



CITY OF EMERYVILLE

INCORPORATED 1898

1333 PARK AVENUE
EMERYVILLE, CALIFORNIA 94608-3517

TEL: (510) 596-4300 FAX: (510) 596-4389

November 28, 2005

HOLLIS TECHNOLOGY SQUARE LLC
1166 Clarendon Cres
Oakland Ca 94610

Subject: Former Rix Industries, 6460 Hollis Street, Emeryville

The City is the oversight agency for the site remediation on the Glashaus multi-family development proposed for 1269, 1289, and 1301 65th Street, which is adjacent to your 6460 Hollis Street property. During the investigation activities at the Glashaus property, the City learned that the Alameda County Health Care Agency and California Regional Water Quality Control Board, San Francisco Region issued a conditional closure for your 6460 Hollis Street site in a letter dated October 30, 1998 (see attached). The first two conditions of the closure were the maintenance of a Risk Management Plan (RMP) and recording of a deed notice.

Would you please provide me with copies of your RMP and proof that the deed notice was recorded. If you have any questions, please contact me at 510-596-4356.

Sincerely,

Ignacio Dayrit
Project Manager

cc: Barbara Cook, DTSC
Stephen Hill, RWQCB
Donna Drogos
Susan Colman
Ravi Arulanantham, Geomatrix Consultants

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)

October 30, 1998

Mr. Frank DeWolfe
4 Captain Drive, # 308 E
Emeryville, California 94608

**Subject: Conditional Closure for the Former Rix Industries (STID # 376)
6460 Hollis Street, Emeryville, California 94608**

Dear Mr. DeWolfe:

This agency and the Cal-EPA / San Francisco Bay Regional Water Quality Control Board (RWQCB) have reviewed the **Soil and Groundwater Sampling Report and Health Risk Assessment**, dated July 1998, prepared and submitted by Geomatrix Consultants for the above referenced site. It is our understanding that there is an on-going property transfer and the potential buyer intends to use the subject site for commercial offices and not for residential use.

The referenced report documented the recent work conducted to address water quality and potential human health risks associated with chlorinated solvents, petroleum hydrocarbons, and heavy metals found in soil and / or groundwater at the site. This agency and the RWQCB have evaluated the data collected to date for the site. Both agencies concur that the site is a low risk soil and groundwater case and the site can be closed with an approved Long - Term Risk Management Plan (RMP). The RMP should include at a minimum the following items:


- 1) Assurance that the RMP will be maintained in the future, including a letter outlining the process of deed notification.
- 2) Proof of recordation of the deed notice should be submitted to the RWQCB, City of Emeryville Building and Planning Department and this office.
- 3) Notification of change in land use should be submitted to RWQCB and this agency. A commercial scenario was used for the evaluation of human health risk conducted at the site.
- 4) No vertical conduit should be created between the shallow and deeper aquifer.
- 5) Due to the presence of solvents, petroleum hydrocarbon, and metals in soil and / or groundwater at the site, construction site workers who may handle soil and /or groundwater during future construction activities should take appropriate precautions.
- 6) If soils and groundwater are generated during construction activities at the site, a soil management plan and groundwater management plan should be developed and submitted to this agency.

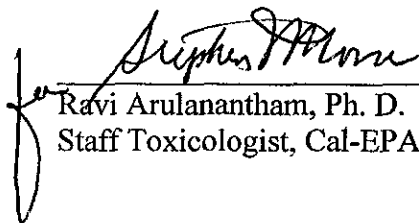
Mr. Frank DeWolfe
RE: 6460 Hollis Street, Emeryville, CA 94608
October 30, 1998
Page 2 of 2

- 7) Any impacted soil not overlain by concrete or asphalt (i.e., landscaped areas) should be covered as part of site development with a minimum cover of 18 inches of clean top soil.


If you have any questions regarding this letter or the subject site, please contact me at (510) 567-6780 or Ravi Arulanantham at (510) 622-2308.

Sincerely,


Susan L. Hugo
Hazardous Materials Specialist


Ravi Arulanantham, Ph. D.
Staff Toxicologist, Cal-EPA/S.F. Bay RWQCB

Concur:


Stephen Morse, P.E., Chief
Toxics Cleanup Division, Cal-EPA/S.F. Bay RWQCB

Cc: Mee Ling Tung, Director, Environmental Health
Richard Pantages, Chief, Hazardous Materials Programs
Tom Graf, Geomatrix, 100 Pine Street, 10th Floor, San Francisco, CA 94111
Ignacio Dayrit, Emeryville Revelopment Agency, 2200 Powell Street, 12th Floor,
Emeryville, CA 94608
Eric Housh, MRE, 5801 Christie Ave., Suite 675, Emeryville, CA 94608
SH / RA / files

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

March 25, 1998

Mr. Frank DeWolf
76-6287 Leone Street
Kailua-Kona, Hawaii 96740

**RE: Former Rix Industries – 6460 Hollis Street, Emeryville, CA 94608
STID # 376**

Dear Mr. DeWolf:

This office has reviewed the results of the soil and groundwater investigation conducted on February 21, 1998 by Mr. Steve Bittman of International Geologic, a consultant working for Mr. David Holscher at the above referenced site.

On January 14, 1998, I met with Mr. David Holscher, Mr. Scott Robinson, and Mr. Steve Bittman to discuss the status of the site investigation and additional work required to obtain site closure. It is my understanding that Mr. David Holscher is a potential buyer of the subject site and Mr. Scott Robinson is a Realtor representing the buyer. During this meeting, we discussed the San Francisco Bay Regional Water Quality Control Board's guidelines for evaluating sites for closure as a low risk groundwater case and the criteria are as follows:

- 1) The leak has been stopped and on-going sources have been removed or remediated.
- 2) The site has been adequately characterized.
- 3) The dissolved hydrocarbon plume is not migrating.
- 4) No water wells, deeper drinking water aquifers, surface water, or other sensitive receptors are likely to be impacted.
- 5) The site presents no significant risk to human health.
- 6) The site presents no significant risk to the environment.

Review of the previous reports submitted to this agency showed that the former ten underground storage tanks (USTs) at the site had been either removed (12/27/94) or closed-in-place (8/4/94). It appeared that source removal (criteria #1 listed above) had been conducted at the site. Three shallow groundwater monitoring wells were installed at the site in July 1992 and all the wells detected concentrations of petroleum hydrocarbons, solvents and volatile organic compounds. Eight groundwater sampling events were conducted since 7/92 and recent sampling of the wells still showed concentrations of contaminants mentioned above.

Based on the issues discussed during the January 1998 meeting and to meet the requirements for conditional site closure, a workplan for subsurface investigation was prepared and submitted by International Geologic for Mr. David Holscher on February 17, 1998. Groundwater samples were collected on February 21, 1998 from two downgradient geoprobe/hydropunch locations on site and from three monitoring wells at the site. The downgradient sampling points (HP-1 & HP-2) showed TPH gasoline (up to 1,500 ppb), TPH diesel (up to 62,000 ppb), TPH kerosene (up to 61,000 ppb), TPH stoddard solvent (up to 860 ppb), TPH motor oil (up to 7,500 ppb) and significant levels of chlorinated solvents. In addition, the three wells detected varying levels of contaminants in the groundwater.

On March 9, 1998, I met with Mr. Dave Holscher, Mr. Scott Robinson and Mr. Steve Bittman to discuss the results of the recent groundwater sampling and the requirements to proceed with conditional closure for the site. The analytical results showed that the groundwater plume has not been adequately characterized. To meet the low risk groundwater case closure, additional downgradient sampling will be required, groundwater monitoring must be performed continuously to show that the plume is stable and /or shrinking, and the residual levels of contaminants in soil and groundwater left at the site must present no significant risk to human health, the environment and other sensitive receptors. A complete analytical results of the recent sampling was requested during the meeting and I received the requested analytical results via facsimile from Mr. Steve Bittman on March 17, 1998. It is also my understanding that a risk assessment has not been completed for the subject site.

This agency will be able to proceed with evaluating the subject site for closure as a low risk groundwater case and issue a conditional closure provided the six criteria are met. If you have any questions concerning this letter or the subject site, please contact me at (510) 567- 6780.

Sincerely,



Susan L. Hugo
Hazardous Materials Specialist

- c: Mee Ling Tung, Director, Environmental Health
 - Dick Pantages, Chief, Environmental Protection Division
 - Ravi Arulanantham, San Francisco Bay Regional Water Quality Control Board
 - Chuck Headlee, San Francisco Bay Regional Water Quality Control Board
 - George Warren, City of Emeryville Fire Dept., 2333 Powell Street, Emeryville, CA 94608
 - Scott Robinson, Robinson/McNally Real Estate, 911 Parker St., Berkeley, CA 94710
 - David Holscher, 1025 Carleton Street, Berkeley, CA 94710
 - Steve Bittman, International Geologic, 2831 Sylhowe Rd., Oakland, CA 94602
 - Erik Housh, MRE, 5801 Christie Avenue, Suite 675, Emeryville, CA 94608
- ✓ SH / file



ENVIRONMENTAL
PROTECTION
96 AUG 13 AM 9:38

August 12, 1996

Stephen I. Morse, Chief, Toxics Division
Loretta K. Barsamian, Executive Officer
California Regional Water Quality Control Board
San Francisco Bay Region
2101 Webster Street, Suite 500
Oakland, CA 94612

Dear Sir and Madam:

On April 18, 1996, the enclosed letter was sent to you with respect to **RB FILE NO. 01-1916**. At issue was the demand of the Alameda County HMD that our client, C. Frank DeWolf, is compelled to install three additional monitoring wells at his property at 6460 Hollis Street, Emeryville. We presented the case, with Mr. DeWolf's authority, why he should not so be required.

In short, the HMD claimed it has to track plume to an adjacent property when such has already been determined by a recent EIR submitted by a prospective buyer. That EIR will be certified by the City of Emeryville next month.

Our letter was in response to your letter of March 29, 1996, in which you requested technical reports as to soil and groundwater pollution. Those reports were delivered to your office, care of your attention, by UPS on May 15, 1996. And on June 5, 1996, we sent to you by UPS the current quarterly, groundwater sampling report.

It is the issue of these quarterly reports we wish now to address.

Since 1992, and a cost of some \$6,000 per annum, Mr. DeWolf, has provided the Alameda County HMD with reports of groundwater sampling every quarter. He agreed to comply with the County's demands for such on two premises:

1. When tanks were triple washed and slurried under the structure, toxic levels would drop and a closure would be forthcoming.
2. The State UST Cleanup Fund would pay for the tests.

Letter to Morse/Barsamian; 8/12/96. Page 2.

ISSUE #1: NO REMISSION

Clearly the report of our environmental engineer (SEE EXHIBIT A), confirmed by test results from the past four years, indicates there is little remission in the contaminants left by the previous owner, a paint company, or those left by No Name Creek, and a closure is not likely. We believe the tests have proved this fact conclusively and need not be continued.

ISSUE #2: STATE FUND

While we have withheld applying to the State Fund for recompense until all the issues are resolved, we cannot imagine how the tests now in effect could continue to qualify for such. In this instance, the question arises: Should both the Fund and Mr. DeWolf be burdened with meaningless "research."

Very truly yours,



Miles K. Benedict

encls:

cc: ✓ C. Frank DeWolf
Gordon Coleman, Acting Chief, EPA
Bruce Hageman

EXHIBIT A



Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

ENVIRONMENTAL
PROTECTION
96 AUG 13 AM 9:33

July 29, 1996

Mr. Miles Benedict
MRE Commercial Real Estate
5801 Christie Avenue
Suite 675
Emeryville, CA.

RE: Rix Industries
6460 Hollis Street
Emeryville, CA.

Dear Miles:

In response to your request for a review of the results of the groundwater sampling program that has been in effect at 6460 Hollis street, Emeryville, Ca since 1992.

If you review the Quarterly Groundwater Sampling Report Issued on May 28, 1996 you will find a tabulation of the laboratory analysis since 1992.

You will notice that MW-1, Mw-2, and MW-3, there has been little change in the presence of TPH, as gasoline, since we started the sampling in 1992. The Benzene, Toluene Ethly-Benzene and Total Xylenes have never been significant contributors to the groundwater contamination.

The levels of TPH, as Kerosene, has attenuated to non-detect levels since 1994,

The presence of Diesel has had little change from 1994 to 1996.

The levels of Mineral Spirits in M-W 1, has experienced little change from 1994 thru 1996. However, M-W 2 and M-W-3

have experienced some attenuation over the same period of time.


Alcohols and Ketones: There are still a significant levels of Acetone and Methyl Ethyl Ketone in wells MW-1. MW-2 and MW-3.

Volatile Organic Compounds: MW-1 has historically has the lowest levels of volatile organics, however, MW-2 and MW-3 still have levels of compounds above MCL's for groundwater.

In total, I believe the change in Contaminant levels in groundwater at 6460 Hollis St. since 1994 has been small. It would appear groundwater will remain impacted for sometime to come.

I hope this answers your questions.

Best Regards
HAGEMAN-AGUIAR, INC.


Bruce Hageman



COMMERCIAL
REAL ESTATE

ENVIRONMENTAL
PROTECTION

96 APR 24 PM 3:39

April 18, 1996.

Stephen I. Morse, Chief, Toxics Division
Loretta K. Barsmian, Executive Officer
California regional Water Quality Control Board
San Francisco Bay Region
2101 Webster Street, Suite 500
Oakland, CA. 94612

RE: RB FILE NO. 01-1916

Dear Sir and Madam:

In response to your letter of March 29, 1996. Our client C. Frank DeWolf has authorized me to write in his behalf and has approved the contents of the following.

We have six issues to raise and some history to share. But first, we wish to point out that hundreds of pages of technical information have been provided to the Alameda County Department of Environmental Health and measures taken at their demand that have cost Mr. DeWolf some \$120,000 to resolve UST problems acquired from the previous owner and to keep his doors open.

Setting aside that consideration for the moment, let us answer your statements of March 29th beginning with the review panel.

ISSUE #1: DENIED HEARING

Mr. DeWolf who is 80 lives in Hawaii and was recovering from a seriously injured hip when he wrote on November 28, 1995 (**SEE EXHIBIT A**) asking for a hearing after the first of the year when he would be able to come to the mainland. His request was ignored; not even the courtesy of a response. The meeting was convened without Mr. DeWolf and his people and it concluded, as we surmise from your letter, he was found "guilty." Is there not a bit of "kangaroo court" in that kind of procedure?

ISSUE #2: MR. DEWOLF'S TESTIMONY VITAL

By ignoring Mr. DeWolf's request for a hearing he could attend, essential facts of the matter were denied to the

state. These include representations made by a County employee to Mr. DeWolf and others on August 4, 1994. These in a meeting in my offices with Bruce Hageman, the environmental engineer engaged by Mr. DeWolf to provide the County data on the site for the past six years.

ISSUE #3: LEGAL LIABILITY

In demanding Mr. DeWolf produce evidence that would be used against him in litigation, the County has clearly overstepped its authority. Mr. DeWolf's offer to present a legal opinion on the matter (**SEE EXHIBIT A**) was ignored. Such counsel (**SEE EXHIBIT B**) warns Mr. DeWolf of the liability to which he is exposed acceding to the County's demands.

ISSUE #4: COUNTY HAS TRACKED PLUME

The question of the plume movement from Mr. DeWolf's property to that of Ryerson Steel west of it is already determined. The E.I.R. submitted by Sybase Corporation, which seeks to acquire and develop the Ryerson site, clearly says so (**SEE EXHIBIT C**). Tests were conducted under the auspices of the County, and that they were planned was concealed from Mr. DeWolf in the meeting of August 4, 1994.

ISSUE #5: GOOD FAITH

For the past six years, Mr. DeWolf has complied with every demand the County has imposed upon him dealing with tanks he inherited and never used. Over 20% of his income has been spent to satisfy the County demands. Hundreds of pages of technical data have been collected and transmitted (and continue to be) to the County. Mr. DeWolf submits that good faith has been unilateral. For example, the County has:

a. Withheld Letter of Compliance

On January 1, 1995, all of the demands of the County were met in UST remediation -- closure and removal. Yet five months later the promised Letter of Compliance was being denied Mr. DeWolf. It was only through the intercession of Lori Casias, Sacramento did Mr. DeWolf obtain that document so essential to the economic value of his property.

b. Tenant Threatened With Removal

In November of 1993, as Mr. DeWolf was negotiating a new lease with Rix Industries and an agreement was being developed with the County on UST remediation, a representative of the County HMD told the Rix operations manager: "It's too bad you'll have to move," in discussing negotiations with the County. If you wish a deposition of that threat, Mr. DeWolf will supply it.

ISSUE #5: GOOD FAITH (Cont.)

c. Ryerson Test Concealed

The County now seeks to impose on Mr. DeWolf an expenditure of another \$20,000 for wells including the cost of regular reports, another on-going economic millstone. The basis is an concession made while the Ryerson property tests were planned, a fact concealed from Mr. DeWolf. The County was also aware of the work being undertaken by Erler & Kalinowski, published in June, 1995.

ISSUE #6: ALTERNATIVES AVAILABLE


The City of Emeryville Brownsfield Development report, the recent EPA grant to Emeryville should be considered. If the County is as "over-aggressive" as the Lawrence Livermore study says it is, then let it be so with its own money, not that of an innocent landowner, C. Frank DeWolf.

