preliminary schedule for the new project.

| ACTIVITY  | DATE COMPLETE |
|---|---------------|
| PAVING OPERATIONS                                   | JANUARY 1995  |
| REVIEW EXISTING DATA AND LIMITED SITE INVESTIGATION | FEBRUARY 1995 |
| DOCUMENTS READY FOR CONSTRUCTION                    | APRIL 1995    |
| CONSTRUCTION CONTRACT AWARD                         | JUNE 1995     |
| CONSTRUCTION BEGINS                                 | JULY 1995     |

→ Is this when 2 remaining tanks will be removed? Yes. Per my conversation

For safety reasons, the tank pit areas will be backfilled and temporarily repaved under the current contract. The Government recognizes that additional action will be required to obtain site closure. From our conversation, it is my understanding that the Alameda County Department of Environment Health does not have any problems with backfilling the tank pit areas as long as activities resume to remove the remaining two tanks for closure.

Thank you for your assistance and attention on this matter. Should you have any questions please do not hesitate to call me at (415) 744-5806.

Sincerely,

*Richard Chiu Jr.*

Richard Chiu Jr.  
 Technical Services Section  
 Design and Construction Division

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A**



COMPLETE THIS FORM FOR EACH FACILITY/SITE

|                       |  |   |   |  |
|-----------------------|--|---|---|--|
| MARK ONLY<br>ONE ITEM | <input checked="" type="checkbox"/> 1 NEW PERMIT | <input type="checkbox"/> 3 RENEWAL PERMIT | <input type="checkbox"/> 5 CHANGE OF INFORMATION  | <input type="checkbox"/> 7 PERMANENTLY CLOSED SITE |
|                       | <input type="checkbox"/> 2 INTERIM PERMIT        | <input type="checkbox"/> 4 AMENDED PERMIT | <input type="checkbox"/> 6 TEMPORARY SITE CLOSURE |  |

**I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)**

|   |  |  |  |   |
|---|--|--|--|---|
| DBA OR FACILITY NAME<br><u>Alameda Federal Center</u>   |  | NAME OF OPERATOR<br><u>General Services Administration</u> |  |   |
| ADDRESS<br><u>620 Central Avenue</u>  |  | NEAREST CROSS STREET<br><u>Webster</u>                     | PARCEL # (OPTIONAL)                                |   |
| CITY NAME<br><u>Alameda</u>   |  | STATE<br><u>CA</u>   | ZIP CODE<br><u>94501</u>                           | SITE PHONE # WITH AREA CODE<br><u>(510) 273-7785/667-6527</u> |
| <input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> FEDERAL-AGENCY |  |  |  |   |
| TYPE OF BUSINESS  |  | <input type="checkbox"/> 1 GAS STATION                     | <input type="checkbox"/> 2 DISTRIBUTOR             | <input type="checkbox"/> 3 FARM                               |
|   |  | <input type="checkbox"/> 4 PROCESSOR                       | <input checked="" type="checkbox"/> 5 OTHER        | <input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS |
|   |  | # OF TANKS AT SITE<br><u>4</u>                             | E. P. A. I. D. # (optional)<br><u>CA1470000760</u> |   |

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

|  |   |   |   |
|--|---|---|---|
| DAYS: NAME (LAST, FIRST)<br><u>Cooley, Carolyn</u>   | PHONE # WITH AREA CODE<br><u>(510) 273-7785</u>     | DAYS: NAME (LAST, FIRST)<br><u>White, Timothy</u>   | PHONE # WITH AREA CODE<br><u>(510) 273-7492</u> |
| NIGHTS: NAME (LAST, FIRST)<br><u>Cooley, Carolyn</u> | PHONE # WITH AREA CODE<br><u>(510) 273-634-5771</u> | NIGHTS: NAME (LAST, FIRST)<br><u>White, Timothy</u> | PHONE # WITH AREA CODE<br><u>(510) 547-7460</u> |

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

|   |  |  |                          |   |
|---|--|--|--------------------------|---|
| NAME<br><u>U.S. Gov't, General Services Administration</u>      |  | CARE OF ADDRESS INFORMATION  |                          |   |
| MAILING OR STREET ADDRESS<br><u>1301 Clay Street, Room 280N</u> |  | <input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY<br><input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input checked="" type="checkbox"/> FEDERAL-AGENCY |                          |   |
| CITY NAME<br><u>Oakland</u>                                     |  | STATE<br><u>CA</u>   | ZIP CODE<br><u>94612</u> | PHONE # WITH AREA CODE<br><u>(510) 637-5000</u> |

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

|   |  |  |                          |   |
|---|--|--|--------------------------|---|
| NAME OF OWNER<br><u>U.S. Gov't, General Services Administration</u> |  | CARE OF ADDRESS INFORMATION  |                          |   |
| MAILING OR STREET ADDRESS<br><u>1301 Clay Street, Room 280N</u>     |  | <input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY<br><input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input checked="" type="checkbox"/> FEDERAL-AGENCY |                          |   |
| CITY NAME<br><u>Oakland</u>   |  | STATE<br><u>CA</u>   | ZIP CODE<br><u>94612</u> | PHONE # WITH AREA CODE<br><u>(510) 637-5000</u> |

**IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 if questions arise.**

TY(TK) HQ 44 - 032063

**V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED**

|   |  |                                      |                                      |  |
|---|--|--------------------------------------|--------------------------------------|--|
| <input checked="" type="checkbox"/> box to indicate | <input checked="" type="checkbox"/> 1 SELF-INSURED | <input type="checkbox"/> 2 GUARANTEE | <input type="checkbox"/> 3 INSURANCE | <input type="checkbox"/> 4 SURETY BOND |
|   | <input type="checkbox"/> 5 LETTER OF CREDIT        | <input type="checkbox"/> 6 EXEMPTION | <input type="checkbox"/> 99 OTHER    |  |

**VI. LEGAL NOTIFICATION AND BILLING ADDRESS** Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:    I.     II.     III.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

|  |   |                                       |
|--|---|---------------------------------------|
| APPLICANT'S NAME (PRINTED & SIGNED)<br><u>Carolyn Cooley</u> | APPLICANT'S TITLE<br><u>Asst. Field Ofc. Mgr.</u> | DATE MONTH DAY YEAR<br><u>11/3/94</u> |
|--|---|---------------------------------------|

**LOCAL AGENCY USE ONLY**

|                          |                           |                                     |
|--------------------------|---------------------------|-------------------------------------|
| COUNTY #                 | JURISDICTION #            | FACILITY #                          |
| LOCATION CODE - OPTIONAL | CONSTRUCTION # - OPTIONAL | SUPERVISOR DISTRICT CODE - OPTIONAL |



**INSTRUCTIONS FOR COMPLETING FORM "A"**

**GENERAL INSTRUCTIONS:**

1. One FORM "A" shall be completed for each NEW PERMIT, PERMIT CHANGES or any FACILITY/SITE INFORMATION CHANGES.
2. **SUBMIT ONLY ONE (1) FORM "A"** for Facility/Site, regardless of the number of tanks located at the site.
3. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY (UNDERGROUND) TANK INSPECTOR.
4. Please type or print clearly all requested information.
5. Use a hard point writing instrument, you are making 3 copies.

**TOP OF FORM: "MARK ONLY ONE ITEM"**

Mark an (X) in the box next to the item that best describes the reason the form is being completed

**I. FACILITY/SITE INFORMATION & ADDRESS (MUST BE COMPLETED)**

1. Record name and address (physical location) of the underground tank(s).  
NOTE: Address MUST have a valid physical location including city, state, and zip code.  
**P.O. BOX NUMBERS ARE NOT ACCEPTABLE.**  
Include nearest cross street address of the operator.
2. Phone number must have an area code. If the night number is the same, write "SAME" in proper location.
3. Check the appropriate box for TYPE OF BUSINESS OWNERSHIP (ex. CORPORATION, INDIVIDUAL, etc.)
4. Check the appropriate box for TYPE OF BUSINESS.
5. If Facility/Site is located within an Indian reservation or other Indian trust lands, check the box marked "YES"
6. Indicate the NUMBER OF TANKS at this SITE
7. Record the E.P.A. ID # or write "NONE" in the space provided.

**II. PROPERTY OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)**

Complete all items in this section, unless all items are the same as SECTION I. If the same, write "SAME AS SITE" across this section. Be sure to check PROPERTY OWNERSHIP TYPE box.

