

TOXICHEM
Management
Systems, Inc.

Environmental & Occupational Health Services

1562 44th Avenue
San Francisco, California 94122
(415) 681-8816 / Fax (415) 681-8132

Industrial Hygiene - Exposure Assessment
Quantitative Risk Assessment
Compliance Audits
Real Property Environmental Assessments
Remedial Investigations
Air, Soil, and Groundwater Sampling
Remedial Engineering and Construction
Regulatory Compliance and Negotiation
Litigation Support Services

January 20, 2000
Project EQ-02.1A

#435

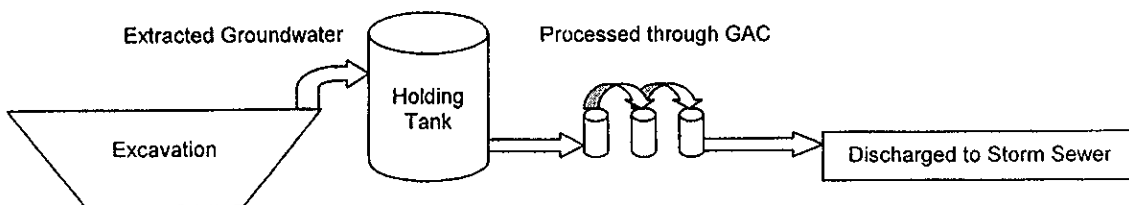
Mr. Farhad Azimzadeh
Regional Water Quality Control Board
San Francisco Bay Region
1515 Clay Street, Suite 1400
Oakland, California 94612

Re: **Request for Temporary NPDES Discharge Permit**
Former Texaco Service Station/Express Auto Clinic
3810 Broadway, Oakland, California

Dear Mr. Azimzadeh:

Toxicchem Management Systems, Inc. (TOXICHEM) has prepared this letter on behalf of Equiva Services LLC (Equiva) to request a temporary permit to discharge water generated during excavation activities at the site referenced above.

TOXICHEM will be excavating soil impacted by petroleum hydrocarbons from beneath the subject site. The maximum depth of the excavation will be approximately 24 feet below ground surface (bgs). Groundwater beneath the site occurs between 16 and 20 feet bgs. Therefore, groundwater extraction will be required during the excavation to remove the petroleum hydrocarbon impacted soil that extends below approximately 18 feet bgs. The extracted groundwater will be stored temporarily on-site and treated using granulated activated carbon (GAC) to remove petroleum hydrocarbons from the groundwater to non-detectable levels. The treated water will then be batch-discharged into the storm sewer. The storm sewer discharges into Glen Echo Creek, which outfalls into San Francisco Bay. Between 5,000 and 30,000 gallons of water is expected to be extracted and discharged over a two-week period of time.



Process Flow Diagram

TOXICHEM has contacted the East Bay Municipal Utilities District (EBMUD) in regards to obtaining a POTW discharge permit. However, the EBMUD discharge permit requires approximately 6 to 8 weeks to process the application. The excavation activities have been scheduled to begin February 7, 2000, and end by February 20, 2000. Therefore, the EBMUD POTW discharge permit cannot be processed in time for the excavation to be performed on schedule.

January 20, 2000

Page 2

In my conversation with you on January 11, 2000, you informed me that a temporary NPDES discharge permit could be issued by the end of January with the submission of a completed Form 200 (Application/Report of Waste Discharge) and an application fee of \$750.00. Therefore, please find enclosed a completed Form 200 and Check No. 1212 for the amount of \$750.00.

Please expedite the processing of this application so the excavation work can begin by the scheduled start date of February 7, 2000.

If you have any questions regarding this letter, please call me at (510) 339-6019.

Sincerely,

Toxichem Management Systems, Inc.



Wayne Chiu
Project Engineer

Enclosures

Form 200 – Application/Report of Waste Discharge
Check No. 1212

cc: Ms. Karen Petryna, Equiva Services LLC, P.O. Box 7869, Burbank, CA 91504
Mr. Barney Chan, Alameda County Health Care Services Agency, Environmental Health
Services, 1131 Harbor Parkway, Suite 250, Alameda, CA 94502
Mr. Joseph Zadik, 8255 San Leandro Street, Oakland, CA 94621

CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCYState of California
Regional Water Quality Control Board

**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



I. FACILITY INFORMATION

A. Facility:

Name: EXPRESS AUTO CLINIC			
Address: 3810 BROADWAY			
City: OAKLAND	County: ALAMEDA	State: CA	Zip Code: 94611
Contact Person: JOSEPH ZADIK		Telephone Number: (510) 654-6163	