In Summary:

1. A proper hearing was not convened.
- 2, Mr. DeWolf's testimony is vital.
3. Litigation for damages is at risk.
- 4, Data on plume movement has been acquired.
5. Good faith has been breached.
- 6, Alternatives are available.

Mr. DeWolf is prepared to meet with you and expand on these points. It seems only fair to permit him his right to do so. He asks also that you consider the postscript on the following page relating to the history of the site.

Very truly yours,


Miles K. Benedict

cc: C. Frank DeWolf
Gil Jensen, Alameda County D.A.'s office
Gordon Coleman, Acting Chief, EPA
Bruce Hageman
Robert DiSilverio, Jr., Esq.

POSTSCRIPT: SITE HISTORY

From C. Frank DeWolf

Regarding the site, Unnamed Creek and Sewer Outfall.

It is important to consider the history of the alley between the building at 6460 Hollis Street, corner of Ocean Avenue, and the building just north at the corner of 65th Street and Hollis.

The earlier plat of this strip of land titled it "No Name Creek," which had a broken sewer that tied into a sewer along Hollis Street. Behind the building at 6460 Hollis was a vacant lot owned by the same person from whom I acquired 6460 Hollis Street. This vacant lot was unsaleable because winter or summer it was a stinking marsh due to a broken sewer line which was fed all the way from the Berkeley hills through Berkeley, Oakland and Emeryville. Every early Winter it was a lake when the junction with the Hollis Street sewer plugged up.

Finally, a modern sanitary sewer was built but only down Ocean Avenue which in the course of time gradually reduced the swamp to tenable property which I later purchased at an Alameda County Tax Auction. How much petroleum and other toxic wastes come from this sewer is unknown.

C. Frank DeWolf

EXHIBIT A

November 28, 1995.

Ms. Susan L. Hugo
Department of Environmental Health
Alameda County Health Service Agency
1131 Harbor Bay Parkway
Alameda, CA. 94602
VIA FAX: (510) 337-9335

Dear Ms. Hugo:

In response to your letter of November 17, 1995.

I did not agree to a December 12th meeting as your letter implies, since I will be unable to come to the mainland until after the first of the year.

Your letter, which responds to our letter of July 21, sets forth in writing for the first time the Ryerson matter. The crux of it is that the Ryerson test...

"...showed contamination which appeared to be related to the former underground storage tanks removed and/or closed in place at Rix Industries."

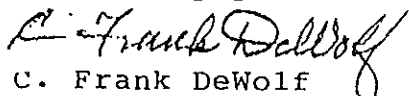
And your letter goes on further to state:

"This vertical and lateral extent of the soil and ground-water contamination related to the former tanks must be determined."

So the essence of your position is that I am probably contaminating the Ryerson property (more correctly the USTs left by Sterling Paint Company) and you want me to pay for an investigation to verify that hypothesis.

Further, the purpose of your investigation -- the Ryerson property -- was never brought up in previous discussions of additional monitoring wells. We now have a legal problem with respect to damage liability to consider. I have asked Miles Benedict, our representative, to look into our exposure.

Very truly yours,



C. Frank DeWolf

cc: Gil Jensen, Alameda County D.A.'s Office
Jun Makishima, Dept. of Environmental Health
Miles Benedict. Bruce Hageman

EXHIBIT B

EXCERPT FROM ANALYSIS BY
ROBERT DISILVERIO, JR.
ATTORNEY AT LAW

site to confirm the County's supposition that chemicals have migrated from your client's site to the Ryerson property.

Issues:

1) Does the County's demand that you drill additional wells present significant risk of further inconvenience and expense to your client?

The answer appears to be "Yes." You will likely become responsible for performing further cleanup and expense. Depending on findings after drilling, further cleanup procedures and expenses might prove necessary. Additionally, there is a risk that further drilling will lead to a conclusion that on-site pollution has migrated during the client's ownership to the neighboring site. Such a conclusion could set the stage for claims and suits by either the seller or the new buyer of the neighboring site.

2) What effect claims or suits by the owner(s) of the neighboring site?

Environmental impairment claims and suits can be inconvenient, protracted, expensive, and bitter. Involvement in such claims and suits certainly ought not be invited.

Site Conditions

Soil and groundwater investigations were conducted at the project site in March 1995 and July 1995.³ These investigations revealed contamination from several sources on and off the site. On-site sources include a former oil refinery on the paved portion of the Ryerson property and the western portion of the Breuner's site. (Figure 3.8-1). In 1990 two underground storage tanks (USTs) were removed from the southeastern corner of the Breuner's property. In 1992 a 10,000 gallon diesel UST was removed from the Ryerson property. As discussed below, all of these sources have caused petroleum hydrocarbon contamination at the project site. Investigations of soil and groundwater in the vicinity of the chemical storage areas on the Ryerson site and a former paint booth and vault on the Breuner's warehouse property indicate that these areas are not significant sources of soil and groundwater contamination (EKI, June 1995).

Based upon a review of the relevant regulatory agency records, four reported chemical release sites were identified and within several hundred feet of the project site. Although groundwater generally flows in a west/southwesterly direction in the project area, groundwater flow can fluctuate seasonally. Thus, properties to the south of the project site are potentially upgradient during certain times of the year.

These reported offsite chemical release sites include: RIX Industries (6460 Hollis Street), Henry Horn & Sons (1301 65th Street), Federal Express (1600 63rd Street), and Grove Valve and Regulator Company (6529 Hollis Street) (EKI, June 1995).

- The RIX Industries site is located across Hollis Street, approximately 70 feet east of the project site. (Figure 3.8-1). Investigations at the RIX site revealed that the soil and groundwater contain chlorinated solvents, industrial solvents, alcohols, and petroleum hydrocarbons. Tetrachloroethylene (PCE) has been detected in groundwater samples at concentrations as high as 2,200 micrograms per liter (ug/L). The extent of the chemical plume in groundwater on the RIX site has not, however, been determined. Due to its location directly upgradient of the project site, it is a likely source of volatile organic compounds (VOCs) and petroleum hydrocarbons detected on the site.
- The Henry Horn site is located directly across Hollis Street, to the north of the RIX site. Soil samples collected during a UST removal contained gasoline at concentrations of up to 180 parts per million. Benzen, Toluene and total Xylenes have been detected in groundwater samples at concentrations of 28, 4.3 and 5 ug/L, respectively.

³ The September 15, 1995 Final Site Investigation Report for the 64th and 65th Street Properties, prepared by Erler & Kalnowski Inc., is on file and available for public review at the City of Emeryville Planning Department. The data and other information presented in this section can be found in that report unless noted otherwise.

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 3, 1995
STID 376

Mr. Frank DeWolfe
Kanaida #3001
78-261 Manukai Street
Kailua - Kona, Hawaii 96740

**Subject: Underground Storage Tank Removals at
Rix Industries Inc.
6460 Hollis Street, Emeryville, California 94608**

Dear Mr. DeWolfe:

This letter confirms the closure of ten underground storage tanks at the referenced site. Five underground storage tanks (1 -2,000 gallon solvent and 4 -1,000 gallon solvent) located inside the building were closed in-place on August 4, 1994 and five underground storage tanks (1 -2,000 gallon and 4 -1,000 gallon) located outside the building (in the work & test area) were removed in December 27, 1994. These tanks were removed and/or closed in-place under our department's oversight.

On June 27, 1992, three shallow groundwater monitoring wells (MW-1, MW-2 and MW-3) were installed at the subject site. Soil samples collected from the borings showed contamination as high as 1,800 ppm TPH gasoline, 3,000 ppm TPH diesel, 2,400 ppm kerosene, 2,100 ppm mineral spirits, 41 ppm methyl ethyl ketone, 4.9 ppm methyl isobutyl ketone, 720 ppb dichloroethene, 31,000 ppb tetrachloroethene, 420 ppb trichloroethene, 96 ppb benzene, 19,000 ppb toluene, 960 ppb ethyl benzene and 8,000 ppb xylene. Groundwater samples collected from the wells found contaminants up to 9,300 ppb TPH gasoline, 20,000 ppb TPH diesel, 20,000 ppb kerosene, 21,000 ppb mineral spirits, 3.8 ppb benzene, 3,600 ppb toluene, 69 ppb ethyl benzene 1,880 ppb xylene, 28 ppb oil & grease, 980 ppb carbon tetrachloride, 480 ppb dichloroethane, 630 ppb dichloroethene, 2,200 ppb tetrachloroethene, 81 ppb trichloroethane, 300 ppb trichloroethene and 46 ppb vinyl chloride.

Physical evidence collected during the tanks' removal (apparent holes in some of the tanks, corrosion, etc.) indicates that the former tanks had leaked at the site. Further site characterization and investigation is required to determine the vertical and lateral extent of the contamination at the subject property.

Mr. Frank DeWolfe
Re: 6460 Hollis St., Emeryville, CA 94608
May 3, 1995

A Phase II Work Plan dated September 1, 1994, prepared and submitted by Hageman-Aguiar, Inc., proposed three additional wells to be installed by February, 1995. To date, this office has not received any report documenting the installation of the wells. Please clarify if the wells were actually installed. If not, these wells must be installed **no later than June 10, 1995.**

Until cleanup is complete, you will need to submit reports to this office every three months (or at a more frequent interval, if specified at any time by this agency). In addition, the following items must be incorporated in your future reports or workplans:

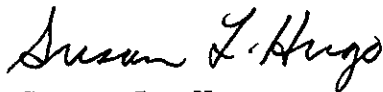
- a cover letter from the responsible party or tank owner stating the accuracy of the report and whether he/she concurs with the conclusions and recommendations in the report or workplan
- site map delineating contamination contours for soil and groundwater based on recent data should be included and the status of the investigation and cleanup must be identified
- proposed continuing or next phase of investigation / cleanup activities must be included to inform this department of the responsible party or tank owner's intention
- any changes in the groundwater flow direction and gradient based on the measured data since the last sampling event must be explained
- historical records of groundwater level in each well must be tabulated to indicate the fluctuation in water levels
- tabulate analytical results from all previous sampling events; provide laboratory reports (including quality control/quality assurance) and chain of custody documentation

All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project.

Mr. Frank DeWolfe
Re: 6460 Hollis St., Emeryville, CA 94608
May 3, 1995

Please contact me at (510) 567-6780 if you have any questions concerning this letter.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Director, Environmental Health
Gil Jensen, Alameda County District Attorney's Office
William Reynolds, Acting Chief, Environmental Protection
Division / files
Kevin Graves, San Francisco Bay RWQCB
Bruce Hageman, Hageman-Aguiar, Inc., 3732 Mt. Diablo Blvd.,
Suite 372, Lafayette, California, 94549
Miles Benedict, MRE, 5801 Christie Avenue, Suite 675
Emeryville, California 94608



ALCO
HAZMAT

95 JAN -5 PM 2:50

STD 376

January 3, 1995.

Ms. Susan Hugo
Alameda County Health Services Agency
Environmental Health Department
Hazardous Materials Division
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA. 94502

Dear Ms. Hugo:

Effective January 1st, it is my understanding that my client, Frank DeWolf, has complied in toto in the matter of the USTs at 6460 Hollis Street, Emeryville. Both phases of the UST projects have been completed: closure of the USTs under the structure last July, and removal of the tanks in the yard in December.

Since the USTs represent a legal liability that cost my client over \$100,000 to satisfy, we will proceed with both insurance claims and application to the State Water Resources Control Board for recompense. It is vital to these procedures that we have an acknowledgement of the work undertaken and the approval of such.

We have requested of Bruce Hageman, who undertook the work, proof that it was acceptable to the County. If it is not acceptable, we wish to know immediately so that remedial measures may be taken. If it has the County approval and is in compliance, we ask a statement of that fact from HMD.

Very truly yours,

A handwritten signature in cursive script that reads 'Miles Benedict'.

Miles K. Benedict

cc: C. Frank DeWolf
Bruce Hageman

SH

Z 773 036 533



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Rix Industries	
Street and No 6460 Hollis Street	
P O., State and ZIP Code Emeryville CA 94508	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, March 1993

SH

Z 773 036 534



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Frank DeWolfe	
Street and No dba Rix Industries	
P O., State and ZIP Code 76-6287 Leone Street	
Kailua Kona, HI 96740-2270	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, March 1993

SH

Z 773 036 535



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Frank DeWolfe, as an individual	
Street and No 76-6287 Leone Street	
P O., State and ZIP Code Kailua Kona, HI 96740-2270	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, March 1993

SH

Z 773 036 536



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to MRE Commercial Real Estate as agent for Frank DeWolfe	
Street and No 5801 Christie Ave., Ste 675	
P O., State and ZIP Code Emeryville CA 94608	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, March 1993

SH

Z 773 036 537



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Miles Benedict MRE Commercial real estate	
Street and No 5801 Christie Ave., Ste 675	
P. O., State and ZIP Code Emeryville CA 94608	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, March 1993

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.

3. Article Addressed to: S. Hugo

Rix Industries
6460 Hollis Street
Emeryville CA 94608

4a. Article Number
Z 773 036 533

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
01/19/96

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 Domestic Return Receipt

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.

3. Article Addressed to: S. Hugo

Frank DeWolfe, as an individual
76-6287 Leone Street
Kailua Kona, HI 96740-2270

4a. Article Number
Z 773 036 535

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
4-22-96

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 Domestic Return Receipt

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.
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- Addressee's Address
- Restricted Delivery

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3. Article Addressed to: S. Hugo

Frank DeWolfe
dba Rix Industries
76-6287 Leone Street
Kailua Kona, HI 96740-2270

4a. Article Number
Z 773 036 534

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
4-22-96

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

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

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: **S. Hugo**

MRE Commercial Real Estate
as agent for Frank DeWolfe
5801 Christie Ave., Ste. 675
Emeryville CA 94608

4a. Article Number
Z 773 036 536

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery
4/19

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Frank DeWolfe*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
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- 2. Restricted Delivery

Consult postmaster for fee.

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Mile Benedict
dba MRE Commerical Real Estate
as agent for Frank DeWolfe
5801 Christie Ave., Ste. 675
Emeryville CA 94608

4a. Article Number
Z 773 036 537

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery
4/19

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Frank DeWolfe*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Alameda County Health Care Services Agency, Department of
Environmental Health, Hazardous Materials Division

In Re The Property Known As :)	Notice of Official Action
)	By the San Francisco Bay
Rix Industries Inc.)	Regional Water Quality
6460 Hollis Street)	Control Board
Emeryville, California 94608)	
<hr/>		

Dear Sirs:

The attached **Official Notice of Request for Technical Reports pursuant to Water Code Section 13267(b)** has been forwarded to this office for legal service, and oversight. As the Agency responsible for enforcing the terms of this **Official Action**, all communication should continue to be directed to this office. Please make arrangements to comply by calling me at (510) 567-6700 to coordinate all future activities.

Failure to comply could result in liability for civil or administrative penalties of up to \$1000 per day of delinquency.

I Susan L. Hugo, do hereby certify that I served Frank DeWolfe, Rix Industries with a copy of the attached **Notice of Official Action by the Regional Board** by certified mailer #Z 773 036 534.

Dated: 4/16/96 Susan L. Hugo
(signature)

cc: Gil Jensen, Alameda County District Attorney
Files

Alameda County Health Care Services Agency, Department of
Environmental Health, Hazardous Materials Division

In Re The Property Known As :)
Rix Industries Inc.)
6460 Hollis Street)
Emeryville, California 94608)

Notice of Official Action
By the San Francisco Bay
Regional Water Quality
Control Board

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Dated: 4/16/96 Susan L. Hugo
(signature)

cc: Gil Jensen, Alameda County District Attorney
Files

Alameda County Health Care Services Agency, Department of
Environmental Health, Hazardous Materials Division

In Re The Property Known As :)	Notice of Official Action
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I Susan L. Hugo, do hereby certify that I served MRE Commercial Real Estate, with a copy of the attached Notice of Official Action by the Regional Board by certified mailer #Z 773 036 536.

Dated: 4/16/96 Susan L. Hugo
(signature)

cc: Gil Jensen, Alameda County District Attorney
Files

Alameda County Health Care Services Agency, Department of
Environmental Health, Hazardous Materials Division

In Re The Property Known As :)
Rix Industries Inc.)
6460 Hollis Street)
Emeryville, California 94608)

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By the San Francisco Bay
Regional Water Quality
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Failure to comply could result in liability for civil or administrative penalties of up to \$1000 per day of delinquency.

I Susan L. Hugo, do hereby certify that I served Miles Benedict, MRE Commercial Real Estate, with a copy of the attached **Notice of Official Action by the Regional Board** by certified mailer #Z 773 036 537.