**III. TANK OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)**

Complete all items in this section, unless all items are the same as SECTION I. If the same, write "SAME AS SITE" across this section. Be sure to check TANK OWNERSHIP TYPE box.

**IV. BOARD OF EQUALIZATION USE STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED)**

Enter your Board of Equalization (BOE) USF storage fee account number which is required before your permit application can be processed. Registration with the BOE will ensure that you will receive a quarterly storage fee statement reporting the \$0.006 (6 mills) per gallon fee due on the number of gallons placed in your USFs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at 916-323-9555 or write to the BOE at the following address: Board of Equalization, Environmental Fees Unit, P.O. Box 942879, Sacramento, CA 94279-0001.

**V. PETROLEUM USE FINANCIAL RESPONSIBILITY (MUST BE COMPLETED)**

Identify the method(s) used by the owner and/or operator in meeting the Federal and State financial responsibility requirements. USFs owned by any Federal or State agency are exempt from this requirement.

**VI. LEGAL NOTIFICATION AND BILLING ADDRESS**

Check ONE BOX for the address that will be used for BOTH LEGAL AND BILLING NOTIFICATIONS.

**APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.**

**INSTRUCTION FOR THE LOCAL AGENCIES**

The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)739-3421. The facility number may be assigned by the local agency; however, this number must be numerical and cannot contain any alphabetical. If the local agency prefers the State Board to assign the facility number, please leave it blank.

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

|                           |  |   |   |   |
|---------------------------|--|---|---|---|
| <b>MARK ONLY ONE ITEM</b> | <input checked="" type="checkbox"/> 1 NEW PERMIT | <input type="checkbox"/> 3 RENEWAL PERMIT | <input type="checkbox"/> 5 CHANGE OF INFORMATION  | <input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE |
|                           | <input type="checkbox"/> 2 INTERIM PERMIT        | <input type="checkbox"/> 4 AMENDED PERMIT | <input type="checkbox"/> 6 TEMPORARY TANK CLOSURE | <input checked="" type="checkbox"/> 8 TANK REMOVED    |

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Alameda Federal Center

|  |   |
|--|---|
| <b>I. TANK DESCRIPTION</b> COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN |   |
| A. OWNER'S TANK I. D. # <u>Unknown</u>                             | B. MANUFACTURED BY: <u>Unknown</u>        |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u>                     | D. TANK CAPACITY IN GALLONS: <u>5,000</u> |

|   |                                     |  |   |
|---|-------------------------------------|--|---|
| <b>II. TANK CONTENTS</b> IF A-1 IS MARKED, COMPLETE ITEM C. |                                     |  |   |
| A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL | <input type="checkbox"/> 4 OIL      | B. <input checked="" type="checkbox"/> 1 PRODUCT | C. <input type="checkbox"/> 1a REGULAR UNLEADED |
| <input type="checkbox"/> 2 PETROLEUM                        | <input type="checkbox"/> 80 EMPTY   | <input type="checkbox"/> 2 WASTE                 | <input type="checkbox"/> 1b PREMIUM UNLEADED    |
| <input type="checkbox"/> 3 CHEMICAL PRODUCT                 | <input type="checkbox"/> 95 UNKNOWN |  | <input type="checkbox"/> 2 LEADED               |
| D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED   |                                     |  | C. A. S. #:                                     |

|  |  |   |  |
|--|--|---|--|
| <b>III. TANK CONSTRUCTION</b> MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E |  |   |  |
| A. TYPE OF SYSTEM  | <input type="checkbox"/> 1 DOUBLE WALL                           | <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER      | <input type="checkbox"/> 95 UNKNOWN                        |
|  | <input checked="" type="checkbox"/> 2 SINGLE WALL                | <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK) | <input type="checkbox"/> 99 OTHER                          |
| B. TANK MATERIAL (Primary Tank)  | <input checked="" type="checkbox"/> 1 BARE STEEL                 | <input type="checkbox"/> 2 STAINLESS STEEL                      | <input type="checkbox"/> 3 FIBERGLASS                      |
|  | <input type="checkbox"/> 5 CONCRETE                              | <input type="checkbox"/> 6 POLYVINYL CHLORIDE                   | <input type="checkbox"/> 7 ALUMINUM                        |
|  | <input type="checkbox"/> 9 BRONZE                                | <input type="checkbox"/> 10 GALVANIZED STEEL                    | <input type="checkbox"/> 95 UNKNOWN                        |
|  |  |   | <input type="checkbox"/> 99 OTHER                          |
| C. INTERIOR LINING   | <input type="checkbox"/> 1 RUBBER LINED                          | <input type="checkbox"/> 2 ALKYD LINING                         | <input type="checkbox"/> 3 EPOXY LINING                    |
|  | <input type="checkbox"/> 5 GLASS LINING                          | <input checked="" type="checkbox"/> 6 UNLINED                   | <input type="checkbox"/> 95 UNKNOWN                        |
|  |  |   | <input type="checkbox"/> 4 PHENOLIC LINING                 |
|  |  |   | <input type="checkbox"/> 99 OTHER                          |
|  | IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___ |   |  |
| D. CORROSION PROTECTION  | <input type="checkbox"/> 1 POLYETHYLENE WRAP                     | <input type="checkbox"/> 2 COATING                              | <input type="checkbox"/> 3 VINYL WRAP                      |
|  | <input type="checkbox"/> 5 CATHODIC PROTECTION                   | <input checked="" type="checkbox"/> 91 NONE                     | <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC   |
|  |  |   | <input type="checkbox"/> 95 UNKNOWN                        |
|  |  |   | <input type="checkbox"/> 99 OTHER                          |
| E. SPILL AND OVERFILL  | SPILL CONTAINMENT INSTALLED (YEAR) <u>None</u>                   |   | OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>None</u> |

|  |   |   |  |   |
|--|---|---|--|---|
| <b>IV. PIPING INFORMATION</b> CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE |   |   |  |   |
| A. SYSTEM TYPE   | A <u>(U)</u> 1 SUCTION                                  | A <u>(U)</u> 2 PRESSURE                           | A <u>(U)</u> 3 GRAVITY                             | A U 99 OTHER                                  |
| B. CONSTRUCTION  | A <u>(U)</u> 1 SINGLE WALL                              | A U 2 DOUBLE WALL                                 | A U 3 LINED TRENCH                                 | A U 95 UNKNOWN A U 99 OTHER                   |
| C. MATERIAL AND CORROSION PROTECTION   | A <u>(U)</u> 1 BARE STEEL                               | A U 2 STAINLESS STEEL                             | A U 3 POLYVINYL CHLORIDE (PVC)                     | A U 4 FIBERGLASS PIPE                         |
|  | A U 5 ALUMINUM  | A U 6 CONCRETE                                    | A U 7 STEEL W/ COATING                             | A U 8 100% METHANOL COMPATIBLE W/FRP          |
|  | A U 9 GALVANIZED STEEL                                  | A U 10 CATHODIC PROTECTION                        | A U 95 UNKNOWN                                     | A U 99 OTHER                                  |
| D. LEAK DETECTION  | <input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR | <input type="checkbox"/> 2 LINE TIGHTNESS TESTING | <input type="checkbox"/> 3 INTERSTITIAL MONITORING | <input type="checkbox"/> 99 OTHER <u>None</u> |

|   |   |  |   |  |
|---|---|--|---|--|
| <b>V. TANK LEAK DETECTION</b>           |   |  |   |  |
| <input type="checkbox"/> 1 VISUAL CHECK | <input type="checkbox"/> 2 INVENTORY RECONCILIATION | <input type="checkbox"/> 3 VADOZE MONITORING | <input type="checkbox"/> 4 AUTOMATIC TANK GAUGING | <input type="checkbox"/> 5 GROUND WATER MONITORING |
| <input type="checkbox"/> 6 TANK TESTING | <input type="checkbox"/> 7 INTERSTITIAL MONITORING  | <input type="checkbox"/> 91 NONE             | <input checked="" type="checkbox"/> 95 UNKNOWN    | <input type="checkbox"/> 99 OTHER                  |

|   |  |   |
|---|--|---|
| <b>VI. TANK CLOSURE INFORMATION</b>                     |  |   |
| 1. ESTIMATED DATE LAST USED (MO/DAY/YR)<br><u>01/84</u> | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>Small amount</u> GALLONS | 3. WAS TANK FILLED WITH NEXT MATERIAL? YES ___ NO ___ |

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

|  |      |
|--|------|
| APPLICANT'S NAME (PRINTED & SIGNATURE) | DATE |
|--|------|

|   |                         |                |                        |        |
|---|-------------------------|----------------|------------------------|--------|
| <b>LOCAL AGENCY USE ONLY</b> THE STATE I. D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW |                         |                |                        |        |
| STATE I. D. #   | COUNTY #                | JURISDICTION # | FACILITY #             | TANK # |
| PERMIT NUMBER   | PERMIT APPROVED BY DATE |                | PERMIT EXPIRATION DATE |        |

## INSTRUCTIONS FOR COMPLETING FORM "B"

### GENERAL INSTRUCTIONS:

1. One FORM "B" shall be completed for each tank for all **NEW PERMITS, PERMIT CHANGES, REMOVALS** and/or any other **TANK INFORMATION CHANGE**.
2. This form should be completed by either the **PERMIT APPLICANT** or the **LOCAL AGENCY UNDERGROUND TANK INSPECTOR**.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument. you are making 3 copies.