B. Facility Owner:

Name: JOSEPH ZADIK			Owner Type (Check One)	
Address: 8255 SAN LEANDRO STREET			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City: OAKLAND	State: CA	Zip Code: 94621	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership Agency
Contact Person: JOSEPH ZADIK		Telephone Number: (510) 569-1624	Federal Tax ID: 943-28-5385	
			5. <input type="checkbox"/> Other:	

C. Facility Operator (The agency or business, not the person):

Name: SAME AS ABOVE			Operator Type (Check One)	
Address:			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership Agency
Contact Person:		Telephone Number:	5. <input type="checkbox"/> Other:	

D. Owner of the Land:

Name: SAME AS OWNER			Owner Type (Check One)	
Address:			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City:	State:	Zip Code:	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership Agency
Contact Person:		Telephone Number:	5. <input type="checkbox"/> Other:	

E. Address Where Legal Notice May Be Served:

Address: 1562 44TH AVENUE			
City: SAN FRANCISCO	State: CA	Zip Code: 94122	
Contact Person: KEITH WINEMILLER, PROJECT MANAGER		Telephone Number: (415) 681-8816	

F. Billing Address:

Address: 1562 44TH AVENUE			
City: SAN FRANCISCO	State: CA	Zip Code: 94122	
Contact Person: KEITH WINEMILLER, PROJECT MANAGER		Telephone Number: (415) 681-8816	

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY



State of California
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**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

- A. WASTE DISCHARGE TO LAND B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Domestic/Municipal Wastewater Treatment and Disposal | <input type="checkbox"/> Animal Waste Solids | <input type="checkbox"/> Animal or Aquacultural Wastewater |
| <input type="checkbox"/> Cooling Water | <input type="checkbox"/> Land Treatment Unit | <input type="checkbox"/> Biosolids/Residual |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Dredge Material Disposal | <input type="checkbox"/> Hazardous Waste (see instructions) |
| <input type="checkbox"/> Waste Pile | <input type="checkbox"/> Surface Impoundment | <input type="checkbox"/> Landfill (see instructions) |
| <input type="checkbox"/> Wastewater Reclamation | <input type="checkbox"/> Industrial Process Wastewater | <input type="checkbox"/> Storm Water |
| <input checked="" type="checkbox"/> Other, please describe: <u>DEWATER. EXCAVATION</u> | | |

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

<p>1. Assessor's Parcel Number(s) Facility: <u>12-983-14-1</u> Discharge Point: <u>12-983-14-1</u></p>	<p>2. Latitude Facility: <u>37°49'34" N</u> Discharge Point: <u>37°49'34" N</u></p>	<p>3. Longitude Facility: <u>122° 15' 25" W</u> Discharge Point: <u>122° 15' 25" W</u></p>
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IV. REASON FOR FILING

<input type="checkbox"/> New Discharge or Facility	<input type="checkbox"/> Changes in Ownership/Operator (see instructions)
<input type="checkbox"/> Change in Design or Operation	<input type="checkbox"/> Waste Discharge Requirements Update or NPDES Permit Reissuance
<input type="checkbox"/> Change in Quantity/Type of Discharge	<input checked="" type="checkbox"/> Other: <u>TEMPORARY GROUNDWATER DISCHARGE</u>

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: <u>ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY</u>	
Has a public agency determined that the proposed project is exempt from CEQA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below. Basis for Exemption/Agency: _____	
Has a "Notice of Determination" been filed under CEQA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.	
Expected CEQA Documents:	
<input type="checkbox"/> EIR <input type="checkbox"/> Negative Declaration	Expected CEQA Completion Date: _____

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY



State of California Regional Water Quality Control Board

APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods. Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

Blank lines for listing attachments.