Dated: 4/16/96 Susan L. Hugo
(signature)

cc: Gil Jensen, Alameda County District Attorney
Files

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD

SAN FRANCISCO BAY REGION

2101 WEBSTER STREET, Suite 500

OAKLAND, CA 94612

Tel: (510) 286-1255

FAX: (510) 286-1380

BBS: (510) 286-0404

**MAR 29 1996**

RB File No. 01-1916

Rix Industries Inc.
6460 Hollis Street
Emeryville, CA 94608

Frank DeWolfe
dba Rix Industries
76-6287 Leone Street
Kailua Kona, HI 96740-2270

Frank DeWolfe, as an individual
76-6287 Leone Street
Kailua Kona, HI 96740-2270

MRE Commercial Real Estate
as agent for Frank DeWolfe
5801 Christie Avenue, Suite 675
Emeryville, CA 94608

Miles Benedict
dba MRE Commercial Real Estate
as agent for Frank DeWolfe
5801 Christie Avenue, Suite 675
Emeryville, CA 94608

**RE: Legal Designation of Responsible Party and Request for
Submittal of a Technical Report Resulting from the Alameda
County Department of Environmental Health's Pre-Enforcement
Review Panel Meeting of December 12, 1995.**

Dear Messrs. DeWolfe and Benedict:

It has been brought to my attention by the Regional Board staff that a condition of soil and groundwater pollution exists on the property located at 6460 Hollis Street, Emeryville, Alameda County from releases associated with the ten underground storage tanks removed and/or closed-in-place at the site. The Alameda County Department of Environmental Health (ACDEH) staff has requested technical reports from you to fulfill your obligations per California Code of Regulations, Title 23, Waters, Chapter 16, Underground Storage Tank Regulations, Article 11, Corrective Action Requirements.

A Pre-Enforcement Review Panel was held at the Alameda County Department of Environmental Health Offices (ACDH) on December 12, 1995. The parties herein named were served with notice, and failed to appear. The Pre-Enforcement Review Panel having considered the evidence and facts available to it, found that the parties named herein are the owners and may have operated the tanks on the property. And as such are hereby named as responsible parties pursuant to law. The panel further found that there is evidence of contamination at property due to the leaking underground storage tanks which necessitates a technical report and workplan addressing the extent of contamination and all work to be performed as part of the corrective action required of responsible parties pursuant to California Code of Regulations, Title 23, Waters, Chapter 16, Underground Storage Tank Regulations, Article 11, Corrective Action Requirements.

Accordingly, you are hereby directed to submit a technical report to address soil and groundwater pollution within 45 days of the date of this letter. This technical report should specifically address the following numbered items:

- 1) A work plan to define the vertical and lateral extent of the chlorinated solvents and petroleum hydrocarbon contamination in soil and groundwater.
- 2) A report discussing the investigation regarding the contamination at the site completed to date and shall include but not limited to the groundwater monitoring data, monitoring well construction diagrams, soil borings, etc.
- 3) Interim remedial measures implemented or proposed to prevent the migration of the plume to adjacent sites.
- 4) Adhere to a quarterly schedule of well monitoring, sampling, and reporting.

All proposed work should adhere to the requirements articulated in The Tri-Regional Board Staff Recommendations for the Preliminary Evaluation and Investigation of Underground Storage Tank Sites - 8/10/90 and Article 11 of Title 23, Waters, California Code of Regulations.

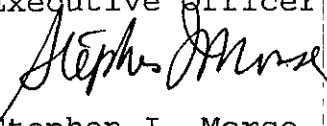
I am hereby transmitting this request for a technical report to ACDEH for service and continued case handling. You should be aware that failure on your part to submit the requested technical report, or a submittal received after the date specified in this request may result in fines up to \$1,000 per day of delinquency. Your response to this technical report request should be sent to Ms. Susan L. Hugo, at ACDEH. Please inform Ms. Hugo at least three working days in advance of all field activities.

Please be advised that this is a formal request for technical reports pursuant to California Water Code Section 13267(b). Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by either this agency or the Alameda County Department of Environmental Health, Hazardous Materials Division.

If you have any questions regarding the contents of this letter, please contact Ms. Hugo, of ACDEH, at (510) 567-6780.

Sincerely,

Loretta K. Barsamian
Executive Officer


Stephen I. Morse
Chief, Toxics Division

- c: Gil Jensen, Alameda County District Attorney's Office,
Consumer & Environmental Protection Division.
✓ Gordon Coleman, Acting Chief, Environmental Protection Div.
Susan L. Hugo, Sr. Hazardous Materials Specialist, ACDEH.

#376

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" type="checkbox"/> 4 CHANGE OF INFORMATION	<input checked="" 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 RIA INDUSTRIES	NAME OF OPERATOR BERT OTTERSON		
ADDRESS 6460 HOLLIS STREET	NEAREST CROSS STREET OCEAN	PARCEL # (OPTIONAL)	
CITY NAME EMERYVILLE	STATE CA	ZIP CODE 94608	SITE PHONE # WITH AREA CODE
<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 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 100	E. P. A. I. D. # (optional)

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) DAVE SILVA	PHONE # WITH AREA CODE (510) 658-5275	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME MR. FRANK DEWOLF	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 75-5082 ALII DRIVE, CASA DE EMUDEKO	<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME KAILUA-KONA	STATE HA	ZIP CODE 96740	PHONE # WITH AREA CODE (808) 322-0653

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER MR. FRANK DEWOLF	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 75-5082 ALII DRIVE, CASA DE EMUDEKO	<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME KAILUA-KONA	STATE HA	ZIP CODE 96740	PHONE # WITH AREA CODE (808) 322-0653

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 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 checked="" 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. <input type="checkbox"/>	II. <input checked="" type="checkbox"/>	III. <input 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)	APPLICANT'S TITLE	DATE MONTH/DAY/YEAR 4-4-94
--	-------------------	--------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 0105207	1/20/95 (No)
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL	

INSTRUCTIONS FOR COMPLETING FORM "A"

GENERAL INSTRUCTIONS:

1. One FORM "A" shall be completed for all **NEW PERMITS, 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. The 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 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)

Enter your Board of Equalization (BOE) UST 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 return in reporting the \$9.006 (6 mills) per gallon fee due on the number of gallons placed in your USTs. 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 UST 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. USTs 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)739-2421. 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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED IF THE BOE ACCOUNT NUMBER IS NOT FILLED IN. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.H.F.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

TANK REMOVED 12/27/94

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 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: RIX INDUSTRIES, 6460 HOLLIS ST. EMERYVILLE CA

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

A. OWNER'S TANK I.D. #	<u>TANK "D"</u>	B. MANUFACTURED BY:	<u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS:	<u>500</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input 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 checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<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 NO LABEL - EMPTY 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	<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
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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN
	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"/> 95 UNKNOWN
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>NONE</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>

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

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

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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	3. WAS TANK FILLED WITH INERT MATERIAL ?
<u>1992</u>	<u>0</u> GALLONS	YES <input type="checkbox"/> 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)	DATE
<u>FRANK DEWITT BY BRUCE AGE MAN</u>	<u>4-1-94</u>

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>065207</u>	<u>00000</u>
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.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.R.E.P.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

TANK REMOVED 12/27/94

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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: RIX INDUSTRIES, 6466 HILLS ST. EMERYVILLE

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

A. OWNER'S TANK I.D. #	<u>TANK "A"</u>	B. MANUFACTURED BY:	<u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS:	<u>500 GALS</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input 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 type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input checked="" 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 CHLORINATED SOLVENT 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	<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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 99 OTHER <u>NONE</u>
	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"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>NONE</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>

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

A. SYSTEM TYPE	A <u>U</u> 1 SUCTION	A U 2 PRESSURE	A 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>

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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<u>1972</u>	<u>75</u> GALLONS	

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) FRANK Dewick by Bruce Hooper DATE 4-4-94

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>065207</u>	<u>00000</u>
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. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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. ACFE 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 & F.
- 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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
1705 SUTTER
LOCAL AGENCY USE ONLY
P.O. BOX 527
PARAMOUNT, CA 90763

TANK REMOVED

12/27/94

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM: 1 NEW PERMIT, 2 INTERIM PERMIT, 3 RENEWAL PERMIT, 4 AMENDED PERMIT, 5 CHANGE OF INFORMATION, 6 TEMPORARY TANK CLOSURE, 7 PERMANENTLY CLOSED ON SITE, 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: RIX INDUSTRIES, 6460 HOLLIS ST. EMERYVILLE

I. TANK DESCRIPTION: A. OWNER'S TANK I.D. # TANK 8, B. MANUFACTURED BY: UNKNOWN, C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN, D. TANK CAPACITY IN GALLONS: 500

II. TANK CONTENTS: A. 1 MOTOR VEHICLE FUEL, 2 PETROLEUM, 3 CHEMICAL PRODUCT, 4 OIL, 80 EMPTY, 95 UNKNOWN, B. 1 PRODUCT, 2 WASTE, C. 1a REGULAR UNLEADED, 1b PREMIUM UNLEADED, 2 LEADED, 3 DIESEL, 4 GASAHOL, 5 JET FUEL, 6 AVIATION GAS, 7 METHANOL, 99 OTHER, D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED: UNKNOWN, C. A. S. #:

III. TANK CONSTRUCTION: A. TYPE OF SYSTEM: 2 SINGLE WALL, B. TANK MATERIAL (Primary Tank): 1 BARE STEEL, C. INTERIOR LINING: 99 OTHER NONE, D. CORROSION PROTECTION: 91 NONE, E. SPILL AND OVERFILL: SPILL CONTAINMENT INSTALLED (YEAR) NONE, OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) NONE

IV. PIPING INFORMATION: A. SYSTEM TYPE: A U 1 SUCTION, B. CONSTRUCTION: A U 1 SINGLE WALL, C. MATERIAL AND CORROSION PROTECTION: A U 1 BARE STEEL, D. LEAK DETECTION: 99 OTHER NONE

V. TANK LEAK DETECTION: 1 VISUAL CHECK, 2 INVENTORY RECONCILIATION, 3 VADOZE MONITORING, 4 AUTOMATIC TANK GAUGING, 5 GROUND WATER MONITORING, 6 TANK TESTING, 7 INTERSTITIAL MONITORING, 91 NONE

VI. TANK CLOSURE INFORMATION: 1. ESTIMATED DATE LAST USED (MO/DAY/YR) 1972, 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0 GALLONS, 3. WAS TANK FILLED WITH INERT MATERIAL? YES NO X

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) FRANK DEWOLF BY BRUCE HAGEMAN, DATE 1-4-94

LOCAL AGENCY USE ONLY: STATE I.D.#, COUNTY # 01, JURISDICTION # 000, FACILITY # 0165207, TANK # 00000, 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. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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 owner's 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 & C.
- 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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
OPERATIONS
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

TANK REMOVED 12/27/94

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: RIX INDUSTRIES, 6460 HOLLIS ST. EMERYVILLE

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

A. OWNER'S TANK I.D.#	<u>TANK "C"</u>	B. MANUFACTURED BY:	<u>LINKDOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>LINKDOWN</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 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 checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<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 LINKDOWN - SLURRY FILLED

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"/> 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
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYO LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		<input type="checkbox"/> 4 PHENOLIC LINING
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>

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

A. SYSTEM TYPE	<input checked="" type="checkbox"/> A U 1 SUCTION	<input type="checkbox"/> A U 2 PRESSURE	<input type="checkbox"/> A U 3 GRAVITY	<input type="checkbox"/> A U 99 OTHER
B. CONSTRUCTION	<input checked="" type="checkbox"/> A U 1 SINGLE WALL	<input type="checkbox"/> A U 2 DOUBLE WALL	<input type="checkbox"/> A U 3 LINED TRENCH	<input type="checkbox"/> A U 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="checkbox"/> A U 1 BARE STEEL	<input type="checkbox"/> A U 2 STAINLESS STEEL	<input type="checkbox"/> A U 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> A U 4 FIBERGLASS PIPE
	<input type="checkbox"/> A U 5 ALUMINUM	<input type="checkbox"/> A U 6 CONCRETE	<input type="checkbox"/> A U 7 STEEL W/ COATING	<input type="checkbox"/> A U 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> A U 9 GALVANIZED STEEL	<input type="checkbox"/> A U 10 CATHODIC PROTECTION	<input type="checkbox"/> A U 95 UNKNOWN	<input type="checkbox"/> 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 checked="" type="checkbox"/> 99 OTHER <u>NONE</u>

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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
<u>1972</u>	<u>0</u> GALLONS	

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) FRANK DEWOLF BY BRUCE HAGEMAN DATE 1-1-94

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>065207</u>	<u>00000</u>
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.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.R.L.P.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

ANK REMOVED 12/27/99



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

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Rix Industries, 6460 Hollis St, Emeryville CA

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

A. OWNER'S TANK I.D.#	<u>TANK "E"</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 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 checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<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	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>MOSTLY WATER</u> 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	<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
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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN
	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"/> 95 UNKNOWN
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>NONE</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>

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	A U 95 UNKNOWN
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	<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>

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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	3. WAS TANK FILLED WITH INERT MATERIAL?
<u>1972</u>	<u>150</u> GALLONS	YES <input type="checkbox"/> 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) FRANK DEWOLF BY BRUCE HASEMAN DATE 7-4-99

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>0165207</u>	<u>0000</u>
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.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.R.C.P.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

TANK CLOSED IN PLACE
STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B

7/30/94



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: RIX INDUSTRIES, 6460 HALLS STREET, EMERYVILLE CA

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

A. OWNER'S TANK I. D. # <u>TANK H</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 checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input 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 type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASOLINE	<input type="checkbox"/> 7 METHANOL
<input checked="" type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>DIESEL</u> 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	<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
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 type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
	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"/> 95 UNKNOWN
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>NONE</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>

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

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

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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1972</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>100</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> 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) <u>FRANK DEWOLF By Bruce [Signature]</u>	DATE <u>7-4-94</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>065207</u>	<u>0000</u>
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.
 FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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. A1370789).
- 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 spare 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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B(s)" TO THE FOLLOWING ADDRESS:

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
4550 17TH S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

TANK CLOSED IN PLACE
 STATE OF CALIFORNIA
 STATE WATER RESOURCES CONTROL BOARD
 UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B

7/30/99



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: RIX INDUSTRIES, 6460 HOLLIS ST, EMERYVILLE CA

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

A. OWNER'S TANK I. D. # <u>TANK J</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 type="checkbox"/> 2 PETROLEUM <input checked="" type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)		

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED METHYL ETHYL KETONE 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 <input checked="" type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input checked="" 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"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) <u>N/A</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>N/A</u>		

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

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

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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE, LAST USED (MO/DAY/YR) <u>1972</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) FRANK DEWALT BY [Signature] DATE 7-9-99

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

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>000</u>	FACILITY # <u>0165207</u>	TANK # <u>00000</u>
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.
 FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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. ACMI 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 & C.
- 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 THIS 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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS:

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
270 RIVER STREET
OAKLAND, CALIFORNIA 94612
P.O. BOX 527
PARAMOUNT, CA 90723

TANK CROSTED IN PLACE 3/30/94

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 6 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: RIX INDUSTRIES, 6460 HOLLIS ST. EMERYVILLE

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

A. OWNER'S TANK I. D. # <u>TANK "K"</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>500</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input 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 type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input checked="" type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>ETHYL SILICATE</u> 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	B. TANK MATERIAL (Primary Tank)	C. INTERIOR LINING
<input type="checkbox"/> 1 DOUBLE WALL	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 1 RUBBER LINED
<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 5 GLASS LINING
<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 2 ALKYD LINING
<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 99 OTHER <u>NONE</u>
	<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	
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	E. SPILL AND OVERFILL	
<input type="checkbox"/> 1 POLYETHYLENE WRAP	SPILL CONTAINMENT INSTALLED (YEAR) <u>NONE</u>	
<input type="checkbox"/> 2 COATING	OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>	
<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		

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

A. SYSTEM TYPE	B. CONSTRUCTION	C. MATERIAL AND CORROSION PROTECTION	D. LEAK DETECTION
A U 1 SUCTION	A U 1 SINGLE WALL	A U 1 BARE STEEL	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR
A U 2 PRESSURE	A U 2 DOUBLE WALL	A U 2 STAINLESS STEEL	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING
A U 3 GRAVITY	A U 3 LINED TRENCH	A U 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> 3 INTERSTITIAL MONITORING
A U 99 OTHER	A U 95 UNKNOWN	A U 4 FIBERGLASS PIPE	<input checked="" type="checkbox"/> 99 OTHER <u>NONE</u>
	A U 99 OTHER	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	

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 type="checkbox"/> 95 UNKNOWN	<input checked="" type="checkbox"/> 99 OTHER <u>NONE</u>

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1972</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>FRANK DEWOLF BY BRUCE HAGEMAN</u>	DATE <u>4-4-94</u>
--	--------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>065207</u>	<u>0000</u>
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.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(a) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER POLLUTION CONTROL BOARD
2150 17th ST
DATA PROCESSING CENTER
P.O. BOX 577
PARAMOUNT, CA 90763

TANK CLOSED IN PLACE

30/94



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

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM: 1 NEW PERMIT, 2 INTERIM PERMIT, 3 RENEWAL PERMIT, 4 AMENDED PERMIT, 5 CHANGE OF INFORMATION, 6 TEMPORARY TANK CLOSURE, 7 PERMANENTLY CLOSED ON SITE, 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: RIX INDUSTRIES, 6460 HOLLIS ST. EMERYVILLE

I. TANK DESCRIPTION: A. OWNER'S TANK I.D.# TANK L, B. MANUFACTURED BY: UNKNOWN, C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN, D. TANK CAPACITY IN GALLONS: 500