### TOP OF FORM: "MARK ONLY ONE ITEM"

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

### I. TANK DESCRIPTION - COMPLETE ALL ITEMS - IF UNKNOWN - SO SPECIFY

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG.).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

### II. TANK CONTENTS

- A. 1. If **MOTOR VEHICLE FUEL**, check box 1 and complete items B & C.  
2. If not **MOTOR VEHICLE FUEL**, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of **MOTOR VEHICLE FUEL** (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

### III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in **TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING** and **CORROSION PROTECTION**.
2. If **OTHER**, print in the space provided.

### IV. PIPING INFORMATION

1. Circle **A** if above ground; circle **U** if underground; and circle both if applicable.
2. If **UNKNOWN**, circle; or if **OTHER**, print in space provided.
3. Indicate the **LEAK DETECTION** system(s) used to comply with the monitoring requirement for the piping.

### V. TANK LEAK DETECTION

1. Indicate the **LEAK DETECTION** system(s) used to comply with the monitoring requirements for the tank.

### VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. **ESTIMATED DATE LAST USED** - MONTH/YEAR (January, 1988 or 01/88).
2. **ESTIMATED QUANTITY** of **HAZARDOUS SUBSTANCE** remaining in the tank (in Gallons).
3. **WAS TANK FILLED WITH INERT MATERIAL?** Check 'Yes' or 'NO'.

**APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.**

### INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)739-2421. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency; however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

|                           |  |   |   |   |
|---------------------------|--|---|---|---|
| <b>MARK ONLY ONE ITEM</b> | <input checked="" type="checkbox"/> 1 NEW PERMIT | <input type="checkbox"/> 3 RENEWAL PERMIT | <input type="checkbox"/> 5 CHANGE OF INFORMATION  | <input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE |
|                           | <input type="checkbox"/> 2 INTERIM PERMIT        | <input type="checkbox"/> 4 AMENDED PERMIT | <input type="checkbox"/> 6 TEMPORARY TANK CLOSURE | <input checked="" type="checkbox"/> 8 TANK REMOVED    |

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Alameda Federal Center

**I. TANK DESCRIPTION** COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN

|  |  |
|--|--|
| A. OWNER'S TANK I. D. # <u>Unknown</u>         | B. MANUFACTURED BY: <u>Unknown</u>       |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u> | D. TANK CAPACITY IN GALLONS: <u>1000</u> |

**II. TANK CONTENTS** IF A-1 IS MARKED, COMPLETE ITEM C.

|  |   |   |   |                                     |   |
|--|---|---|---|-------------------------------------|---|
| A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL | <input checked="" type="checkbox"/> 4 OIL | B. <input type="checkbox"/> 1 PRODUCT       | C. <input type="checkbox"/> 1a REGULAR UNLEADED | <input type="checkbox"/> 3 DIESEL   | <input type="checkbox"/> 6 AVIATION GAS                       |
| <input type="checkbox"/> 2 PETROLEUM             | <input type="checkbox"/> 80 EMPTY         | <input checked="" type="checkbox"/> 2 WASTE | <input type="checkbox"/> 1b PREMIUM UNLEADED    | <input type="checkbox"/> 4 GASOLIN  | <input type="checkbox"/> 7 METHANOL                           |
| <input type="checkbox"/> 3 CHEMICAL PRODUCT      | <input type="checkbox"/> 95 UNKNOWN       |   | <input type="checkbox"/> 2 LEADED               | <input type="checkbox"/> 5 JET FUEL | <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW) |

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Waste Oil C. A S. #: Unknown

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

|                   |   |   |                                     |
|-------------------|---|---|-------------------------------------|
| A. TYPE OF SYSTEM | <input type="checkbox"/> 1 DOUBLE WALL            | <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER      | <input type="checkbox"/> 95 UNKNOWN |
|                   | <input checked="" type="checkbox"/> 2 SINGLE WALL | <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK) | <input type="checkbox"/> 99 OTHER   |

|                                 |  |   |                                       |  |
|---------------------------------|--|---|---------------------------------------|--|
| B. TANK MATERIAL (Primary Tank) | <input checked="" type="checkbox"/> 1 BARE STEEL | <input type="checkbox"/> 2 STAINLESS STEEL    | <input type="checkbox"/> 3 FIBERGLASS | <input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC |
|                                 | <input type="checkbox"/> 5 CONCRETE              | <input type="checkbox"/> 6 POLYVINYL CHLORIDE | <input type="checkbox"/> 7 ALUMINUM   | <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP              |
|                                 | <input type="checkbox"/> 9 BRONZE                | <input type="checkbox"/> 10 GALVANIZED STEEL  | <input type="checkbox"/> 95 UNKNOWN   | <input type="checkbox"/> 99 OTHER                                      |

|                    |   |   |   |  |
|--------------------|---|---|---|--|
| C. INTERIOR LINING | <input type="checkbox"/> 1 RUBBER LINED | <input type="checkbox"/> 2 ALKYD LINING       | <input type="checkbox"/> 3 EPOXY LINING | <input type="checkbox"/> 4 PHENOLIC LINING |
|                    | <input type="checkbox"/> 5 GLASS LINING | <input checked="" type="checkbox"/> 6 UNLINED | <input type="checkbox"/> 95 UNKNOWN     | <input type="checkbox"/> 99 OTHER          |

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_

|                         |  |   |                                       |  |
|-------------------------|--|---|---------------------------------------|--|
| D. CORROSION PROTECTION | <input type="checkbox"/> 1 POLYETHYLENE WRAP   | <input type="checkbox"/> 2 COATING          | <input type="checkbox"/> 3 VINYL WRAP | <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC |
|                         | <input type="checkbox"/> 5 CATHODIC PROTECTION | <input checked="" type="checkbox"/> 91 NONE | <input type="checkbox"/> 95 UNKNOWN   | <input type="checkbox"/> 99 OTHER                        |

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) None OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) None

**IV. PIPING INFORMATION** CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

|                                      |                        |                            |                                |                                      |
|--------------------------------------|------------------------|----------------------------|--------------------------------|--------------------------------------|
| A. SYSTEM TYPE                       | A (U) 1 SUCTION        | A (U) 2 PRESSURE           | A (U) 3 GRAVITY                | A U 99 OTHER                         |
| B. CONSTRUCTION                      | A (U) 1 SINGLE WALL    | A U 2 DOUBLE WALL          | A U 3 LINED TRENCH             | <del>95 UNKNOWN</del> A U 99 OTHER   |
| C. MATERIAL AND CORROSION PROTECTION | A (U) 1 BARE STEEL     | A U 2 STAINLESS STEEL      | A U 3 POLYVINYL CHLORIDE (PVC) | A U 4 FIBERGLASS PIPE                |
|                                      | A U 5 ALUMINUM         | A U 6 CONCRETE             | A U 7 STEEL W/ COATING         | A U 8 100% METHANOL COMPATIBLE W/FRP |
|                                      | A U 9 GALVANIZED STEEL | A U 10 CATHODIC PROTECTION | A U 95 UNKNOWN                 | A U 99 OTHER                         |