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

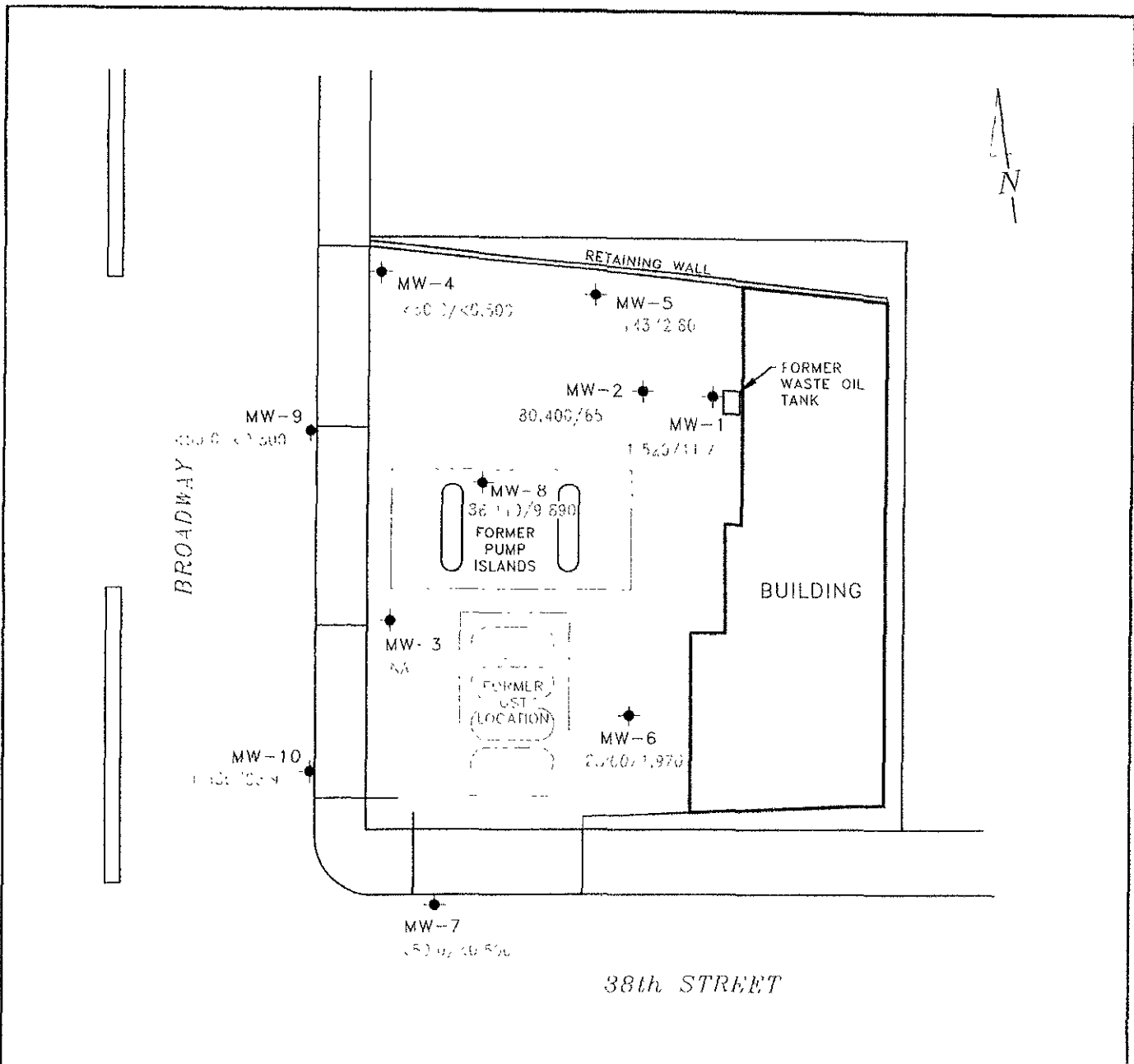
VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: WAYNE CHIU for Joseph Zadik Title: PROJECT ENGINEER
Signature: [Handwritten Signature] Date: 1/19/2000

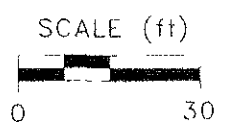
FOR OFFICE USE ONLY


Table with 4 columns: Date Form 200 Received, Letter to Discharger, Fee Amount Received, Check #.



EXPLANATION

- MONITORING WELL
- <500/<0.500 TPH/BENZENE CONCENTRATION IN GROUNDWATER, IN MICROGRAMS PER LITER
- NA DATA NOT AVAILABLE



 TOXICHEM Management Systems, Inc. Environmental & Occupational Health Services	TPPH/BENZENE CONCENTRATION MAP, MARCH 24, 1999	FIGURE 1
	Former Texaco Service Station 3810 Broadway Oakland, California	PROJECT LQ 02