II. TANK CONTENTS: IF A-1 IS MARKED, COMPLETE ITEM C. SEE BUTYL ALCOHOL. A. 1 MOTOR VEHICLE FUEL, 2 PETROLEUM, 3 CHEMICAL PRODUCT, 4 OIL, 80 EMPTY, 95 UNKNOWN, B. 1 PRODUCT, 2 WASTE, C. 1a REGULAR UNLEADED, 1b PREMIUM UNLEADED, 2 LEADED, 3 DIESEL, 4 GASAHOL, 5 JET FUEL, 6 AVIATION GAS, 7 METHANOL, 99 OTHER (DESCRIBE IN ITEM D. BELOW)

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: 1 DOUBLE WALL, 2 SINGLE WALL, 3 SINGLE WALL WITH EXTERIOR LINER, 4 SECONDARY CONTAINMENT (VAULTED TANK), 95 UNKNOWN, 99 OTHER. B. TANK MATERIAL (Primary Tank): 1 BARE STEEL, 2 STAINLESS STEEL, 3 FIBERGLASS, 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC, 5 CONCRETE, 6 POLYVINYL CHLORIDE, 7 ALUMINUM, 8 100% METHANOL COMPATIBLE W/FRP, 9 BRONZE, 10 GALVANIZED STEEL, 95 UNKNOWN, 99 OTHER. C. INTERIOR LINING: 1 RUBBER LINED, 2 ALKYD LINING, 3 EPOXY LINING, 4 PHENOLIC LINING, 5 GLASS LINING, 6 UNLINED, 95 UNKNOWN, 99 OTHER NONE. IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES NO. D. CORROSION PROTECTION: 1 POLYETHYLENE WRAP, 2 COATING, 3 VINYL WRAP, 4 FIBERGLASS REINFORCED PLASTIC, 5 CATHODIC PROTECTION, 91 NONE, 95 UNKNOWN, 99 OTHER. E. SPILL AND OVERFILL: SPILL CONTAINMENT INSTALLED (YEAR) OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR)

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, A U 95 UNKNOWN, 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

V. TANK LEAK DETECTION: 1 VISUAL CHECK, 2 INVENTORY RECONCILIATION, 3 VADOZE MONITORING, 4 AUTOMATIC TANK GAUGING, 5 GROUND WATER MONITORING, 6 TANK TESTING, 7 INTERSTITIAL MONITORING, 91 NONE, 95 UNKNOWN, 99 OTHER

VI. TANK CLOSURE INFORMATION: 1. ESTIMATED DATE LAST USED (MO/DAY/YR) 1/12, 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 60 GALLONS, 3. WAS TANK FILLED WITH INERT MATERIAL? YES NO X

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) FRANK DEWOLF BY BRETT HAGENMAN DATE 4-4-94

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

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. ACOMP 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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(e) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
170 S.W.H.H.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

TANK CLOSED IN PLACE
7/30/94

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Rlx INDUSTRIES, 6460 HOLLY ST, EMERYVILLE, CA

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

A. OWNER'S TANK I.D. #	<u>TANK F</u>	B. MANUFACTURED BY:	<u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS:	<u>300 GALLONS</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input 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 type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<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 SEC BUTYL ALCOHOL 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	<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
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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		<input type="checkbox"/> 4 PHENOLIC LINING
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"/> 95 UNKNOWN
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

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

D. LEAK DETECTION 1 AUTOMATIC LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 INTERSTITIAL MONITORING 99 OTHER

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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1992</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>50</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> 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) FRANK DEWOLF By [Signature] DATE 1-4-94

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>0165207</u>	<u>0000</u>
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.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS:

- ALCO
HAZMAT
94 APR 11 10 21 AM**
1. This 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 shall 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 DHA 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. ACMI 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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
REGULATORY DIVISION
TANK DETECTION CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # 376 Site Name RIK INDUSTRIES Today Date 12/28/94

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Stds 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

Site Address 6460 Hollis Street

City Emeryville Zip 94608 Phone _____

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

Inspection Categories:

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

10-12:00 PM

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

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N) _____
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(e)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General
- 1. Permit Application 25284 (H&S)
 - 2. Pipeline Leak Detection 25292 (H&S)
 - 3. Records Maintenance 2712
 - 4. Release Report 2651
 - 5. Closure Plans 2670

- Monitoring for Existing Tanks
- 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose
Semi-annual groundwater
One time soils
 - 3) Daily Vadose
One time soils
 - 4) Monthly Gndwater
One time soils
 - 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon.
 - 6) Daily Inventory
Annual tank testing
Cont pipe leak det
 - 7) Weekly Tank Gauge
Annual tank testing
 - 8) Annual Tank Testing
Daily inventory
 - 9) Other _____

Hollis

- 7. Precls Tank Test Date: _____ 2643
- 8. Inventory Rec. 2644
- 9. Soil Testing 2646
- 10. Ground Water 2647

- New Tanks
- 11 Monitor Plan 2632
 - 12 Access. Secure 2634
 - 13 Plans Submit Date: _____ 2711
 - 14. As Built Date: _____ 2635

Comments: met Bruce Hageman
 On site: Soil Sampling: 5 UGTs removed (12/27/94)
 Total of 10 soil samples collected just above groundwater (4 1/2 ft bgs)
 Site is very limited as far as excavation. Piping left on site (5) were capped. Groundwater was pumped out.

Excavation was backfilled w/ gravel

II, III

Contact: _____

Title: _____

Signature: _____

Inspector: _____

Signature: Juan F. Hugo

PHOTOS

GO

HERE

Hageman - Aguiar, Inc.

3732 Mt. Diablo Blvd., Suite 372 Lafayette CA 94549 (510) 284-1661 FAX (510) 284-1664

FAX TRANSMISSION SHEET

ATTN: SUSAN HUGO

COMPANY: Alameda County Health

FAX: (510) 337-9336

FROM: B. Hageman

COMMENTS:

This transmittal is page 1 of 2



Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

December 8, 1994

**Ms. Susan Hugo
Alameda County Health Services Agency
Environmental Health Department
Hazardous Materials Division
1131 Harbor Bay Parkway, 2nd Floor
Fax # (510) 337-9335**

**RE: Rix Industries
6460 Hollis Street
Emeryville, CA.**

Dear Susan:

This is just a note to bring you up to date on the tank removal project at Rix Industries.

The project schedule is set up as follows: December 17, 1994, A roof brace will be installed on the on that portion of the roof over the back yard. This will allow us to remove the tanks under the existing over hang.

December 23, 1994

We will move on site to saw cut and brake up the existing concrete pad over the tanks.

December 24 & 25, 1994

Christmas Eve and Christmas Day: No Activity

December 26, 1994

The concrete will be removed and hauled off site for disposal. The tanks will be uncovered and prepared for removal.

December 27, 1994

Tanks will be removed, loaded on trucks for disposal. soil samples will be taken from tank excavations for laboratory analysis. Any over-excavation that may be required (groundwater is anticipated at 2.8 feet, so there will be limited soil removal) . Composite soil samples will be taken of the spoils pile and preparations for removal and disposal.

December 28 & 29, 1994.

Excavation will be backfilled and compacted

December 30, 1994

Restore the area over the top of tank excavations with concrete.

There may be some small variations in the schedule, but every effort will be made to adhere to the schedule.

Susan, you will recall my last memo to you on November 16, 1994. regarding the request from Mr. Benedict for a Closure Letter on the five tanks that were Abandoned in Place, inside the work area. As we had discussed this letter from Alameda County is really necessary for Mr. DeWolf to pursue his claim with his insurance company. Any help you might be able to offer in expediting this letter will be greatly appreciated.

Should you have any questions regarding the schedule or comments on the project, please feel free to call me.

Sincerely,
HAGEMAN-AGUIAR, INC.

A handwritten signature in cursive script, appearing to read "Bruce Hageman".

Bruce Hageman

cc: Mr. Miles Benedict



Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

November 16, 1994

Ms Susan Hugo
 Alameda County Health Services Agency
 Environmental Health Department
 Hazardous Materials Division

RE: Rix Industries
 6460 Hollis Street
 Emeryville, CA.

Dear Ms. Hugo:

We have Just completed the second quarterly groundwater sampling event. The report is being developed including the EPA Method 8240 Analysis.

I you recall the last time we met, I discussed with you the need of a letter from your office regarding the successful Closure in Place of the five underground tanks inside the Rix building. They need the letter to submit their claim to the insurance carrier.

Also you had mentioned a meeting that is to take Place at Regional Water Quality Control Board regarding the Implementation of Non Attainment Areas. Is the meeting still scheduled for November 22, at 9:30 A.M. on the fourth floor Board Room. Is it necessary to for us to notify anyone of our attendance.

I would appreciate your help concerning the above stated matters.

Sincerely,
 HAGEMAN-AGUIAR, INC.

*11/19/94
 Talked to Bruce
 Hageman
 re: Had level measurements*

Hageman - Aguiar, Inc.

3732 Mt. Diablo Blvd., Suite 372 Lafayette CA 94549 (510) 284-1661 FAX (510) 284-1664

FAX TRANSMISSION SHEET

ATTN: SUSAN HUGO

COMPANY: ALAMEDA COUNTY HEALTH CARE SERV.
HAZARDOUS MATERIALS DIVISION

FAX: (510) 337-9335

FROM: BRUCE HAGEMAN - HAGEMAN - AGUIAR, INC.

COMMENTS:

This transmittal is page 1 of 2

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # 376 Site Name Rix Industries Today's Date 11/3/94

Site Address 6460 HOLLIS STREET

City EMERYVILLE Zip 94608 Phone _____

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

Inspection Categories:

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

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

Comments:

On Site; met Bruce Hagman to check the 5 UGTs outside etc were rinsed 10/22/94.
 Tank D - filled w/ sand/cement
 Tanks B, C & E - had water level at approx 2-3 inches
 Tank A - had water level at approx 36-37 inches (leaking)
 Per Bruce Hagman - Peterson Properties [1301 65th St] will tie in their IMW to Rix Industries 3 MWs for determining of groundwater flow direction.
 Chlorinated Solvents must be included as a target compound for groundwater investigation.

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Stds. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(a)
- 13. Implement Sch. Req'd? (Y/N) 25524(c)
- 14. OnSite Conseq. Assess. 25534(d)
- 15. Probable Risk Assessment 25534(e)
- 16. Persons Responsible 25534(f)
- 17. Certification 25534(g)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|--|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2657 |
| | <input type="checkbox"/> 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual groundwater
One time sols |
| | 3) Daily Vadose
One time sols
Annual tank test |
| | 4) Monthly Groundwater
One time sols |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/groundwater mon. |
| | 6) Daily Inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other _____ |
| | <input type="checkbox"/> 7. Precs Tank Test 2643
Date: _____ |
| | <input type="checkbox"/> 8. Inventory Rec. 2644 |
| | <input type="checkbox"/> 9. Soil Testing. 2646 |
| | <input type="checkbox"/> 10. Ground Water. 2647 |
| New Tanks | <input type="checkbox"/> 11. Monitor Plan 2632 |
| | <input type="checkbox"/> 12. Access. Secure 2634 |
| | <input type="checkbox"/> 13. Plans Submt 2711
Date: _____ |
| | <input type="checkbox"/> 14. As Built 2635
Date: _____ |

Rev 6/88

II, III

Contact: _____

Title: _____

Signature: _____

Inspector: _____

Signature: Susan L. King

Hageman - Aguiar, Inc.

3732 Mt. Diablo Blvd., Suite 372 Lafayette CA 94549 (510) 284-1661 FAX (510) 284-1664

FAX TRANSMISSION SHEET

ATTN: MS. SUSAN HUGO

COMPANY: ALAMEDA RENOVATION HEALTH SERVICES DEPT

FAX: (510) 337-9335

FROM: BRUCE HALESIAN - HAGEMAN-AGUIAR

COMMENTS:

This transmittal is page 1 of 2



Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

November 2, 1994

Mr. Dave Silva
Rix Industries
6460 Hollis Street
Emeryville, CA
Fax # (510) 428-9102

RE: Outside Tank Project

Dear Dave:

We have been requested by Ms. Susan Hugo, Alameda County Health Services Department, to check the tanks in the backyard area for water. As you know we pumped and tripled washed the tanks while you were on vacation. Ms. Hugo, would like to check the tanks now to see if any water has re-entered (via holes in tanks ect.) . We have arranged to do this November 3, 1994 at approximately 2:00 P.M. with your approval. It should only take about 15 minutes to complete.

If you have any questions please give me a call.

Sincerely,
HAGEMAN-AGUIAR, INC.


Bruce Hageman

cc; Mr. Miles Benedict, MRS Real Estate
Ms. Susan Hugo, Alameda County Health Dept.



HAGEMAN-AGUIAR, INC.

Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

November 2, 1994

Mr. Dave Silva
Rix Industries
6460 Hollis St.
Emeryville, CA 94608

Mr. Miles Benedict
MRE Commercial Real Estate
5801 Christie Ave.
Emeryville, CA 94608

Ms. Susan Hugo
Alameda County Health Services
Environmental Health Dept.
Hazardous Materials Division
1131 Harbor Bay Parkway
Alameda, CA 94502

**Re: Tank Removal Project
"Outside Tanks"
Rix Industries
6460 Hollis Street
Emeryville, CA**

I am writing all of you to-day, because it appears that we (Hageman-Aguiar, Inc.) have a problem with putting a crew together for the actual tank removal of the remaining five tanks for the agreed to date of December 23, 1994 thru January 2, 1995. Like everybody else you know, the crew has the need to be with their families during the Christmas Holiday. I would like to propose an alternative schedule for the tank removal project for your review and consideration. The proposed schedule would only delay the event one week and would be much less costly because of premium time ect.

The Proposed Schedule would involve the following dates:

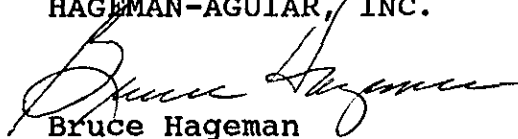
<u>Dates</u>	<u>Description of Work</u>
January 3, 1995	Excavate to the Tank Tops
January 4,	Remove Tanks and sample soil
January 5 & 6	Backfill excavation and prepare for concrete
January 9	Pour and finish Concrete
January 10	Remove Temporary beam and replace roof support

The proposed schedule would impact only on the Rix Industries operation. However, I do believe we can minimize any adverse effects on the Rix operation.

I hope you will give this alternative schedule your approval as it will make Christmas a lot more pleasant for our crew and that will translate into a much more successful project in the end.

Thank you for your kind consideration of this request, hope to hear from you in the very near future.

Sincerely,
HAGEMAN-AGUIAR, INC.


Bruce Hageman

Hageman - Aguiar, inc.

3732 Mt. Diablo Blvd., Suite 372 Lafayette CA 94549 (510) 284-1661 FAX (510) 284-1664

FAX TRANSMISSION SHEET

ATTN: MS. SUSAN HUGO

COMPANY: ACHD - ENVIRONMENTAL HEALTH

FAX: (570) 337-9335

FROM: BRIE HAGEMAN - HAGEMAN

COMMENTS:

This transmittal is page 1 of 9



Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

October 24, 1994

Ms. Susan Hugo
Alameda County Health Services Agency
Department of Environmental Health
Hazardous Materials Division
1131 Harbor Bay Parkway, Second Floor
Alameda, CA 94502

RE: Rix Industries
6460 Hollis Street
Emeryville, CA

Dear Ms. Hugo:

This is brief report on the Triple Washing and Rinsate Disposal Event that was scheduled for October 22, 1994, (your office advised by fax 10/19/94).

At 7:30 A.M. Saturday, October 22, 1994, Hageman-Aguiar, Inc. started triple washing the underground storage tanks located on the "outside Work and Testing area" of Rix Industries, 6460 Hollis Street, Emeryville, CA. The tanks were washed three times, after each wash the rinsate was pumped into the Romic Environmental Technology truck for transportation and disposal under manifest. In total Nine Hundred fifty two gallons of tank rinsate were removed from the four storage tanks in the Outside Work Area.

There are five tanks located in the Outside work & Test Area, however, only four were cleaned and emptied. One of the five tanks has some time in the past been filled with a sand/cement material.

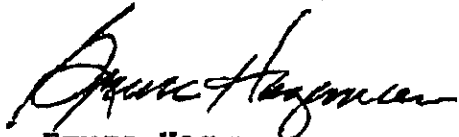
Hageman-Aguiar, Inc. will now monitor the subject tanks for intrusion of water between now and their removal in the latter part of 1994. This should satisfy all the requirements listed on the Inspection list dated 8/4/94, with the exception of item #5 : Completion of Contamination Plume delineation, which will be completed after the outside USTs have been removed.

Copies of the Manifest and Waste Characterization Forms are enclosed for your review.

Should you have any questions please give me a call at our office (510) 284-1661 and I will be happy to discuss them with you.

Yours truly,

HAGEMAN-AGUIAR, INC.