D. LEAK DETECTION  1 AUTOMATIC LINE LEAK DETECTOR  2 LINE TIGHTNESS TESTING  3 INTERSTITIAL MONITORING  99 OTHER None

**V. TANK LEAK DETECTION**

|   |   |  |   |  |
|---|---|--|---|--|
| <input type="checkbox"/> 1 VISUAL CHECK | <input type="checkbox"/> 2 INVENTORY RECONCILIATION | <input type="checkbox"/> 3 VADOZE MONITORING | <input type="checkbox"/> 4 AUTOMATIC TANK GAUGING | <input type="checkbox"/> 5 GROUND WATER MONITORING |
| <input type="checkbox"/> 6 TANK TESTING | <input type="checkbox"/> 7 INTERSTITIAL MONITORING  | <input type="checkbox"/> 91 NONE             | <input checked="" type="checkbox"/> 95 UNKNOWN    | <input type="checkbox"/> 99 OTHER                  |

**VI. TANK CLOSURE INFORMATION**

|   |   |   |
|---|---|---|
| 1. ESTIMATED DATE LAST USED (MO/DAY/YR)<br><u>01/84</u> | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>800</u> GALLONS | 3. WAS TANK FILLED WITH NEXT MATERIAL? YES NO <input checked="" type="checkbox"/> |
|---|---|---|

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY AND TO THE BEST OF MY KNOWLEDGE IS TRUE AND CORRECT

|   |                         |
|---|-------------------------|
| APPLICANT'S NAME (PRINTED & SIGNATURE)<br><u>Carolyn Cooley, APOM</u> | DATE<br><u>02/10/84</u> |
|---|-------------------------|

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

|               |                         |                        |            |
|---------------|-------------------------|------------------------|------------|
| STATE I.D.#   | COUNTY #                | JURISDICTION #         | FACILITY # |
| PERMIT NUMBER | PERMIT APPROVED BY DATE | PERMIT EXPIRATION DATE | TANK #     |

**INSTRUCTIONS FOR COMPLETING FORM "B"**

**GENERAL INSTRUCTIONS:**

1. One FORM "B" shall be completed for each tank for all **NEW PERMITS, PERMIT CHANGES, REMOVALS** and/or any other **TANK INFORMATION CHANGE**.
2. This form should be completed by either the **PERMIT APPLICANT** or the **LOCAL AGENCY UNDERGROUND TANK INSPECTOR**.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.

**TOP OF FORM: "MARK ONLY ONE ITEM"**

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

**I. TANK DESCRIPTION - COMPLETE ALL ITEMS - IF UNKNOWN - SO SPECIFY**

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG.).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

**II. TANK CONTENTS**

- A. 1. If **MOTOR VEHICLE FUEL**, check box 1 and complete items B & C.  
2. If not **MOTOR VEHICLE FUEL**, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of **MOTOR VEHICLE FUEL** (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

**III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D**

1. Check only one item in **TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING** and **CORROSION PROTECTION**.
2. If **OTHER**, print in the space provided.

**IV. PIPING INFORMATION**

1. Circle **A** if above ground; circle **U** if underground; and circle both if applicable.
2. If **UNKNOWN**, circle; or if **OTHER**, print in space provided.
3. Indicate the **LEAK DETECTION** system(s) used to comply with the monitoring requirement for the piping.

**V. TANK LEAK DETECTION**

1. Indicate the **LEAK DETECTION** system(s) used to comply with the monitoring requirements for the tank.

**VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE**

1. **ESTIMATED DATE LAST USED** - MONTH/YEAR (January, 1988 or 01/88).
2. **ESTIMATED QUANTITY** of **HAZARDOUS SUBSTANCE** remaining in the tank (in Gallons).
3. **WAS TANK FILLED WITH INERT MATERIAL?** Check "Yes" or "NO".

**APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.**

**INSTRUCTION FOR THE LOCAL AGENCIES**

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)739-2421. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency; however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

FOR INFORMATION OF THE LOCAL AGENCY, THE STATE BOARD OF UNDERGROUND STORAGE TANKS HAS DEVELOPED A SYSTEM FOR TRACKING THE TANKS AND ASSOCIATED INFORMATION. THIS INFORMATION IS AVAILABLE TO THE PUBLIC.

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

May 23, 1994

Beverly Chin  
GSA  
525 Market St., 31st Floor  
San Francisco, CA 94105

STID 4655

Re: Work plan for investigations at the Alameda Federal Center,  
located at 620 Central Ave., Alameda, California

Dear Ms. Chin,

This office has reviewed TKS's addendum to their May 1994 work plan, proposing additional soil and ground water investigations at the above site (refer to attached copy). The addendum was prepared in response to the County's comments on the work plan, dated May 11, 1994 (refer to attached copy). The addendum did not address some issues outlined in the County's letter, however, all requirements outlined in the County's letter still apply.

The following are some responses to TKS's addendum:

- o Although the work plan states that the observed floating product in Well MW-3 "tends not to move much" and proposes no product removal, Article 11 Title 23 California Code of Regulations states that floating product removal is required. If the removal of this product is not addressed in the near future, there is no guarantee that this product won't migrate further out. Since the law requires that the floating product eventually be removed, it appears prudent to address its removal sooner, rather than later, before the product plume expands and you have a greater problem to address. If it is too difficult to include floating product removal in this phase of investigations, you will be required to address it in conjunction with the quarterly monitoring work.
- o Soil and ground water samples collected from Tank Sites #3 and #4 shall also be analyzed for 8270 constituents since a soil sample collected from Boring 6 (Well MW-3) identified 8270 constituents.

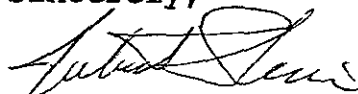
Beverly Chin  
Re: 620 Central Ave.  
May 23, 1994  
Page 2 of 3

- o Although the addendum states that Methods 418.1 and 5520 (E & F) are the same analysis, they are actually slightly different. Method 418.1 is only an established method for ground water analysis. Method 5520 E & F can be applied to both soil and ground water analysis. Method 5520 E & F uses extraction and gravimetric analysis. However, Method 418.1 uses Infrared. One concern this office has with 418.1 is that the "standard" used in this analysis may not utilize the same type of carbon chain (saturated vs unsaturated) as the contaminant of concern, and therefore not detect all the contaminants of concern. However, if done gravimetrically, both saturated and unsaturated hydrocarbons would be detected.
- o Please be reminded that permits are required for discharge of liquids to both the sanitary sewer and storm drain. If you plan to discharge to either of these outlets, it is recommended that you begin the permit application process as soon as possible.

Field work shall commence within 60 days of the date of this letter. A report documenting the work shall be submitted to this office within 45 days after completing field activities.

If you have any questions or comments, please contact me at (510) 271-4530.

Sincerely,



Juliet Shin  
Hazardous Materials Specialist

Attachment

cc: Ando Merendi  
GSA  
(Safety & Environment Branch)  
9 PMS  
525 Market St.  
San Francisco, CA 94105

Beverly Chin  
Re: 620 Central Ave.  
May 23, 1994  
Page 3 of 3

Carolyn Cooley  
General Services Administration, Region 9  
East Bay Field Office  
1301 Clay Street, Room 280N  
Oakland, CA 94612

George Pendergrass  
Brown & Caldwell  
P.O. Box 13449  
Sacramento, CA 95813-3449

Tim Smith  
TKS  
P.O. Box 1619  
Sutter Creek, CA 95685

Edgar Howell-File(JS)



May 11, 1994

Beverly Chin  
GSA  
525 Market St., 31st Floor  
San Francisco, CA 94105

STID 4655

Re: Investigations at the Alameda Federal Center, located at 620  
Central Ave., Alameda, California

Dear Ms. Chin,

This office has received and reviewed T & T Earth Services' (T & T) report, dated May 1994, documenting the tank removal and sampling work conducted to date at the above site, and proposing the installation of additional borings and wells and biotreatment for Tanks #3 and #4. The majority of this work plan is acceptable to this office, however, you will need to submit an addendum to the work plan addressing the following changes:

- o It is the understanding of this office that 15 to 30 borings will be placed in and around Tank Sites #3 and #4, and 8 to 15 soil borings around Tank Site #1 to delineate the extent of soil contamination. A site plan showing the locations of these soil borings is required to be submitted to this office. Both soil and ground water samples collected from the borings near Tank Site #1 shall be analyzed for TPHg, TPHd, BTEX, Chlorinated hydrocarbons (using Method 8010), and Oil & Grease (using Method 5520, and **not** the proposed 413.2 or 418.1). Soil samples shall be collected at 5-foot intervals, down to approximately 14- or 15-feet below ground surface, since soil contamination was observed at that depth in some of the previous soil borings. A minimum of one soil sample from each of the borings shall be analyzed by a certified laboratory.
- o According to T & T's report, product was observed in Well MW-3. Your work plan should address the removal of this floating product, as an interim remediation measure, per Article 11, Title 23 California Code of Regulations.
- o Ground water samples are required to be collected from around Tank Site #2, and be analyzed for Method 8270 constituents, since 12 ppm flouranthene and 26 ppm

Beverly Chin  
Re: 620 Central Ave.  
May 11, 1994  
Page 2 of 3

pyrene were identified in the soil sample collected from the previous boring in this area. Soil and ground water samples collected from around Tank Sites #3 and #4 shall be analyzed for TPHd, BTEX, 8270 constituents, and Oil & Grease (using Method 5520).