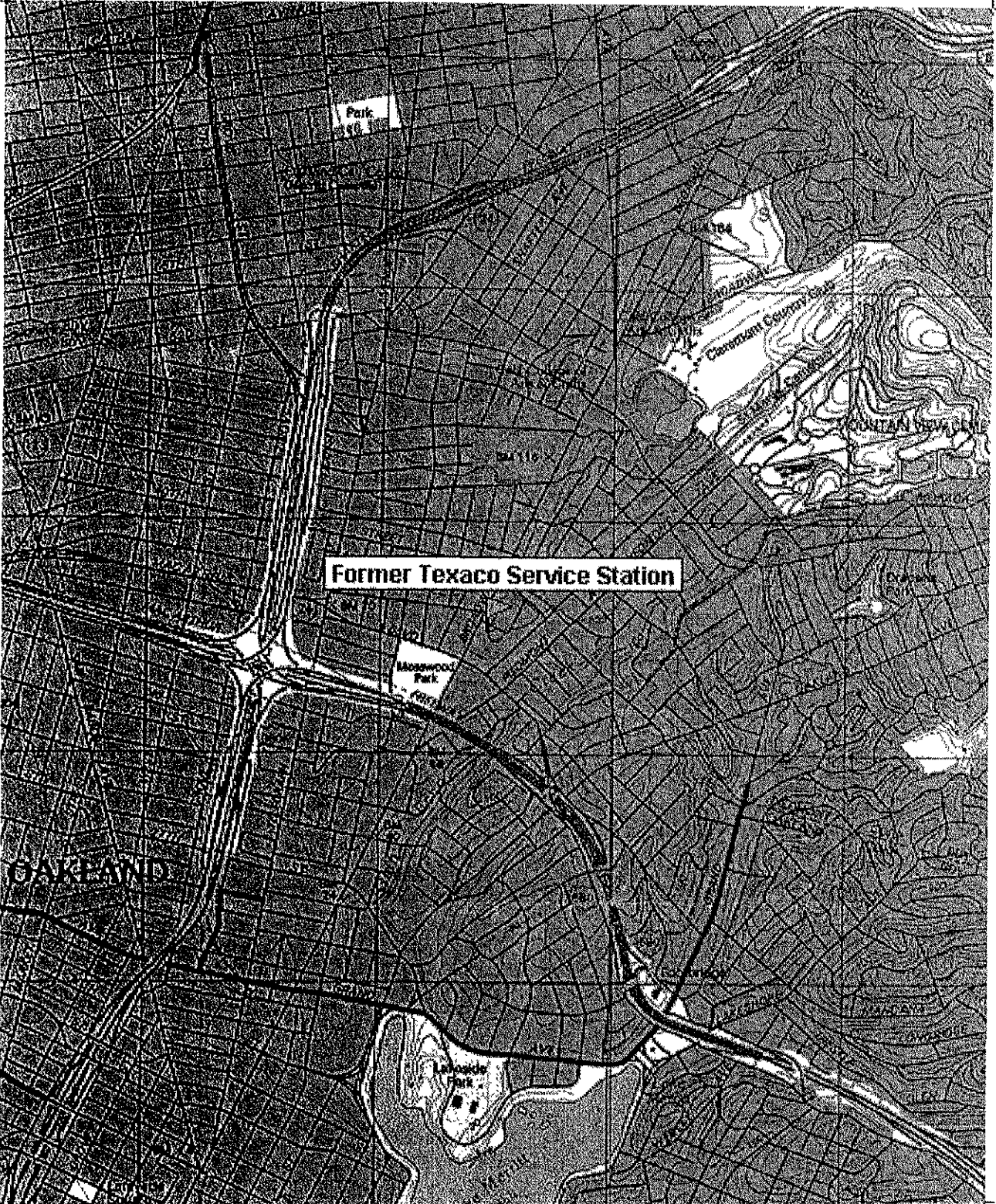
Former Texaco Service Station/Express Auto Clinic - 3810 Broadway, Oakland, California

122°16'51" W

WGS84 122°13'58" W

37°51'00" N

37°51'00" N



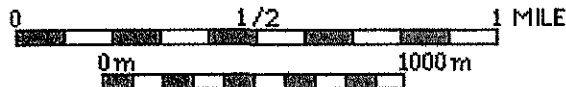
37°48'10" N

37°48'10" N

122°16'51" W

WGS84 122°13'58" W

TN * MN
15 1/2°



30095600

K511801

L3M105

TOXICHEM MANAGEMENT SYSTEMS, INC.
TECHNICAL SERVICES DIVISION
1562 44TH AVENUE
SAN FRANCISCO, CA 94122
(415) 681-8816

CITIBANK, F.S.B.
1303 S MARY AVENUE
SUNNYVALE, CA 94087
90-7118/3211

1212

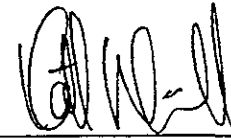
1/18/2000

PAY TO THE
ORDER OF State Water Resources Control Board

\$ **750.00

Seven Hundred Fifty and 00/100*****
DOLLARS

State Water Resources Control Board



MEMO:
Temp NPDES Fee - 3800 Broadway, Oakland

⑈001212⑈ ⑆321171184⑆ 601399439⑈

SECURITY FEATURES: MICRO PRINT TOP & BOTTOM BORDERS - COLORED PATTERN - ARTIFICIAL WATERMARK ON REVERSE SIDE - MISSING FEATURE INDICATES A COPY

19960209

V08

McBee

CALL 1 800 662-2331