Bruce Hageman

cc: Mr. Miles Benedict, MRE Commercial Real Estate

FEDERAL ENVIRONMENTAL AGENCY
FEDERAL LAND DISPOSAL RESTRICTION NOTIFICATION/CERTIFICATION FORM

TREATMENT STANDARDS FOR "CALIFORNIA LIST WASTES" TABLE

CHECK	"CALIFORNIA LIST" CONSTITUENT (Do not apply to newly listed wastes in accordance with 55 FR 22874.)	TOTAL CCW
	Liquids with Nickel. (Must be mixed with a RCRA hazardous waste, or this treatment standard does not apply.)	134 mg/L
	Liquids with Thallium. (Must be mixed with RCRA hazardous waste, or this treatment standard does not apply.)	130 mg/L
	Liquids with PCB's. (Must be mixed with RCRA hazardous waste.) (50 ≤ PCB < 500 = FSUBS / PCB ≥ 500 = INCIN)	50 ppm
	Liquids with HOC's. (If HOC constituent is a listed or characteristic, the HOC restriction does not apply.)	1,000 mg/L
	NON-Liquids with HOC's. (Same as "Liquids with HOC's", but INCIN is the required treatment technology.)	1,000 mg/kg

TREATMENT STANDARDS FOR F001 - F005 SPENT SOLVENTS TABLE

If the waste contains Carbon Disulfide, Cyclohexanone, or Methanol nonwastewaters mixed with other F001 - F005 constituents, then only the other F001 - F005 constituent treatment standards apply, and the Carbon Disulfide, Cyclohexanone, and Methanol do not apply.

CHECK	SPENT SOLVENT CONSTITUENT	WW TOTAL CCW (mg/L)	NWW TOTAL CCW (mg/kg)	NWW TCLP CCWE (mg/L)
F001 (Spent halogenated solvents used in degreasing.)				
	Carbon Tetrachloride	0.087	5.8	-
	Methylene Chloride	0.089	33	-
	Tetrachloroethylene	0.058	5.6	-
	1,1,1-Trichloroethane	0.054	5.6	-
	Trichloroethylene	0.054	5.6	-
	1,1,2-Trichloro-1,2,2-Trifluoroethane	0.057	28	-
	Trichloromonofluoromethane	0.02	33	-
F002 (Spent halogenated solvents.)				
	Chlorobenzene	0.087	6.7	-
	o-Dichlorobenzene	0.088	8.2	-
	Methylene Chloride	0.089	33	-
	Methylene Chloride (Pharmaceutical industry.)	0.44	-	-
	Tetrachloroethylene	0.058	5.6	-
	1,1,1-Trichloroethane	0.054	5.6	-
	1,1,2-Trichloroethane	0.030	7.8	-
	Trichloroethylene	0.054	5.6	-
	1,1,2-Trichloro-1,2,2-Trifluoroethane	0.057	28	-
	Trichloromonofluoromethane	0.02	33	-
F003 (Spent NON-halogenated solvents.)				
	Acetone	0.28	160	-
	n-Butyl Alcohol	5.6	2.6	-
	Cyclohexanone	0.36	-	0.75
	Ethyl Acetate	0.34	33	-
	Ethyl Benzene	0.057	6.0	-
	Ethyl Ether	0.12	160	-
	Methanol	5.8	-	0.75
	Methyl Isobutyl Ketone	0.14	33	-
	Xylenes (Total.)	0.32	28	-
F004 (Spent NON-halogenated solvents.)				
	Cresol (m- and p-isomers.)	0.77	3.2	-
	o-Cresol	0.11	5.8	-
	Nitrobenzene	0.088	14	-
F005 (Spent NON-halogenated solvents.)				
	Benzene	0.070	3.7	-
	Carbon Disulfide	0.014	-	4.8
	2-Ethoxyethanol	BIDDG or INCIN	INCIN	-
	Isobutyl Alcohol	5.6	170	-
	Methyl Ethyl Ketone	0.28	38	-
	2-Nitropropane	INCIN or (WETOX or CHOXD) lb CARBN	INCIN	-
	Pyridine	0.014	16	-
	Toluene	0.08	28	-

LAND DISPOSAL RESTRICTION NOTIFICATION/CERTIFICATION FORM

CALIFORNIA-ONLY HAZARDOUS WASTE (NON-RCRA) TABLE

1. This table must only be completed when the NON-RCRA Hazardous Waste is generated within the state of California.
2. If the waste is only a RCRA Characteristic Hazardous Waste (D-Waste), it must also meet the treatment standards for California-Only Hazardous Waste in accordance with 22 CCR 66288.9(b); thus, this table must be completed.
3. Check all boxes in the table that apply to the California-Only Hazardous Waste (NON-RCRA).

WASTE DOES NOT COMPLY WITH CALIFORNIA TREATMENT STANDARDS FOR NON-RCRA HAZARDOUS WASTE.

Manifest Item #'s: 11A

WASTE COMPLIES WITH CALIFORNIA TREATMENT STANDARDS FOR NON-RCRA HAZARDOUS WASTE.

"I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in CCR, Title 22, division 4.5, chapter 18, article 11. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

Manifest Item #'s:

CHECK	NON-RCRA WASTE CATEGORY	TREATMENT STANDARDS	TREATMENT STANDARD REFERENCE
	Metal-Containing Aqueous Waste.	Antimony(15.0 mg/L), Arsenic(5.0), Barium(100.0), Beryllium(0.75), Cadmium(1.0), Chromium(VI)(5.0), Chromium(III)(580.0), Cobalt(80.0), Copper(25.0), Lead(5.0), Mercury(0.2), Molybdenum(350.0), Nickel(20.0), Selenium(1.0), Silver(5.0), Thallium(7.0), Vanadium(24.0), and Zinc(250.0).	22 CCR 66288.107, Table II, CCW.
	Metal-Containing Solid Waste.	Antimony(15.0 mg/L), Arsenic(15.0), Barium(100.0), Beryllium(0.75), Cadmium(1.0), Chromium(VI)(5.0), Chromium(III)(580.0), Cobalt(80.0), Copper(230.0), Lead(67.0), Mercury(0.2), Molybdenum(350.0), Nickel(20.0), Selenium(1.0), Silver(5.0), Thallium(7.0), Vanadium(24.0), and Zinc(250.0).	22 CCR 66288.108, Table I-C, CCWE.
	Organic-Containing Aqueous or Liquid Waste.	Chlorinated Herbicides(0.5 mg/L), Organochlorine Pesticides(0.5), PCB's as Arochlors(0.5), Semi-Volatile Organics(0.5), and Volatile Organics(0.5).	22 CCR 66288.112.
	Organic-Containing Solid Waste.	Oil and Grease(1% by weight), Semi-Volatile Organics(435 mg/kg), and Volatile Organics(84 mg/kg).	22 CCR 66288.113.
	Nonwastewater Solvent Waste.	Acetone(10.0 mg/kg), Benzene(2.0), n-Butanol(10.0), Carbon Tetrachloride(2.0), Chlorobenzene(2.0), Chloroform(2.0), Chloromethane(2.5), Cresols(0.5), Cyclohexanone(2.0), o-Dichlorobenzene(2.0), 1,2-Dichloroethane(2.0), 1,1-Dichloroethylene(10.0), Diethyl Phthalate(5.0), Ethyl Acetate(2.0), Ethyl Benzene(1.5), Ethyl Ether(2.0), Hexachlorobutadiene(10.0), Hexachloroethane(10.0), Isobutanol(10.0), Isophorone(5.0), Methanol(10.0), Methyl Ethyl Ketone(10.0), Methyl Isobutyl Ketone(10.0), Naphthalene(5.0), Methylene Chloride(10.0), Phenol(5.0), Pyridine(5.0), 1,1,2,2-Tetrachloroethane(2.0), Tetrachloroethylene(3.0), Toluene(3.0), Total Organic Carbon(100.0), 1,2,4-Trichlorobenzene(5.0), 1,1,1-Trichloroethane(2.0), Trichloroethylene(2.0), Trichloromonofluoromethane(2.0), 1,1,2-Trichloro-1,2,2-Trifluoroethane(10.0), and Xylene(2.0).	22 CCR 66288.107, Table III.
	PCB-Containing Waste.	Liquid PCB's ≥ 5 ppm, Drained PCB or PCB-Contaminated Transformer Casings, PCB-Containing Electrical Equipment that is not regulated under TSCA (e.g., Small Capacitors, Light Ballasts, and Fixtures.) Refer to regulations for treatment standards.	22 CCR 66288.110.
	Asbestos-Containing Waste.	Friable Asbestos must be wetted or processed into a non-friable form without visible emissions; then placed into leak tight containers or wrapping.	22 CCR 66288.114.
	Auto Shredder Waste.	Cadmium(1.0 mg/L), Chromium(VI)(5.0), Chromium(III)(580.0), Copper(25.0), Lead(50.0), Mercury(0.2), Nickel(20.0), and Zinc(250.0).	22 CCR 66288.108, Table I-A, CCWE.
	Foundry Sand Waste.	Cadmium(1.0 mg/L), Copper(200.0), Lead(30.0), Nickel(20.0), and Zinc(250.0).	22 CCR 66288.108, Table I-B, CCWE.
	Metal-Containing Foundry Baghouse Waste.	Arsenic(15.0 mg/L), Cadmium(1.0), Copper(350.0), Lead(70.0), Nickel(20.0), Selenium(1.0), Vanadium(24.0), Zinc(250.0).	22 CCR 66288.108, Table I-E, CCWE.
	Metal-Containing Fly Ash, Bottom Ash, Retort Ash, or Baghouse Ash.	Arsenic(15.0 mg/L), Cadmium(1.0), Copper(40.0), Lead(20.0), Nickel(20.0), Selenium(1.0), Vanadium(24.0), Zinc(250.0).	22 CCR 66288.106, Table I-D, CCWE.
	Btu's > 3,000.	Btu's > 3,000 must be incinerated or processed by other approved methods.	22 CCR 66288.120.
	Volatile Organic Compounds > 1% by Weight.	Volatile Organic Compounds > 1% by weight must be incinerated or processed by other approved methods.	22 CCR 66288.121.

LAND USE RESTRICTION NOTIFICATION/CERTIFICATION FORM

EPA ID # CA 982038754 MANIFEST # 93575841 DATE SHIPPED: 10/22/94

COMPANY: Rix Ind SIGNATURE: _____

MANIFEST ITEM #	WASTEWATER / NONWASTEWATER	CA WASTE #	EPA WASTE NUMBERS (If none, enter "NONE")
11a.	WW <u>(NWW)</u>	<u>741</u>	<u>0001</u>
11b.	WW / NWW		
11c.	WW / NWW		
11d.	WW / NWW		
28a.	WW / NWW		
28b.	WW / NWW		
28c.	WW / NWW		
28d.	WW / NWW		
28e.	WW / NWW		
28f.	WW / NWW		
28g.	WW / NWW		
28h.	WW / NWW		
28i.	WW / NWW		

WASTE DOES NOT COMPLY WITH FEDERAL TREATMENT STANDARDS FOR RCRA HAZARDOUS WASTE.

- "California List Wastes" (Complete TREATMENT STANDARDS FOR "CALIFORNIA LIST WASTES" TABLE). Manifest Item #'s: _____
- F001 through F005 Spent Solvents (Complete TREATMENT STANDARDS FOR F001 - F005 SPENT SOLVENTS TABLE). Manifest Item #'s: _____
- F039 Multi-Source Leachate (Complete TREATMENT STANDARDS FOR F039 MULTI-SOURCE LEACHATE TABLE). Manifest Item #'s: _____
- Other RCRA Hazardous Wastes (Complete TREATMENT STANDARDS FOR OTHER RCRA HAZARDOUS WASTES TABLE 1 OR 2.). Manifest Item #'s: 17A
- Hazardous Debris (Complete TREATMENT STANDARDS FOR OTHER RCRA HAZARDOUS WASTES TABLE 1 OR 2.). (This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45). Manifest Item #'s: _____

WASTE COMPLIES WITH FEDERAL TREATMENT STANDARDS FOR RCRA HAZARDOUS WASTE (Complete applicable tables above.): "I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268, Subpart D, and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA, section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment." Manifest Item #'s: _____

LAB PACK OF FEDERAL RCRA HAZARDOUS WASTE (APPENDIX IV) (Complete applicable tables above.): "I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix IV to Part 268 or solid wastes not subject to regulation under 40 CFR 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment." Manifest Item #'s: _____

LAB PACK OF FEDERAL RCRA HAZARDOUS WASTE (APPENDIX V) (Complete applicable tables above.): "I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste and that the lab pack contains only organic waste specified in Appendix V to Part 268 or solid wastes not subject to regulation under 40 CFR 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment." Manifest Item #'s: _____

CALIFORNIA-ONLY HAZARDOUS WASTE (NON-RCRA) (Complete CALIFORNIA-ONLY HAZARDOUS WASTE (NON-RCRA) TABLE).

FEDERAL LAND DISPOSAL RESTRICTION NOTIFICATION/CERTIFICATION FORM

TABLE 2 - TREATMENT STANDARDS FOR OTHER RCRA HAZARDOUS WASTES

CHECK	EPA WASTE NUMBER	SUBCATEGORY	268.41(a) TABLE CCWE	288.43(a) TABLE CCW	268.42 TABLE 2	TECHNOLOGY CODE	
						WASTEWATER	NONWASTEWATER
	D001	Low TOC <10% Managed in Non-CWA or Non-Class I SDWA Systems	-	-	X	DEACT and meet F039 or FSUBS or RORGs or INCIN	DEACT and meet F039 or FSUBS or RORGs or INCIN
ROMIC	D001	Low TOC <10% Managed in CWA or Class I SDWA systems	-	-	X	DEACT	DEACT
X	D001	High TOC ≥ 10% Ignitable Liquids	-	-	X	-	FSUBS or RORGs or INCIN
	D002	Corrosives Managed in Non-CWA or Non-Class I SDWA Systems	-	-	X	DEACT and meet F039	DEACT and meet F039
ROMIC	D002	Corrosives Managed in CWA or Class I SDWA systems	-	-	X	DEACT	DEACT
	D003	Reactive Cyanides	-	X	-	-	-
	D003	Reactive Sulfides	-	-	X	DEACT but not dilution instead of adequate treatment	DEACT but not dilution instead of adequate treatment
	D003	Explosives	-	-	X	DEACT	DEACT
	D003	Water Reactives	-	-	X	-	DEACT
	D003	Normally Unstable / Violent without Detonation	-	-	X	DEACT	DEACT
	D004		X	X	-	-	-
	D005		X	X	-	-	-
	D006		X	X	-	-	-
	D006	Cadmium Containing Batteries	-	-	X	-	RTHRM
	D007		X	X	-	-	-
	D008		X	X	-	-	-
	D008	Lead Acid Batteries	-	-	X	-	RLEAD
	D009	Low Mercury < 260 mg/kg	X	X	-	-	-
	D009	High Mercury ≥ 260 mg/kg with Organics but not Incinerator Residues	-	X	X	-	RMERC or IMERC
	D009	High Mercury ≥ 260 mg/kg without Organics but including Incinerator and RMERC Residues	-	X	X	-	RMERC
	D010		X	X	-	-	-
	D011		X	X	-	-	-

Hageman - Aguiar, Inc.

3732 Mt. Diablo Blvd., Suite 372 Lafayette CA 94549 (510) 284-1661 FAX (510) 284-1664

5120376

FAX TRANSMISSION SHEET

ATTN: MS. SUSAN HUGO

COMPANY: ACHD - ENVIRONMENTAL HEALTH

FAX: (570) 337-9335

FROM: B RICE HAGEMAN - HAGEMAN

COMMENTS:

This transmittal is page 1 of 2



Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

October 20, 1994

Ms. Susan Hugo
 Alameda County Health Services Agency
 Environmental Health Department
 Hazardous Materials Division
 1131 Harbor Bay Parkway
 Second Floor
 Alameda, CA ,94502

Re: Rix Industries
 6460 Hollis Street
 Emeryville, CA

Dear Ms. Hugo:

Please be advised that we **WILL** triple wash the outside tanks at **RIX** this **SATURDAY, October 22, 1994.**

Hope to see you then>

Sincerely,
 HAGEMAN-AGUIAR, INC.

Bruce Hageman
 Bruce Hageman

CC: Miles Benedict, MRE Commercial Real Estate
 FAX (510) 450-1425



Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

ALCO
HAZMAT

94 OCT 19 PM 12:00

STID 316

October 17, 1994

Mr. Dave Silva
Rix Industries
6460 Hollis Street
Emeryville, CA 94662-0605

Re: Tank Wash-out Project
"Outside Tanks"
6460 Hollis Street
Emeryville, CA

Dear Dave:

I wanted to get in touch with you concerning the next to last requirement in the **Underground Tank Removal** project for your facility.

Please find enclosed a copy of the "**Hazardous Materials Inspection Form**" dated 8/4/94. Please pay particular attention to items #1 and #2, All tanks should be emptied of their contents and triple rinsed. The integrity of the be tanks must be determined.

The "inside tanks" have been completed, however the four (4) tanks in the "**Outside Area**" have yet to be emptied and triple rinsed. Ms. Hugo, has called me the past several weeks to follow up on the scheduling of triple washing of the subject tanks. I would like to accomplish this on Saturday, October 22, 1994, if it can be arranged. It would be the same operation as the washing of the "Inside Tanks". We would start early Saturday morning with a crew, a pressure washer and a vacuum truck to pump the tanks dry. I would estimate the project to be completed by 1:00 P.M.

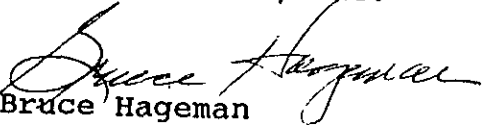
Should it be possible to gain entrance to the back yard this Saturday, I will arrange to have all the necessary personnel and equipment available.