- o Samples collected from Tank #3 and #4 during the biotreatment, shall be analyzed for TPHd, BTEX, and Oil & Grease (using Method 5520). **Method 418.1 is not acceptable.**
- o Please provide a more thorough explanation as to where you plan to dispose of the liquid pumped out of Tanks #3 and #4, after you place them in the baker tanks.
- o The work plan states that soil samples cannot be collected underneath Tanks #3 and #4 due to a concrete ballast pad. However, you will be required to collect one soil sample from beneath each of these concrete ballast pads, since concrete is not known to be impermeable to contaminant migration, and you will be required to collect one soil sample from alongside both tanks from a depth equivalent to the bottom of the tanks. These samples shall be analyzed for TPHd, BTEX, 8270 constituents, and Oil & Grease (using Method 5520).

You are required to submit an addendum to the work plan addressing the above revisions **within 30 days** of the date of this letter. Field work shall commence within 60 days after approval of the amended work plan. A report documenting the work shall be submitted to this office within 45 days after completing field activities.

If you have any questions or comments, please contact me at (510) 271-4530.

Sincerely,

Juliet Shin  
Hazardous Materials Specialist

Beverly Chin  
Re: 620 Central Ave.  
May 11, 1994  
Page 3 of 3

cc: Carolyn Cooley  
General Services Administration, Region 9  
East Bay Field Office  
1301 Clay Street, Room 280N  
Oakland, CA 94612

George Pendergrass  
Brown and Caldwell  
9616 Micron Avenue  
P.O. Box 13449  
Sacramento, CA 95813-3449

Tim Smith  
T & T Earth Services  
P.O. Box 1618  
Sutter Creek, CA 95685

Edgar Howell-File(JS)

**SERRANO & CONE INC.**

**General Engineering Contractors**

License #595036-A

May 9, 1994

Alameda County Department of Environmental Health  
Hazardous Material Division  
80 Swan Way #200  
Oakland, CA 94621

ALCO  
HAZMAT  
94 MAY 10 AM 9:08

Re : GSA Contract No. GS-09P-93-KTC-0071  
Project No. RCA21232  
Alameda Federal Center

Attn: Juliet Shin

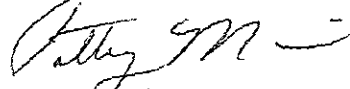
Transmitted herewith are duplicate copies of transmittal by TKS. Originals have already been sent prior to this. This is just another set for your analysis. More will follow.

For your review and approval  
 For your records/information  
 As requested

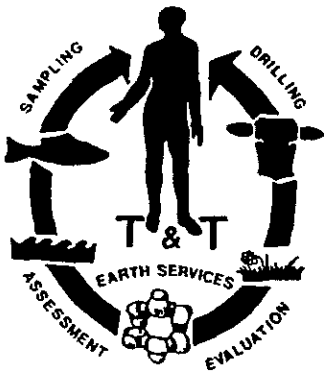
Note : When product literature or shop drawings are transmitted under this cover, Serrano & Cone, Inc. has performed a cursory review of the literature/shop drawings and thereby certifies that said literature/shop drawings are to the best of our knowledge in conformance with the contract plans and specifications.

Sincerely,

SERRANO & CONE, INC.



Kathy Minerva  
MSW/dbm 001.j30  
Enclosure



# T & T EARTH SERVICES

Tom Hunt  
P.O. Box 1121  
Jackson, CA 95642  
(209) 223-2811

Tim Smith  
P.O. Box 1618  
Sutter Creek, CA 95685  
(209) 267-0903

May 6, 1994

Ms. Juliet Shin  
Alameda County Health Care Services  
Dept. of Environmental Health  
Hazardous Materials Division  
80 Swan Way, Room 200  
Oakland, CA 94621

Re: General Services Admin.; Field Office, Alameda  
UST Removal

Dear Ms. Shin:

Please find enclosed the preliminary report of investigation and proposed further workplan on the GSA Alameda Field Office underground storage tank work.

Please review and comment. If anything is unclear on the proposed workplan, I would desire a sit-down meeting with the GSA oversight representative and Alameda County Environmental Health Dept.

Respectfully,

Tim K. Smith  
Reg. Cal. Geologist #4013  
Reg. Environmental Assessor #291  
Oregon Geologist #G1430

Enclosure(s)

TKS: pjh-*pjh*

cc: Ms. Jill Wienbar: Brown & Caldwell  
Mr. Roger Cone: Serrano & Cone, Inc.

ALCO  
HAZMAT  
94 MAY -9 AM 8:44



General Services Administration, Region 9  
East Bay Field Office (9PM-24)  
1301 Clay Street, Room 280N  
Oakland, CA 94612  
(510) 637-5000

ALCO  
HAZMAT  
94 MAR -8 PH 2:02

March 7, 1994

Alameda County  
Division of Hazardous Materials  
Department of Environmental Health  
80 Swan Way, Suite 200  
Oakland, CA 94621  
Attn: Juliet Shin


Dear Ms. Shin:

Enclosed are Underground Storage Tank Permit Application - Forms A & B for the Alameda Federal Center, 620 Central Avenue, Alameda, CA.

As you know, there are two more UST's located at this facility. It appears that these two 10,000 gallon tanks will be permanently closed on site. As soon as this has been confirmed to me I will be submitting application forms (Form B only) for these tanks.

Thank you for all of your assistance on this project.

Sincerely,

  
CAROLYN COOLEY  
Assistant Field Office Manager

(510) 273-7785

Enclosures: (3)

Page 2 of 3

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200 Oakland, CA 94621 (415) 271-4320

Hazardous Materials Division Inspection Form

Site ID# 4655 Site Name Alameda Federal Center Today's Date 1/27/94

Site Address 620 Central Ave EPA ID#

City Alameda, CA Zip 94501 Phone

MAX Amt Stored > 500lbs/55g/200cf? Y N Hazardous Waste generated per month?

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
II. Business Plans, Acute Hazardous Materials
III. Underground Tanks

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

I.A GENERATOR (Title 22)

- 1. Waste ID \* 66471
2. EPA ID 66472
3. > 90 days 66508
4. Label dates 66508
5. Biennial 66493
6. Records 66492
7. Correct 66484
8. Copy sent 66492
9. Exception 66484
10. Copies Rec'd 66492
11. Treatment 66371
12. On-site Disp. (H.S.&C.) 26189.5
13. Ex Haz. Waste 66570
14. Communications 67121
15. Aisle Space 67124
16. Local Authority 67126
17. Maintenance 67120
18. Training 67105
19. Prepared 67140
20. Name List 67141
21. Copies 67141
22. Emp. Coord. Trng. 67144
23. Condition 67241
24. Compatibility 67242
25. Maintenance 67243
26. Inspection 67244
27. Buffer Zone 67246
28. Tank Inspection 67259
29. Containment 67245
30. Safe Storage 67261
31. Freeboard 67257

Comments:

Out at site to oversee removal of our 5,000-gallon gas/diesel UST and our 5,000-gallon gas UST. Tank #1 (gas/diesel) was pumped twice by... Actually 1,000 gal

I.B TRANSPORTER (Title 22)

- 32. Applic./Insurance 66428
33. Comp. Cert./CHP insp. 66448
34. Containers 66465
35. Varies
36. EPA ID
37. Correct
38.
39.
40. Name Cover
41. Removal

Rev 0 88

Contact: Title: Signature: [Handwritten signatures and names]

Rq 3 of 3

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200  
Oakland, CA 94621  
(415) 271-4320

## Hazardous Materials Division Inspection Form

Site ID# 4655 Site Name Alameda Federal Center Today's Date 1/27/94  
 Site Address 620 Central Ave EPA ID# \_\_\_\_\_  
 City Alameda Zip 94501 Phone \_\_\_\_\_