Please advise as soon as possible.

Dave, Again thanks for all your help.

Sincerely,

HAGEMAN-AGUIAR, INC.


Bruce Hageman
attachment

cc: Mr. Mile Benedict - MRE Real Estate
Ms Susan Hugo, Alameda County Environmental Health Dept.

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

COPY, III

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Slids 25503(b)
- ___ 3. RR Cons > 30 days 25503 7
- ___ 4. Inventory Information 25504(a)
- ___ 5. Inventory Complete 2730
- ___ 6. Emergency Response 25504(b)
- ___ 7. Training 25504(c)
- ___ 8. Deficiency 25505(a)
- ___ 9. Modification 25505(b)

II.B ACUTELY HAZ MATLS

- ___ 10 Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N)
- ___ 14. Offsite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General
- ___ 1. Permit Application 25284 (H&S)
 - ___ 2. Pipeline Leak Detection 25292 (H&S)
 - ___ 3. Records Maintenance 2712
 - ___ 4. Release Report 2651
 - ___ 5. Closure Plans 2670
- Monitoring for Existing Tanks
- ___ 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose
 - Semi-annual gndwater
 - One time soils
 - 3) Daily Vadose
 - One time soils
 - Annual tank test
 - 4) Monthly Gndwater
 - One time soils
 - 5) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - Vadose/gndwater mon.
 - 6) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - 7) Weekly Tank Gauge
 - Annual tank testing
 - 8) Annual Tank Testing
 - Daily Inventory
 - 9) Other
 - ___ 7. Precs Tank Test 2643
 - Date: _____
 - ___ 8. Inventory Rec. 2644
 - ___ 9. Soil Testing. 2646
 - ___ 10. Ground Water. 2647
- New Tanks
- ___ 11. Monitor Plan 2632
 - ___ 12. Access. Secure 2634
 - ___ 13. Plans Submit 2711
 - Date: _____
 - ___ 14 As Built 2635
 - Date: _____

Site ID # 376 Site Name RIX INDUSTRIES INC. Today's Date 8/4/94

Site Address 6460 HOLLIS STREET

City EMERYVILLE Zip 94608 Phone _____

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

Inspection Categories:

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

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

Comments:

5 UGTs closed in place, located inside the building & 5 UGTs to be removed in the backyard. This department will allow your request of removing the 5 tanks during the scheduled shut down of plant operations in December 24, 1994 thru January 1, 1995 with the following conditions -

- 1) All tanks should be emptied of its contents & tripled rinse.
- 2) The integrity of the tanks must be determined.
- 3) After emptying & rinsing the tanks, any liquid (water) accumulation inside the tanks must be monitored
- 4) The groundwater monitoring program must start immediately.
- 5) Contaminant plume delineation must be completed.
- 6) A letter of commitment from the property owner / tanks' owner that the 5 tanks, will be removed no later than January 1, 1995

Contact: K. Frank Title: owner

Signature: K. Frank Inspector: SUSAN L. HUGO
 Signature: Susan L. Hugo

Hageman - Aguiar, inc.

3732 Mt. Diablo Blvd., Suite 372 Lafayette CA 94549 (510) 284-1661 FAX (510) 284-1664

FAX TRANSMISSION SHEET

ATTN: SUSAN HUGO

COMPANY: ALAMEDA CO. ENVIRONMENTAL HEALTH

FAX: (510) 337-9335

FROM: BRUCE HAGEMAN

COMMENTS: TALK TO YOU SOON!

This transmittal is page 1 of _____

ST10'376



HAGEMAN-AGUIAR, INC.

Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

September 30, 1994

Ms. Susan Hugo
Alameda County Health Care Services
Department of Environmental Health
Hazardous Materials Division

RE: Rix Industries
Tank Washing Project

Dear Susan:

We will not be working this Saturday, October 1, 1994

I have not been able to get all the necessary people together. I will attempt to arrange it for Next week October 8, 1994.

I promise you I will advise you if we will be on site next week.

Under separate cover, I am sending the recent "Quarterly Groundwater Sampling Report", dated 9/27/94. Please review the data, should you have any questions please give me a call.

Talk to you next week.

Regards,


Bruce Hageman

Hageman - Aguiar, Inc.

3732 Mt. Diablo Blvd., Suite 372 Lafayette CA 94549 (510) 284-1661 FAX (510) 284-1664

FAX TRANSMISSION SHEET

ATTN: SUSAN HUGO

COMPANY: ALAMEDA COUNTY HEALTH-HAZARDOUS MATERIALS

FAX: (570) 337-9335

FROM: BRUCE HAGEMAN

COMMENTS:

This transmittal is page 1 of 2



Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

September 22, 1994

Ms. Susan Hugo
Alameda County Health Care Services
Department of Environmental Health
Hazardous Materials Division

RE: Rix Industries
6460 Hollis Street
Emeryville, CA

Dear Susan:

I have not been able to arrange the Triple washing of the "Outside Tanks" for this weekend.

I will attempt to get the necessary crews together for next Saturday, October 1, 1994.

I will advise you by Wed. September 28, 1994.

Sincerely,
HAGEMAN-AGUIAR, INC.


Bruce Hageman

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # 376 Site Name RIX INDUSTRIES INC. Today's Date 8/4/94

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Sids 25503(b)
- ___ 3. RR Cars > 30 days 25503.7
- ___ 4. Inventory Information 25504(a)
- ___ 5. Inventory Complete 2730
- ___ 6. Emergency Response 25504(b)
- ___ 7. Training 25504(c)
- ___ 8. Deficiency 25505(a)
- ___ 9. Modification 25505(b)

Site Address 6460 HOLLIS STREET

City EMERYVILLE Zip 94608 Phone _____

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

Inspection Categories:

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

II.B ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N) _____
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(i)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

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

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|---|
| General | ___ 1. Permit Application 25284 (H&S) |
| | ___ 2. Pipeline Leak Detection 25292 (H&S) |
| | ___ 3. Records Maintenance 2712 |
| | ___ 4. Release Report 2651 |
| | ___ 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | ___ 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual groundwater
One time soils |
| | 3) Daily Vadose
One time soils
Annual tank test |
| | 4) Monthly Gndwater
One time soils |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon. |
| | 6) Daily Inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank test |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other _____ |
| | ___ 7. Precs Tank Test 2643 |
| | Date: _____ |
| | ___ 8. Inventory Rec. 2644 |
| | ___ 9. Soil Testing 2646 |
| ___ 10. Ground Water. 2647 | |
| New Tanks | ___ 11. Monitor Plan 2632 |
| | ___ 12. Access. Secure 2634 |
| | ___ 13. Plans Submit 2711 |
| | Date: _____ |
| ___ 14. As Built 2635 | |
| Date: _____ | |

Comments:

5 UGTs closed in place, located inside the building & 5 UGTs to be removed in the backyard. This department will allow your request of removing the 5 tanks during the scheduled shut down of plant operations in December 24, 1994 thru January 1, 1995 with the following conditions -

- 1) All tanks should be emptied of its contents & tripled rinse.
- 2) The integrity of the tanks must be determined.
- 3) After emptying & rinsing the tanks, any liquid (water) accumulation inside the tanks must be monitored
- 4) The groundwater monitoring program must start immediately.
- 5) Contaminant plume delineation must be completed.
- 6) A letter of commitment from the property owner / tanks' owner that

the 5 tanks, will be removed no later than January 1, 1995 II, III

Contact: K. K. K.

Title: owner Inspector: SUSAN L. HUGO

Signature: [Signature] Signature: [Signature]

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # 346 Site Name RIK INDUSTRIES Today's Date 8/4/94

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus Plan Stds. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

Site Address 6460 HOLLIS STREET

CITY EMERYVILLE Zip 94608 Phone _____

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

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
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- 13. Implement Sch. Req'd? (Y/N) _____
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

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

Comments: PAGE 2

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|---|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2651 |
| | <input type="checkbox"/> 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual groundwater
One time soils |
| | 3) Daily Vadose
One time soils
Annual tank test |
| | 4) Monthly Gndwater
One time soils |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon. |
| | 6) Daily inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other _____ |
| | <input type="checkbox"/> 7. Precs Tank Test 2643
Date: _____ |
| | <input type="checkbox"/> 8. Inventory Rec. 2644 |
| | <input type="checkbox"/> 9. Soil Testing 2646 |
| | <input type="checkbox"/> 10. Ground Water. 2647 |
| New Tanks | <input type="checkbox"/> 11. Monitor Plan 2632 |
| | <input type="checkbox"/> 12. Access. Secure 2634 |
| | <input type="checkbox"/> 13. Plans Submit 2711
Date: _____ |
| | <input type="checkbox"/> 14. As Built 2635
Date: _____ |

1) A workplan proposal must be submitted to this office no later than August 25, 1994 incorporating at a minimum conditions # 1 thru #6 as tasks and the schedules of each individual tasks.

Additionally, a report of the closure of the 5 USTs inside the building must be submitted by August 30, 1994.

Rev 8/88

Contact: [Signature]

Title: Owner

Signature: [Signature]

Inspector: SUSAN R. HUGO

Signature: [Signature]

II, III

4/30/94 5- USTs outside the
STID ~~376~~ 03317211124-2 bldg -



4/30/94

STID 376-
03317211124-2
27 USTs inside the bldg



4/30/94
STID 376

03317211124-2

5 USIS bldgs.
Outside the
bldg.



4/30/94 STID 376 - 3 of the 5 USIS
inside the building:
03317211124-2
closed in place



4/30/94



STID 376 08416201511-2 12/28/94
2027 0030
6460 Hallis St. Connersville

STID 376 08416201511-2
12/28/94 2027 0032
6460 Hallis



STD 376

08416201511-2

12/28/94

2027 0021

16460 Hollis St Emeraldale



RIX INDUSTRIES

Air and Gas Compressor Manufacturers

Since 1878

August 3, 1994

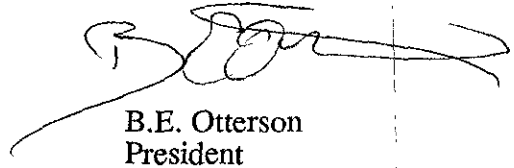
MRE
Mr. Miles Benedict
5801 Christie Avenue
Suite 675
Emeryville, CA 94608

Dear Mr. Benedict:

Per your request, this letter is to confirm that our plant will be closed from 24 December, 1994 thru 1 January, 1995.

Very truly yours,

RIX INDUSTRIES



B.E. Otterson
President

BEO:kl



FAX TRANSMITTAL

ATTN: SUSAN HUGO

Alameda Health Care

FAX (510) 337-9375

FROM: BRUCE HAGEMAN

This transmittal is page 1 of 2

Comments:

3732 Mt. Diablo Blvd #372 Lafayette CA 94549 (510) 284-1661 FAX (510) 284-1664



Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

July 28, 1994

*Impede in UGI
Quarterly M P →*

Ms. Susan Hugo
Alameda County Health Care Services
Dept. of Environmental Health
1131 Harbor Bay Parkway
Alameda, CA 94502

VIA FAX: (510) 337-9375

RE: Rix Industries
6460 Hollis Street
Emeryville, CA

Dear Ms. Hugo:

Just a note confirming that we plan to to Slurry Fill the "Inside Tanks" on Saturday, July 30, 1994 at Rix Industries, Emeryville and you had expressed an interest in attending.

In regards to a meeting with Mr. DeWolf, please call at your earliest convenience, as I need to discuss this with you.

Sincerely,

HAGEMAN - AGUIAR, INC.
Bruce Hageman

LOP - RECORD CHANGE REQUEST FORM

SH

printed:
07/20/94

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

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 376
 SITE NAME: RIX Industries DATE REPORTED : 11/09/93
 ADDRESS : 6460 Hollis St DATE CONFIRMED: 07/24/93
 CITY/ZIP : Emeryville 94608 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: G CONTRACT STATUS: 4 PRIOR CODE: EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 11/16/93
 PRELIMINARY ASMNT: DATE UNDERWAY: DATE COMPLETED:
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:
 ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 11/16/93
 LUFT FIELD MANUAL CONSID: 3HSCAW
 CASE CLOSED: DATE CASE CLOSED:
 DATE EXCAVATION STARTED : REMEDIAL ACTIONS TAKEN:

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Mr. Frank Dewolf
 COMPANY NAME: Owner
 ADDRESS: 76-6287 Leone St.
 CITY/STATE: Kailua - Kona, H I 96740

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only			Case Progress Changes	
ANNPMS _____	LOP _____	DATE _____	LOP _____	DATE _____

*updated
for file*

CLOSED	INSP	StID	SITE NAME	ADDRESS	CITY	ZIP
-0-	P2	646	Eden Hospital Medical Center	20103 -0 Lake Chabot Rd.	Castro Valley	94546
-0-	SS	650	Tien Unocal Sparky Int'l	20405 -0 Redwood Rd.	Castro Valley	94546
-0-	-0	3579	Beacon Station #574	22315 -0 Redwood Rd.	Castro Valley	94546
-0-	SS	4257	Joseph Nesbitt Company	2542 -0 San Carlos Ave.	Castro Valley	94546
-0-	SS	2780	(Former) EB Scaffolding Co.	2552 -0 San Carlos Ave.	Castro Valley	94546
-0-	SS	4099	Bay Area Rapid Transit Dist.	21000 -0 Wilbeam Ave.	Castro Valley	94546
-0-	SS	1548	Sal's Foreign Car Service	20845 -0 Wilbeam St.	Castro Valley	94546
-0-	P2	1256	Dublin Honda	7099 -0 Amador Plaza Rd.	Dublin	94568
-0-	P1	3746	Target Store, Inc.	7200 -0 Amador Valley Blv	Dublin	94568
-0-	P2	3729	Dutch Pride Dairy	7400 -0 Amador Valley Blv	Dublin	94568
-0-	SS	1216	American Building Components	6253 -0 Dougherty Rd.	Dublin	94568
-0-	SS	3841	Chevron Station #9-2582	7420 -0 Dublin Blvd.	Dublin	94568
-0-	EC	1939	Unocal SS #5901	11976 -0 Dublin Blvd.	Dublin	94568
-0-	P2	3731	Bedford Properties	6700 -0 Golden Gate Dr.	Dublin	94568
-0-	P2	2224	American City Tire Service	6310 -0 Houston Pl.	Dublin	94568
-0-	-0	1940	Rich's Chevron Service	7007 -0 San Ramon Rd.	Dublin	94568
-0-	EC	3762	Lew Dotty Cadillac	5787 -0 Scarlett Ct.	Dublin	94568
-0-	P2	2045	Valley Nissan Volvo	6015 -0 Scarlett Ct.	Dublin	94568
-0-	SS	3128	Scotsman Group	6055 -0 Scarlett Ct.	Dublin	94568
-0-	EC	3730	Charles Lemoane Property	6085 -0 Scarlett Ct.	Dublin	94568
-0-	EC	3728	Old Herald News	6207 -0 Sierra Ct.	Dublin	94568
-0-	SS	696	Corwood Car Wash	6973 -0 Village Pkwy.	Dublin	94568
-0-	SS	2516	Oil Changer #301	7194 -0 Village Pkwy.	Dublin	94568
-0-	EC	2043	BP Oil Co. Site #11116	7197 -0 Village Pkwy.	Dublin	94568
-0-	SS	1053	Teutsch Enterprises, Inc. ARCO	7249 -0 Village Pkwy.	Dublin	94568
-0-	TP	147	Peterson Manufacturing Co.Inc.	1600 -0 - 63rd St.	Emeryville	94608
-0-	SH	537	Liquid Sugar	1275 -0 - 66th St.	Emeryville	94608
-0-	SH	1385	Coulter Steel & Forge Co.	1494 -0 - 67th St.	Emeryville	94608
-0-	P1	3696	Vacant Facility	6601 -0 Bay St.	Emeryville	94608
-0-	-0	3710	Vacant Facility	6603 -0 Bay St.	Emeryville	94608
-0-	LS	414	Mike Roberts Color Productions	6707 -0 Bay St.	Emeryville	94608
-0-	P2	392	Weatherford Motors, BMW	5903 -0 Christy Ave.	Emeryville	94608
-0-	SH	1696	Barbary Coast Steel	4300 -0 Eastshore Hwy	Emeryville	94608
-0-	SH	1184	PIE Freight Terminal Site	5500 -0 Eastshore Hwy.	Emeryville	94608
-0-	SH	4251	Bashland, Inc.	4015 -0 Hollis St.	Emeryville	94608
-0-	DB	1667	Ransome Company	4030 -0 Hollis St.	Emeryville	94608
-0-	SH	355	PG&E Company	4525 -0 Hollis St.	Emeryville	94608
-0-	P1	49	Hydraulic Electro Service Corp	5812 -0 Hollis St.	Emeryville	94608
-0-	P1	3792	Hollis Street Project	6050 -0 Hollis St.	Emeryville	94608



ALCO
HAZMAT

94 JUN 20 PM 4:29

June 17, 1994.

MEMORANDUM TO: Frank DeWolf
FROM: Miles Benedict
SUBJECT: Rix USTs
CC: Susan Hugo, Dave Silva, Bruce Hageman

Dear Frank:

After Bruce Hageman and I met with Dave Silva last Friday and after a confirming telephone call with Dave yesterday, we have reached agreement with Rix Industries to proceed with Phase I of the Hageman plan of April 1, 1994, approved by the County by letter on May 24, 1994.

Phase I encompasses the treatment and closure of the five tanks underneath the warehouse facility. We anticipate the work will be completed by the end of next month. Estimated cost: \$40,000.

To effect Phase I and not disrupt the Rix operation requires the work to be undertaken on Saturdays. And while Rix does work Saturdays, the area required for tank remediation is not in use on Saturdays.

Phase II encompasses the treatment of the five tanks in the facility yard. We are working on the logistics and timetable for that process that will not interfere with the tenant.

I have talked with Marcus Beverly with respect to the insurance matter and will cover that in a separate memorandum.

Best regards,

A handwritten signature in black ink that reads 'Miles Benedict'. The signature is written in a cursive, slightly slanted style.

Miles Benedict



HAGEMAN-AGUIAR INC

FAX TRANSMITTAL

ATTN: MS. SUSAN MENDO

ALAMEDA CO. ENVIRONMENTAL
HEALTH DEPT. 1ST LOCAL OVERSIGHT PROGRAM
Fax (510) 569-1757

FROM: BRUCE HAGEMAN - HAGEMAN-AGUIAR, INC.

This transmittal is page 1 of 1

Comments:

3732 Mt. Diablo Blvd #372 Lafayette CA 94549 (510) 284-1661 FAX (510) 284-1664

STID 376



Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

May 26, 1994

Ms. Susan Hugo
Alameda County Health Care Services
Department of Environmental Health
UST Local Oversight Program
80 Swan Way, Room 200
Oakland, CA 94621

Re: Tank Closure Project
Rix Industries
6460 Hollis Street
Emeryville, CA

Dear Susan:

I received your telephone message of 5/24/94 indicating your need for the EPA I. D. # for the Rix Tank removal Project.

The I.D. # is CAD 902039754.

I was under the impression you had the number from a memo I had sent to you on April 28, 1994.

Sorry, if we slipped up.

HAGEMAN-AGUIAR, INC.


Bruce Hageman
attachment

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

May 24, 1994
STID# 376

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

Mr. Frank Dewolf
Kanaida #3001
78-261 Manukai Street
Kailua - Kona, HI 96740

RE: RIX Industries
6460 Hollis Street, Emeryville, California 94608

Dear Mr. Dewolf:

The Alameda County Department of Environmental Health, Hazardous Materials Division has reviewed the Proposed Work Plan for Subsurface Investigation (April 1, 1994) and the Underground Tank Closure Plan submitted by Hageman-Aguiar for the referenced site.

Based on this review, the proposed work plan and the closure plan for the ten underground storage tanks are acceptable to this department and must be implemented in a timely fashion.

Please notify this office at least 72 hours in advance for the start up of the work plan implementation and closure of the tanks so a site visit can be arranged by a representative from this office.

Until cleanup is complete, you will need to submit reports to this office **every three months** (or at a more frequent interval, if specified at any time by this agency). In addition, the following items must be incorporated in your future reports or workplans:

- * cover letter from the responsible party or tank owner stating the accuracy of the report and whether he/she concurs with the conclusions and recommendations in the report or workplan
- * site map delineating contamination contours for soil and groundwater based on recent data should be included and the status of the investigation and cleanup must be identified
- * proposed continuing or next phase of investigation / cleanup activities must be included to inform this department of the responsible party or tank owner's intention
- * any changes in the groundwater flow direction and gradient based on the measured data since the last sampling event must be explained
- * historical records of groundwater level in each well must be tabulated to indicate the fluctuation in water levels

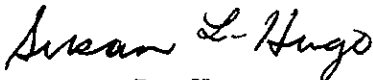
Mr. Frank DeWolf
RE: 6460 Hollis Street, Emeryville, CA 94608
May 24, 1994
Page 2 of 2

- * tabulate analytical results from all previous sampling events; provide laboratory reports (including quality control/quality assurance) and chain of custody documentation

All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project.

Please contact me at (510) 271-4530 if you have any questions concerning this letter.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Kevin Graves, San Francisco Bay RWQCB
Gil Jensen, Alameda County District Attorney's Office
Edgar B. Howell, Chief, Hazardous Materials Division / files
Mr. Miles Benedict, 5801 Christie Ave., Suite 675
Emeryville, CA 94608
Mr. Bruce Hageman, Hageman-Aguiar, 3732 Mt. Diablo Blvd.
Suite #372, Lafayette, CA 94549
Mr. Dave Silva, Rix Industries, 6460 Hollis Street,
Emeryville, CA 94608



HAGEMAN-AGUIAR, INC.

Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

ALCO
HAZMAT
94 MAY 11 PM 12:02

May 8, 1994

Ms Susan Hugo
Senior Hazardous Materials Specialist
Alameda County Health Care Services
Department of Environmental Health
UST Local Oversight Program
80 Swan Way, Room 200
Oakland, CA 94621

Re: Rix Industries
6460 Hollis Street
Emeryville, CA
Tank Closure Project

Dear Ms. Hugo:

Please find attached the form you requested be signed by Mr. Miles Benedict in behalf of Mr. Frank Dewolf.

This should be complete the application requirements, I would hope to receive the stamped and approved Closure Plan so that we may proceed with the project.

Thanks for your help, looking forward to working with you on this project in the very near future.

Sincerely,
HAGEMAN-AGUIAR, INC.


Bruce Hageman
attachments

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

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

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

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

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

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

Signature of Contractor

Name (please type) Minter S Fahy Construction Company, Inc

Signature *John F. Fahy, Jr.* John F. Fahy, Jr.

Date April 29, 1994

Signature of Site Owner or Operator

Name (please type) Miles K. Benedict representing C. Frank DeWolf

Signature *Miles K. Benedict*

Date May 10, 1994



HAGEMAN-AGUIAR, INC.

FAX TRANSMITTAL

ATTN: SUSAN ALGO

ALAMEDA COUNTY ENV. HEALTH

Fax (510) 569-4757

FROM: BRUCE HAGEMAN - H-A, INC.

This transmittal is page 1 of 2

Comments:

3732 Mt. Diablo Blvd #372 Lafayette CA 94549 (510) 284-1661 FAX (510) 284-1664

COPY

April 28, 1994

Ms. Susan Hugo
Alameda County Health Care Services
Department of Environmental Health
UST Local Oversight Program
80 Swan Way, Room 200
Oakland, CA 94621

RE:Tank Closure Project
Rix Industries
6460 Hollis Street
Emeryville, CA

Dear Susan:

In response to your request for two pieces of information to complete the Tank Closure Application for Rix Industries, 6460 Hollis Street, Emeryville, CA. Please find attached the final page of the application with the signature of the contractor on the project. Also please be advised the Waste Generator Number for the site is # CAD 982038754.

This should complete your application information. I am still awaiting a letter from you approving our work plan and application submitted to your office.

I am scheduling the tank pumping and washing, it will have to be on a Saturday due the Rix operation. I will advise you of the date as soon as I receive your written approval.

Best Regards.
HAGEMAN-AGUIAR, INC.

Bruce Hageman
attachments
cc: Mr. Frank Dewolf

To: Don Jones
 From: Candy Lee

Proj # 894-041

Replacement Cash

\$ 425.00

10.00 net ck fee

REF./
A/C NO.

COUNTY OF ALAMEDA
OFFICE OF THE AUDITOR-CONTROLLER

DATE: 5/26/94

MISCELLANEOUS RECEIPT

No 569431

Four Hundred Thirty Five & 00/100

\$ 435.00
DOLLARS

RECEIVED FROM: N.J.M. Drafting Service
 FOR: N94-041

RECEIVED BY: *Janna St. J.*

CASH PERSONAL/CASHIER'S CHECK/W. O. #

DEPT. NO.: 930/944418

110-1 (Rev 10/85) [0734E (08)] 3-Part

OTHER: Distribution: White - Payor Yellow & Pink - Depart.

5/14/94
Talked to Bruce
Hageman re:
signature of Operator
of site owner.
Will fax



ALCO
HAZMAT

94 APR 29 PM 1:46

Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

April 28, 1994

Ms. Susan Hugo
Alameda County Health Care Services
Department of Environmental Health
UST Local Oversight Program
80 Swan Way, Room 200
Oakland, CA 94621

RE: Tank Closure Project
Rix Industries
6460 Hollis Street
Emeryville, CA

Dear Susan:

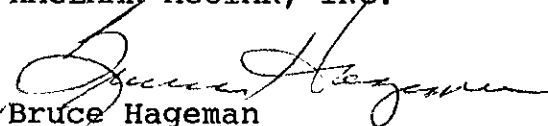
In response to your request for two pieces of information to complete the Tank Closure Application for Rix Industries, 6460 Hollis Street, Emeryville, CA. Please find attached the final page of the application with the signature of the contractor on the project. Also please be advised the Waste Generator Number for the site is # CAD 982038754.

This should complete your application information. I am still awaiting a letter from you approving our work plan and application submitted to your office.

I am scheduling the tank pumping and washing, it will have to be on a Saturday due the Rix operation. I will advise you of the date as soon as I receive your written approval.

Best Regards.

HAGEMAN-AGUIAR, INC.


Bruce Hageman

attachments

cc: Mr. Frank Dewolf

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

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

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

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

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

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

Signature of Contractor *X*

Name (please type) Minter & Fahy Construction Company, Inc

Signature *John F. Fahy, Jr.* John F. Fahy, Jr. "

Date April 25, 1994

Signature of Site Owner or Operator

Name (please type) _____

Signature _____

Date _____

REVISED FAX

MRE Commercial Real Estate

Fax Cover Sheet

Date: 4/26/94Time: 8 a.m. PDT

From Fax # (510) 450-1425

From: Miles BenedictFrom Telephone: 450-1415 (voice mail)Pages: 1 (including cover sheet)To Fax #: 284-1664Attention: Bruce HagemanMessage: SOS received. Silva says his EPA I.D. is
CAD 982038770. Best regards.*Miles***JUST AFTER I SENT THE ABOVE, SILVA CALLED AND SAID****HE HAD ANOTHER CAD NUMBER -- 982038754**

PLEASE CALL US AT (510) 450-1400 IF YOU DID NOT RECEIVE ALL THE PAGES OF THIS TRANSMITTAL.



ALCO
HAZMAT

94 APR 21 AM 10:43

Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

April 19, 1994

Ms. Susan Hugo
Alameda County Health Services Agency
Department of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, California 94621

Re: Rix Industries
6460 Hollis Street
Emeryville, CA

Dear Ms. Hugo:

I have talked with our clients, concerning our conversation of yesterday, April 18, 1994. I have conveyed your wish to proceed with the tank closure project as soon as possible. I have told them you approved the closure in place of the five tanks inside the work area of the building. I have also conveyed your request to remove the five tanks in the rear outside area of the property. We also discussed the changes that have been made to the outside area i.e. the roof that has been constructed over the tank area and the testing equipment that has been secured to the concrete area over the outside tanks.

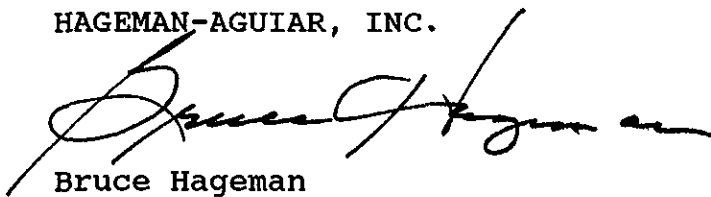
I have been told that Mr. Frank Dewolf knew nothing of the construction that has taken place on the property in the recent past.

Our clients have requested a letter from you to Hageman-Aguiar, Inc. approving our request to abandon in place the "inside tanks" and the request to remove the outside tanks. In addition the approval of the proposed workplan to install groundwater monitoring wells and start a program of Quarterly groundwater sampling. If you would send me this written approval, I will proceed to set up the schedule of events

for your approval.

Susan, Thank you for your help in this matter.

Sincerely,
HAGEMAN-AGUIAR, INC.

A handwritten signature in cursive script, appearing to read "Bruce Hageman".

Bruce Hageman

GLORIA & FRANK DEWOLF
Kanaloa #3001
78-261 Manukai St.
Kailua-Kona, HI 96740
PH/FX (808) 322-0653

FAX TO: ⁵¹⁰⁻⁵⁶⁹⁻⁴⁷⁵⁷
~~510-274-4320~~

5 APRIL 1994

Ms. SUSAN HUGO
SENIOR HAZARDOUS MATERIALS SPECIALIST
ALAMEDA COUNTY HEALTH CARE SERVICES

DEAR Ms. HUGO:

I HAVE JUST RECEIVED BRUCE HAGEMAN'S COVERING LETTER TO YOU WHICH REVEALS THAT RIX INDUSTRIES HAS ADDED WORKING AREA IN THE YARD OF 6460 HOLLIS STREET, EMERYVILLE. I WAS NOT APPRISED OF THIS UNTIL TODAY, AND AM HAVING MY REPRESENTATIVE, MILES BENEDICT, LOOK INTO IT.

VERY TRULY YOURS,
C. Frank Dewolf

C. FRANK DEWOLF
78-261 MANUKAI ST. UNIT 3001
KAILUA - KONA, HAWAII 96740
PH/FAX (808) 322-0653

SUSAN L. HUGO

STD 376

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

ALCO
HAZMAT

94 APR -4 PM 12:44

ACCEPTED

Underground Storage Tank Closure Permit Application
Alameda County Division of Hazardous Materials
80 Swan Way, Suite 200,
Oakland, CA 94621
Telephone: (510) 271-4320

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The proposed permit is now released for issuance of any required building permits for construction/destruction. A copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal. Any changes or modifications to the specifications must be submitted to the Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws.

Notify this Department at least 72 hours prior to the following required inspections: *

- _____ Removal of Tank(s) and Piping
- _____ Sampling
- _____ Final Inspection

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

*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist:

Please note change made on page 5

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name Rix Industries
Business Owner B.E. Otterson
 2. Site Address 6460 Hollis Street
City Emeryville, CA zip 94608 Phone (510) 658-5275
 3. Mailing Address 6460 Hollis Street
City Emeryville, CA zip 94608 Phone (510) 658-5275
 4. Land Owner Gloria and Frank DeWolf
Address Casa De Emdeko City, State Kailua-Kona Hawaii zip 96740
Address 75-5082 Alii Drive
 5. Generator name under which tank will be manifested Gloria and Frank DeWolf
- EPA I.D. No. under which tank will be manifested 982038754 *

L7 check this on site

6. Contractor MINTER AND FAHY CONSTRUCTION COMPANY
Address 411 NORTH BUCHANAN CIRCLE, #2
City PACHECO, CA Phone (510) 674-8800
License Type* "A" 7/31/95 ID# 477315

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

7. Consultant HAGEMAN - AGUIAR, INC.
Address 3732 MT. DIABLO BLVD., STE 372
City LAFAYETTE, CA Phone (510) 284-1661

8. Contact Person for Investigation
Name GARY AGUIAR, BRUCE HAGEMAN Title PRINCIPAL ENGINEER, PRESIDENT
Phone (510) 284-1661

9. Number of tanks being closed under this plan 10
Length of piping being removed under this plan 150'
Total number of tanks at facility 10

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

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

a) Product/Residual Sludge/Rinsate Transporter
Name H & H ENVIRONMENTAL EPA I.D. No. CAD000477168
Hauler License No. 0334 License Exp. Date _____
Address 220 CHINA BASIN
City SAN FRANCISCO State CA zip 94107

b) Product/Residual Sludge/Rinsate Disposal Site
Name PRC PATTERSON, INC. EPA I.D. No. CAD083166728
H & H ENVIRONMENTAL
Address 220 CHINA BASIN
City SAN FRANCISCO State CA zip 94107

c) Tank and Piping Transporter

Name H & H ENVIRONMENTAL EPA I.D. No. CAD000477168
Hauler License No. 0334 License Exp. Date _____
Address 220 CHINA BASIN
City SAN FRANCISCO State CA Zip 94107

d) Tank and Piping Disposal Site

Name H & H ENVIRONMENTAL EPA I.D. No. CAD000477168
Address 220 CHINA BASIN
City SAN FRANCISCO State CA Zip 94107

11. Experienced Sample Collector

Name JEFF BOTH
Company HAGEMAN - AGUIAR, INC.
Address 3732 MT. DIABLO BLVD., STE 372
City LAFAYETTE State CA Zip 94549 Phone (510) 284-1661

12. Laboratory

Name PRIORITY ENVIRONMENTAL LAB, INC.
Address 1764 HOURET COURT
City FREMONT State CA Zip 95035
State Certification No. #1708

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

If yes, describe. DATA RETRIEVED FROM GROUNDWATER SAMPLES INDICATE MATERIAL FROM THE TANKS MIGRATED TO GROUNDWATER.