MAX Amt. Stored > 500lbs/55g/200cf?  Y  N  
 Hazardous Waste generated per month? \_\_\_\_\_

### Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

### I.A. GENERATOR (Title 22)

- |                             |                               |         |
|-----------------------------|-------------------------------|---------|
| —                           | 1. Waste ID                   | * 66471 |
| —                           | 2. EPA ID                     | 66472   |
| —                           | 3. > 90 days                  | 66508   |
| —                           | 4. Label dates                | 66508   |
| —                           | 5. Biennial                   | 66493   |
| <hr/>                       |                               |         |
| Manifest                    | — 6. Records                  | 66492   |
|                             | — 7. Correct                  | 66484   |
|                             | — 8. Copy sent                | 66492   |
|                             | — 9. Exception                | 66484   |
|                             | — 10. Copies Rec'd            | 66492   |
| <hr/>                       |                               |         |
| Misc.                       | — 11. Treatment               | 66371   |
|                             | — 12. On-site Disp. (H.S.&C.) | 26189.5 |
|                             | — 13. Ex Haz. Waste           | 66570   |
| <hr/>                       |                               |         |
| Prevention                  | — 14. Communications          | 67121   |
|                             | — 15. Aisle Space             | 67124   |
|                             | — 16. Local Authority         | 67126   |
|                             | — 17. Maintenance             | 67120   |
|                             | — 18. Training                | 67105   |
| <hr/>                       |                               |         |
| Contingency                 | — 19. Prepared                | 67140   |
|                             | — 20. Name List               | 67141   |
|                             | — 21. Copies                  | 67141   |
|                             | — 22. Emg. Coord. Trng.       | 67144   |
| <hr/>                       |                               |         |
| Containers, Tanks           | — 23. Condition               | 67241   |
|                             | — 24. Compatibility           | 67242   |
|                             | — 25. Maintenance             | 67243   |
|                             | — 26. Inspection              | 67244   |
|                             | — 27. Buffer Zone             | 67246   |
|                             | — 28. Tank Inspection         | 67259   |
|                             | — 29. Containment             | 67245   |
|                             | — 30. Safe Storage            | 67261   |
|                             | — 31. Freeboard               | 67257   |
| <hr/>                       |                               |         |
| I.B. TRANSPORTER (Title 22) | — 32. Applic./Insurance       | 66428   |
|                             | — 33. Comp. Cert./CHP Inso.   | 66448   |
|                             | — 34. Containers              | 66465   |

### Comments:

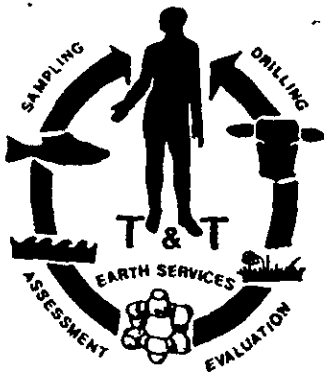
It appears that when Tank #1 was switched from a gas tank to a waste oil tank, they left piping (very short length) in place. These were removed. Soil sample collected from beneath piping at ~3.5' deep. Sandy soil and no apparent odor or staining. (Sample PL-1).

*[Handwritten signature]*

Tim Smith, T+T Earth Services  
 GEORGE MURPHY  
 TCR

*[Handwritten signature]*





# T & T EARTH SERVICES

Tom Hunt  
P.O. Box 1121  
Jackson, CA 95642  
(209) 223-2811

ALCO  
HAZMAT

94 JAN 24 PM 2: 32  
Tim Smith  
P.O. Box 1618  
Sutter Creek, CA 95685  
(209) 267-0903

January 20, 1994

Letter of Transmittal to : Ms. Juliet Shin

Re: GSA JOB (Alameda Fed. Center): OSHA Haz Waste Certificate of  
Completion for Richard A. Novak for Investigation & Remedial  
Actions at Hazardous Waste Sites

Dear Ms. Shin:

For your files.

Respectfully,

Tim K. Smith  
Reg. Cal. Geologist #4013  
Reg. Enviro. Assessor #291  
Oregon Geologist #G1430

Enclosure(s)

TKS:pjh

# Certificate of Completion

This is to certify that:

**Richard A. Novak**

has received training as specified in the OSHA Hazardous Waste Operations and Emergency Response Standard [29 CFR 1910.120(e)] consistent with the function and responsibilities of:

## **Investigation and Remedial Actions at Hazardous Waste Sites**

This training level has been achieved by a combination of on the job training, work experience, prior safety training, and satisfactory completion of a comprehensive training program under my direction. This is the equivalent of 40 hours of initial and three days of supervised, actual field experience.

July 25, 1991

Date



**Larry D. Griffith**  
California Registered Environmental  
Assessor No. 03069

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

|  |  |  |   |  |                                 |
|--|--|--|---|--|---------------------------------|
| EMERGENCY<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  | HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   | FOR LOCAL AGENCY USE ONLY<br>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<br>0 m 1 m 0 d 7 d 9 y 4 y   |  | CASE #   |   | SIGNED: <i>[Signature]</i> DATE: 1/12/94   |                                 |
| REPORTED BY  | NAME OF INDIVIDUAL FILING REPORT<br><b>TIM SMITH</b>   |  | PHONE<br>(209) 267-0903   |  | SIGNATURE<br><i>[Signature]</i> |
|  | REPRESENTING<br><input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD<br><input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER <b>Consultant</b>   |  | COMPANY OR AGENCY NAME<br><b>T &amp; T EARTH SERVICES</b>   |  |                                 |
|  | ADDRESS<br><b>P.O. BOX 1618, 125 Academy Drive</b> CITY <b>sutter Creek</b> STATE <b>CA</b> ZIP <b>95685</b>   |  |   |  |                                 |
| RESPONSIBLE PARTY  | NAME<br><b>GSA</b>   |  | CONTACT PERSON<br><b>Beverly Chin</b>   |  | PHONE<br>(415) 744-5665         |
|  | ADDRESS<br><b>525 Market St., 31st Floor</b> CITY <b>San Francisco</b> STATE <b>CA</b> ZIP <b>94105</b>  |  |   |  |                                 |
| SITE LOCATION  | FACILITY NAME (IF APPLICABLE)<br><b>Alameda Federal Center</b>   |  | OPERATOR<br><b>GSA</b>  |  | PHONE<br>(415) 744-5665         |
|  | ADDRESS<br><b>620 &amp; Central Avenue</b> CITY <b>Alameda</b> COUNTY <b>Alameda</b> ZIP   |  |   |  |                                 |
|  | CROSS STREET<br><b>McKay</b>   |  |   |  |                                 |
| IMPLEMENTING AGENCIES  | LOCAL AGENCY<br><b>Alameda County Health Care Services</b>   |  | CONTACT PERSON<br><b>Juliet Shin</b>  |  | PHONE<br>(510) 271-4320         |
|  | REGIONAL BOARD<br><b>Bay Area</b>  |  | PHONE<br>( )  |  |                                 |
| SUBSTANCES INVOLVED  | (1) NAME<br><b>Waste Oil</b>   |  | QUANTITY LOST (GALLONS)<br>Tank #3 <input checked="" type="checkbox"/> UNKNOWN  |  |                                 |
|  | (2) NAME<br><b>Possible Waste &amp; Gasoline</b>   |  | QUANTITY LOST (GALLONS)<br>Tank #1 <input checked="" type="checkbox"/> UNKNOWN  |  |                                 |
| DISCOVERY/ABATEMENT  | DATE DISCOVERED<br>0 m 1 m 0 d 7 d 9 y 4 y   |  | HOW DISCOVERED<br><input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS<br><input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER <b>Soil borings</b>                |  |                                 |
|  | DATE DISCHARGE BEGAN<br>m m d d y y <input checked="" type="checkbox"/> UNKNOWN  |  | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)<br><input checked="" type="checkbox"/> #1 REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK<br><input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE |  |                                 |
|  | HAS DISCHARGE BEEN STOPPED? #1-Yes: #2-No<br><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 0 m 1 m 0 d 6 d 9 y 4 y   |  | <input checked="" type="checkbox"/> OTHER <b>Tank #3 remains full of tar-like</b>   |  |                                 |
| SOURCE/ CAUSE  | SOURCE OF DISCHARGE<br><input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN<br><input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER   |  | CAUSE(S)<br><input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER  |  |                                 |
|  | substance & can't be pumped by normal methods  |  |   |  |                                 |
| CASE TYPE  | CHECK ONE ONLY<br><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)   |  |   |  |                                 |
|  | CHECK ONE ONLY<br><input type="checkbox"/> NO ACTION TAKEN <input checked="" type="checkbox"/> #1 & 3 PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION<br><input checked="" type="checkbox"/> LEAK BEING CONFIRMED #1 <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS<br><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)<br>(SEE BACK FOR DETAILS)  |  |   |  |                                 |
|  | <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input checked="" type="checkbox"/> ENHANCED BIO DEGRADATION (T)<br><input type="checkbox"/> CAP SITE (CS) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PLUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS)<br><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)<br><input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT) |  |   |  |                                 |
| COMMENTS   | Tank #1 has been pumped & inerted awaiting removal.  |  |   |  |                                 |
|  | Tank #3 was abandoned full of waste oil of unknown heavy character. It has been found opened & closed aftr being unable to remove "surprise" contents due to consistency & lack of characterization for vacuum truck removal. Time of abandonment is unknown as of yet, but was many years ago.  |  |   |  |                                 |

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.

Preliminary Site Assessment Workplan Submitted - workplan/initial proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.

Preliminary Site Assessment Underway - implementation of workplan  
Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil, surface water, and as to any impacts on surface and/or ground water.

Remediation Plan - remediation plan submitted by responsible party for remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.

Cleanup Underway - implementation of remediation plan

Post Cleanup Monitoring in Progress - periodic ground water and other monitoring at site, as necessary, to verify and evaluate effectiveness of remedial activities.

Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INCLUDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSIDERED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.

Containment Barrier - install vertical dike to block horizontal movement of contaminant.

Excavate and Dispose - remove contaminated soil and dispose in approved site.

Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).

Remove Free Product - remove floating product from water table

Pump and Treat Groundwater - generally employed to remove dissolved contaminants.

Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.

Replace Supply - provide alternative water supply to affected parties

Treatment at Hookup - install water treatment devices at each dwelling or other place of use.

Vacuum Extract - use pumps or blowers to draw air through soil

Vent Soil - bore holes in soil to allow volatilization of contaminants

No Action Required - incident is minor, requiring no remedial action

COMMENTS - Use this space to elaborate on any aspects of the incident.

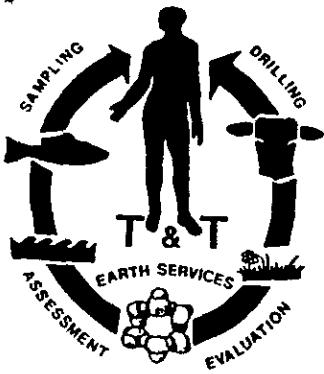
SIGNATURE - Sign the form in the space provided

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Loans and Grants, Underground Storage Tank Program, P.O. Box 944212, Sacramento, CA 94244 2120
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party.

# T & T EARTH SERVICES



Tom Hunt  
P.O. Box 1121  
Jackson, CA 95642  
(209) 223-2811

Tim Smith  
P.O. Box 1618  
Sutter Creek, CA 95685  
(209) 267-8983

January 10, 1994

ALCO  
MAT  
JAN 12 PM 3:11

Alameda County Health Care Services  
Haz Mat Division  
Attn: Ms Juliet Shin  
80 Swan Way, Room 200  
Oakland, CA 94621

Re: Your letter of 12-15-93 to Ms. Chin of GSA

Dear Ms. Shin:

As per our conversation of today and with regards to the  
aforementioned letter, please find enclosed the following items:

- ▶ Hunt Drilling Company's State Contractors State License Board  
Certification with attached copy of expiration card;
- ▶ Thomas H. Hunt's Hazardous Substances Removal & Remedial Actions  
Certification;
- ▶ Hunt Drilling Company's Certificate of Workman's Comp (already in  
your possession)
- ▶ A copy of the approved drilling permit from Zone 7

As per Mr. Smith's subsequent call to your office later this day,  
changes and/or additions and/or reminders to the closure plan will  
be forthcoming.

Sincerely,

Pamela Howard,  
Secretary for  
Tim K. Smith  
R.G. #4013  
R.E.A. #00291

Enclosure(s)

cc: Hunt Drilling Company, Inc.



# ZONE 7 WATER AGENCY

5997 PARKSIDE DRIVE

PLEASANTON, CALIFORNIA 94588

VOICE (510) 484-2600

FAX (510) 462-3914

## DRILLING PERMIT APPLICATION

**FOR APPLICANT TO COMPLETE**

**FOR OFFICE USE**

LOCATION OF PROJECT 620 Central Avenue  
Alameda, California

PERMIT NUMBER 93699  
LOCATION NUMBER \_\_\_\_\_

CLIENT  
Name General Services Administration  
Address 525 Market St., Voice 31st Floor  
City San Francisco, CA Zip 94105

### PERMIT CONDITIONS

Circled Permit Requirements Apply

APPLICANT  
Name Hunt Drilling Company, Inc.  
Address Box 1121 Fax (209) 223-2430  
City Jackson, CA Voice N/A Zip 95642

### A. GENERAL

1. A permit application should be submitted so as to arrive at the Zone 7 office five days prior to proposed starting date.
2. Submit to Zone 7 within 80 days after completion of permitted work the original Department of Water Resources Water Well Drillers Report or equivalent for well Projects, or drilling logs and location sketch for geotechnical projects.
3. Permit is void if project not begun within 90 days of approval date.

TYPE OF PROJECT  
Well Construction \_\_\_\_\_  
Cathodic Protection \_\_\_\_\_  
Water Supply \_\_\_\_\_  
Monitoring X  
Geotechnical Investigation  
General \_\_\_\_\_  
Contamination \_\_\_\_\_  
Well Destruction X

### B. WATER WELLS, INCLUDING PIEZOMETERS

1. Minimum surface seal thickness is two inches of cement grout placed by tremie.
2. Minimum seal depth is 50 feet for municipal and industrial wells or 20 feet for domestic and irrigation wells unless a lesser depth is specially approved. Minimum seal depth for monitoring wells is the maximum depth practicable or 20 feet.

PROPOSED WATER SUPPLY WELL USE  
Domestic \_\_\_\_\_ Industrial \_\_\_\_\_  
Municipal \_\_\_\_\_ Irrigation \_\_\_\_\_  
Other Chemical analysis

### C. GEOTECHNICAL. Backfill bore hole with compacted cuttings or heavy bentonite and upper two feet with compacted material. In areas of known or suspected contamination, tremied cement grout shall be used in place of compacted cuttings.

DRILLING METHOD:  
Mud Rotary \_\_\_\_\_ Air Rotary \_\_\_\_\_ Auger \_\_\_\_\_  
Cable \_\_\_\_\_ Other \_\_\_\_\_

### D. CATHODIC. Fill hole above anode zone with concrete placed by tremie.

DRILLER'S LICENSE NO. C-57/563952

### E. WELL DESTRUCTION. See attached.

WELL PROJECTS  
Drill Hole Diameter 8 in. Maximum  
Casing Diameter 2 in. Depth 16 ft.  
Surface Seal Depth 3 ft. Number 4/3

GEOTECHNICAL PROJECTS  
Number of Borings 6 Maximum  
Hole Diameter 8 in. Depth 15 ft.

ESTIMATED STARTING DATE DEC 22 1993  
ESTIMATED COMPLETION DATE JAN 15, 1994

I hereby agree to comply with all requirements of this permit and Alameda County Ordinance No. 73-88.

Approved Wyman Hong Date 17 Dec 93  
Wyman Hong

APPLICANT'S SIGNATURE [Signature] Date 12-16-93

STATE OF CALIFORNIA  
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD

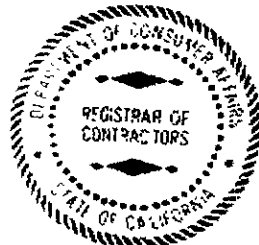


*Building Quality*



## HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: THOMAS HENRY HUNT III

License No.: 563952

Business Name: HUNT DRILLING COMPANY INC.

WITNESS my hand and official seal this

19th day of MARCH, 1992

*David R. Phillips*  
Registrar of Contractors

13L-56 (12-91)

This certification is the property of the Registrar of Contractors, is not transactable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A 4762

State of California  
Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code  
and the Rules and Regulations of the Contractors State License Board,  
the Registrar of Contractors does hereby issue this license to:

HUNT DRILLING COMPANY INC



to engage in the business or act in the capacity of a contractor  
in the following classification(s):

A - General Engineering Contractor  
C57 - Well Drilling (Water)



Witness my hand and seal this day,

April 15, 1989

Issued April 7, 1989

Signature of Licensee

Signature of License Qualifier

*David R. Phillips*



Registrar of Contractors

563952



License Number

This license is the property of the Registrar of Contractors, is not  
transferrable, and shall be returned to the Registrar upon demand  
when suspended, revoked, or invalidated for any reason. It becomes  
void if not renewed.




 State of California  
**CONTRACTORS STATE LICENSE BOARD**


License Number: 3702191  
 Business Name: HUNDRILL G C  
 Entity: INDIV  
 Class: **HAZ**  
 Expiration Date: 03/31/95

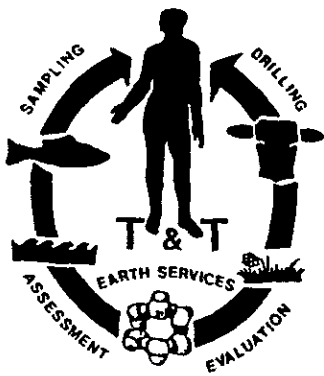

 State of California  
**CONTRACTORS STATE LICENSE BOARD**


License Number: 563957  
 Business Name: HUNDRILL G C  
 Entity: CORP  
 Class: **HAZ**  
 Expiration Date: 04/30/95

A - C57 - HAZ

4/27  
563957

Entirely



# T & T EARTH SERVICES

Tom Hunt  
P.O. Box 1121  
Jackson, CA 95642  
(209) 223-2811

ALCO  
HAZMAT  
94 JAN 11 AM 11:00

Tim Smith  
P.O. Box 1618  
Sutter Creek, CA 95685  
(209) 267-0903

January 10, 1994

Alameda County Health Care Services  
Haz Mat Division  
Attn: Ms. Juliet Shin  
80 Swan Way, Room 200  
Oakland, CA 94621

Re: U.S.T. Unauthorized Release (Leak) Contamination Site Report:  
re: Alameda Federal Center

Dear Ms. Shin:

Please find enclosed copies of the aforementioned report with regards to the Site Tank Closure Plans for 620 Central Avenue, Alameda, California. This report is filed according to Section 2652(a)(b) of the Underground Storage Tank Regulations. As per the instructions stated on the back of the report, I have forwarded the form (w/copies) to your office for distribution to the noted agencies.

Please be advised that further investigation is ongoing prior to tank closures. This office will keep all parties up-to-date as to future site work. An addendum to the submitted site tank closure plan to include no pumping of groundwater is forthcoming.

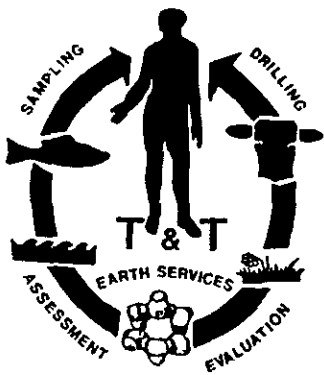
Respectfully,

Tim K. Smith  
Reg. Cal. Geologist #4013  
Reg. Environmental Assessor #291

Enclosure(s)

TKS:pjh

cc: Serrano & Cone



# T & T EARTH SERVICES

Tom Hunt  
P.O. Box 1121  
Jackson, CA 95642  
(209) 223-2811

ALCO  
HAZMAT

93 DEC 17 PM 2: 29

Tim Smith  
P.O. Box 1618  
Sutter Creek, CA 95685  
(209) 267-0903

December 15, 1993

Letter of Transmittal to: Juliet Shin; Alameda County  
Environmental Health, Haz. Mat Division

Re: GSA Tank Removal Work Plan

Dear Ms. Shin:

Pending any further comments with regards to the aforementioned work plan, please find enclosed copies of the following as per your request during our telephone conversation earlier today:

1. Addendum To Proposed Work Plan of U.S.T. Removal: Health & Safety Plan for Alameda Federal Center-620 Central Ave., Alameda, California (with attachments)
2. Workers Compensation for insured Hunt Drilling (Alameda County & Serrano & Cone named as certificate holders)
3. Certification for Hazardous Substances Removal & Remedial Actions for Thomas H. Hunt, III (T&T Earth Services)

Respectfully,

Tim K. Smith  
Reg. Cal. Geologist #4013  
Reg. Environmental Assessor #291  
Oregon Geologist #G1430

Enclosure(s)

TKS:pjh

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

December 15, 1993

Beverly Chin  
GSA Design & Construction Division  
525 Market St., 31st Floor  
San Francisco, CA 94105

STID 4655

RE: Tank Closure Plans for 620 Central Avenue, Alameda, CA

Dear Ms. Chin,

This office has reviewed the tank closure plans for tank removals at the above site. The following is a list of required changes/additions/reminders to the closure plans, that must be addressed in an addendum:

- o Samples collected from and around the waste oil tank pit must be analyzed for all the waste oil constituents listed in Table 2 of the Regional Water Quality Control Board's (RWQCB) Staff Recommendations for the Preliminary Evaluation and Investigation of Underground Storage Tanks. These constituents are: TPHg, TPHd, TOG, BTEX, Chlorinated Hydrocarbons (using Method 8010 or 8240), Heavy metals (Cd, Cr, Pb, Zn, Ni), and PCB, PCP, PNA, and creosote (using Method 8270).-
- o You are required to submit copies of Hunt Drilling Company's Certificate of Workman's Comp, their Hazardous Substances Removal and Remedial Actions Certification, their State Contractors State License Board Certification, and their Health & Safety Training Certification.
- o Copies of approved drilling permits from Zone 7 need to be submitted.
- o The closure plan states that there is a possibility that ground water may be pumped and discharged into the storm sewer system in order to depress the water table. However, it is the understanding of this office that ground water cannot be discharged into the storm sewer system, even if sample analysis is Non Detect, unless RWQCB grants an exemption through a permitting process.

Ms. Beverly Chin  
Re: 620 Central Ave.  
December 16, 1993  
Page 2 of 3

It is advisable to contact RWQCB for additional information before proposing this option. This office is requesting that you include in your addendum a more detailed description of **acceptable** procedures for ground water discharge or disposal, after contacting the RWQCB.

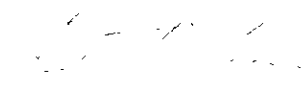
- o The piping, that has been proposed to be closed in place, must be capped in addition to being triple rinsed, per Article 7, Title 23 California Code of Regulations.
- o Only one copy of the report documenting the tank removal, and associated activities, should be submitted to the County.

Per my conversation with Tim Smith, T & T Earth Services, on December 15, 1993, Tank 1 contains #2 diesel, Tank 2 contains waste oil, and Tank 3 **may** contain diesel. If insufficient documentation is available to confirm the past uses of Tank 3, then this tank must be treated as an "unknown" tank, under RWQCB's Staff Recommendations for the Preliminary Evaluation and Investigation of Underground Storage Tanks, and all samples collected in association with this tank must be analyzed for all the above listed waste oil constituents.

During my conversation with Mr. Smith, he stated that the proposed borings-may be used in place of the required tank pit sidewall samples. However, this may not be acceptable since sidewall samples are discretionary and are collected from the most **visually** contaminated areas during the actual tank removals. Therefore, additional soil samples will probably be required from all the tank pit sidewalls at the time of the excavation and tank removal.

If you have any questions or comments, please contact me at (510) 271-4530.

Sincerely,

  
Juliet Shin  
Hazardous Materials Specialist

Ms. Beverly Chin  
Re: 620 Central Ave.  
December 15, 1993  
Page 3 of 3

cc: Roger Cone  
Serrano & Cone Inc.  
2092 Omega Rd., Ste F  
San Ramon, CA 94583

Tim Smith  
T & T Earth Services  
P.O. Box 1618  
Sutter Creek, CA 95685

Edgar Howell-File(JS)

**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 B & 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*  |              | PCB                   |                  |
|  | PCP*  |              | PCP                   |                  |
|  | PNA   |              | PNA                   |                  |
|  | CREOSOTE  |              | 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 extractable, respectively) are to be analyzed and characterized by GC/FID 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 chroma- togram(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.

- 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) Detailed description of sampling methods; i.e. backhoe bucket, drive sampler, bailer, bottle(s), sleeves
- 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) Documentation of the disposal of/and volume and final destination of all non-manifested contaminated soil disposed offsite.