14. Describe methods to be used for rendering tank inert

DRY ICE (SOLID CARBON DIOXIDE)

5LBS PER 100 GALLONS OF TANK CAPACITY

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity GALLONS	Use History (see instructions)		
TANK A-1000 TANK B-1000 TANK C-1000 TANK D-1000 TANK E-1000	} UNKNOWN; BELIEVED TO BE CHLORINATED SOLVENTS	TOTAL PETROLEUM HYDROCARBONS AS, DIESEL TPH AS KEROSENE TPH AS MINERAL SPIRITS	FIVE TO SIX FEET FROM SIDEWALLS OF TANK PITS JUST ABOVE THE SATURATED ZONE
TANK F-1000 TANK H-1000 TANK J-1000 TANK L-1000			
TANK K-5000	UNKNOWN; BELIEVED TO BE MINTERAL SPIRITS	BTEX HALOGENATED VOLATILE ORGANICS ETHYL SILICATE PURGABLE HALOCARBONS	

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan
500 CU YDS	COMPOSITE SOIL SAMPLE PER EVERY 50 CU YDS PER SPOILS PILE

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TOTAL PETRO-LEUM FUEL WITH BTEX DISTINCTION	5030	8015/8020	1.0/.0050
MINERAL SPIRITS	3550	8015	1.0 mg/kg
HALOGENATED VOLATILE ORGANICS	5030	8010 <i>80840</i>	5.0
INDUSTRIAL SOLVENTS SCAN	3810	8015 MODIFIED	0.020
Industrial Solvents TPH Gasoline TPH Diesel TPH Kerosene			

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

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

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

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

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

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

Signature of Contractor

Name (please type) _____

Signature _____

Date _____

Signature of Site Owner or Operator

Name (please type) MILES BENEDICT FOR FRANK DeWOLF

Signature Miles Benedict

Date 4/24/94

INSTRUCTIONS

General Instructions

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

Item Specific Instructions

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

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

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

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

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

17. SITE HEALTH AND SAFETY PLAN

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

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

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

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

19. PLOT PLAN

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

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

20. DEPOSIT

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

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

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

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

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

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

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

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

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

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

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

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

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

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

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

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

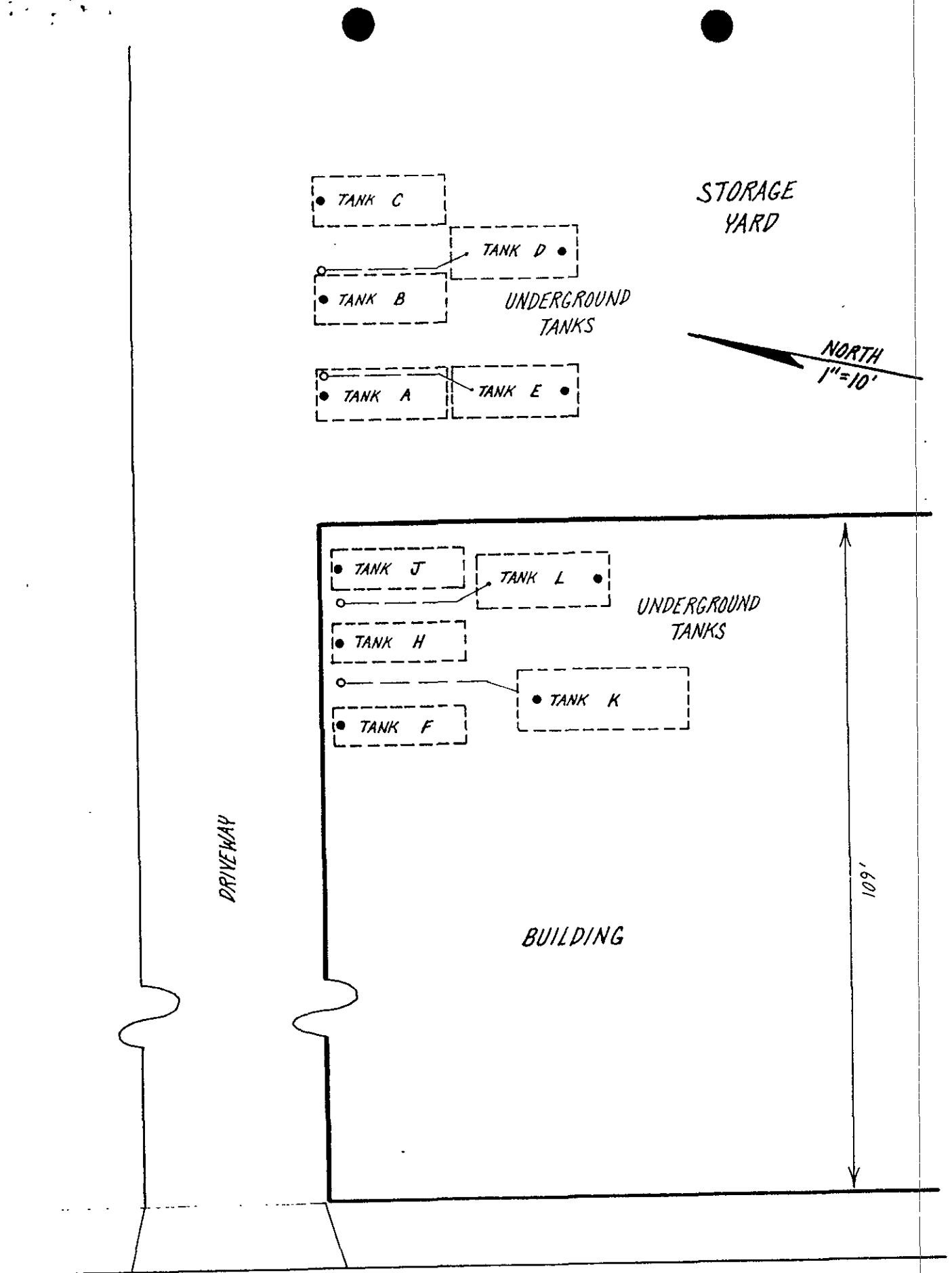
- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled,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

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

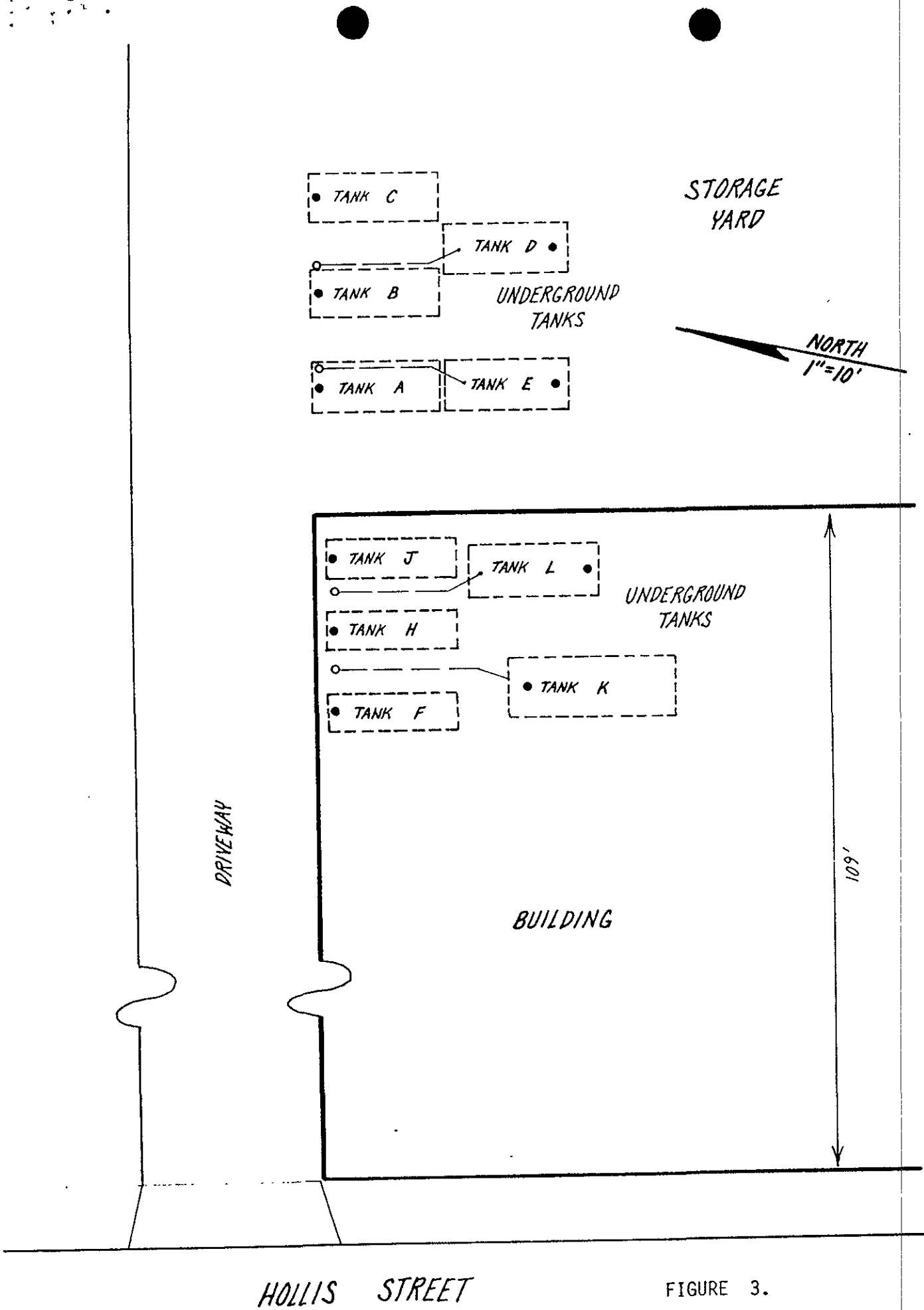
EPILOGUE

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



HOLLIS STREET

FIGURE 3.
Site Map.



HOLLIS STREET

FIGURE 3.
Site Map.

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

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

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

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

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

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

Signature of Contractor X

Name (please type) Minter & Fahy Construction Company, Inc.

Signature [Handwritten Signature] John P. Fahy, Jr.

Date April 29, 1994

Signature of Site Owner or Operator X

Name (please type) Miles K. Benedict representing C. Frank DeWolf

Signature [Handwritten Signature]

Date May 10, 1994

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 <i>RJA INDUSTRIES</i>		NAME OF OPERATOR <i>BERT OTTERSON</i>		
ADDRESS <i>6460 HOLLIS STREET</i>		NEAREST CROSS STREET <i>OCEAN</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>EMERYVILLE</i>		STATE <i>CA</i>	ZIP CODE <i>94608</i>	SITE PHONE # WITH AREA CODE
<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 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 <i>10</i>	E. P. A. I. D. # (optional)	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>DAVE SILVA</i>	PHONE # WITH AREA CODE <i>(510) 658-5775</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>MR. FRANK DEWOLF</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>75-5082 ALII DRNE, CASA DE ENDEKO</i>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME <i>KAILUA-KONA</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
STATE <i>HA</i>	ZIP CODE <i>96740</i>	PHONE # WITH AREA CODE <i>(808) 322-0653</i>		

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>MR. FRANK DEWOLF</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>75-5082 ALII DRNE, CASA DE ENDEKO</i>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME <i>KAILUA-KONA</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
STATE <i>HA</i>	ZIP CODE <i>96740</i>	PHONE # WITH AREA CODE <i>(808) 322-0653</i>		

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

TY (TK) HQ -

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 checked="" 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 & SIGNATURE)	APPLICANT'S TITLE	DATE MONTH/DAY/YEAR <i>4-4-99</i>
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LOCAL AGENCY USE ONLY

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

TANK CLOSED IN PLACE
 STATE OF CALIFORNIA
 STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B

7/30/94



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: RIX INDUSTRIES, 6460 HOLLIS STREET, EMERYVILLE CA

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>TANK H</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 IFA-1 IS MARKED, COMPLETE ITEM C.			
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 60 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input checked="" 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 <u>DIESEL</u>			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	<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 type="checkbox"/> 6 UNLINED	<input checked="" 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) <u>NONE</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>	

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE				
A. SYSTEM TYPE	A <input checked="" type="checkbox"/> U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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>

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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1972</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>100</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> 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) <u>FRANK DEWOLF By Bruce Hayden</u>	DATE <u>7-4-94</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.
 FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

TANK CLOSED IN PLACE
 STATE OF CALIFORNIA
 STATE WATER RESOURCES CONTROL BOARD
 UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B

7/30/99



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: RIA INDUSTRIES, 6460 HOLLIS ST, EMERYVILLE CA

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>TANK J</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 type="checkbox"/> 4 OIL	B. <input 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"/> 3 DIESEL
<input checked="" type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<input type="checkbox"/> 6 AVIATION GAS
			<input type="checkbox"/> 7 METHANOL
			<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>METHYL ETHYL KETONE MEK</u> 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	<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 type="checkbox"/> 6 UNLINED	<input checked="" 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) <u>N/A</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>N/A</u>	

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE				
A. SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 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 <input checked="" type="radio"/> 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>

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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1972</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input 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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>FRANK DEWALT BY [Signature]</u>	DATE <u>7-9-99</u>
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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.
 FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

TANK CLOSED IN PLACE 7/30/94

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Rix Industries, 6460 Hollis St. Emeryville

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

A. OWNER'S TANK I.D. # <u>TANK 'K'</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>500</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input checked="" type="checkbox"/> 3 CHEMICAL PRODUCT <input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A 1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>ETHYL SILICATE</u>		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 <input type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK) <input type="checkbox"/> 95 UNKNOWN <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 type="checkbox"/> 6 UNLINED <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER <u>NONE</u> 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) <u>NONE</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>

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	A U 95 UNKNOWN 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	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>NONE</u>

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 type="checkbox"/> 95 UNKNOWN	<input checked="" type="checkbox"/> 99 OTHER <u>NONE</u>

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1972</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>FRANK DEWOLF BY BRUCE HAGEMAN</u>	DATE <u>4-9-94</u>
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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.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

TANK CLOSED IN PLACE 7/30/94

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: RIK INDUSTRIES, 6460 HOLLIS ST. EMERYVILLE

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

A. OWNER'S TANK I.D. #	<u>TANK L</u>	B. MANUFACTURED BY:	<u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS:	<u>500</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C. SEC BURN ALCOHOL

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input 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 type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<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 _____ 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	<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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 99 OTHER <u>NONE</u>
	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"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER _____
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

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

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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	3. WAS TANK FILLED WITH INERT MATERIAL?
<u>1992</u>	<u>60</u> GALLONS	YES <input type="checkbox"/> 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) FRANK DEWOLF BY BRUCE HAGEMAN DATE 9-4-94

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

TANK CLOSED IN PLACE
1/30/94

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: RIX INDUSTRIES, 6460 HOLLY ST. EMERYVILLE

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

A. OWNER'S TANK I.D. #	<u>TANK F</u>	B. MANUFACTURED BY:	<u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS:	<u>500 GALLONS</u>

II. TANK CONTENTS IFA-1 IS MARKED, COMPLETE ITEM C.

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input 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 type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<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 <u>SEC BUTYL ALCOHOL</u>					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	<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
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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN
	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"/> 95 UNKNOWN
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

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

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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	3. WAS TANK FILLED WITH INERT MATERIAL?
<u>1972</u>	<u>50</u> GALLONS	YES <input type="checkbox"/> 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)	DATE
<u>FRANK DEWOLF By [Signature]</u>	<u>1-4-94</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.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

TANK REMOVED 12/27/94



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

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM 1 NEW PERMIT 2 INTERIM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY TANK CLOSURE 7 PERMANENTLY CLOSED ON SITE 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Rix Industries, 6460 Hollis St Emeryville CA

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

A. OWNER'S TANK I.D.# TANK "E" B. MANUFACTURED BY: UNKNOWN

C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN D. TANK CAPACITY IN GALLONS: 1000

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

A. 1 MOTOR VEHICLE FUEL 4 OIL 1 PRODUCT 2 WASTE 1a REGULAR UNLEADED 3 DIESEL 6 AVIATION GAS
 2 PETROLEUM 80 EMPTY 1b PREMIUM UNLEADED 4 GASAHOL 7 METHANOL
 3 CHEMICAL PRODUCT 95 UNKNOWN 2 LEADED 5 JET FUEL 99 OTHER (DESCRIBE IN ITEM D BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED MOISTLY WATER 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 1 DOUBLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 95 UNKNOWN
 2 SINGLE WALL 4 SECONDARY CONTAINMENT (VAULTED TANK) 99 OTHER

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

C. INTERIOR LINING 1 RUBBER LINED 2 ALKYD LINING 3 EPOXY LINING 4 PHENOLIC LINING
 5 GLASS LINING 6 UNLINED 95 UNKNOWN 99 OTHER NONE
 IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. CORROSION PROTECTION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC
 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 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 A U 95 UNKNOWN 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

1 VISUAL CHECK 2 INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING
 6 TANK TESTING 7 INTERSTITIAL MONITORING 91 NONE 95 UNKNOWN 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) 1972 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 150 GALLONS 3. WAS TANK FILLED WITH INERT 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) FRANK DEWOLF BY BRUCE HAGEMAN DATE 9-9-94

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

TANK REMOVED 12/27/94



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

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM: 1 NEW PERMIT, 2 INTERIM PERMIT, 3 RENEWAL PERMIT, 4 AMENDED PERMIT, 5 CHANGE OF INFORMATION, 6 TEMPORARY TANK CLOSURE, 7 PERMANENTLY CLOSED ON SITE, 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: RIX INDUSTRIES, 6460 HOLLIS ST, EMERYVILLE

I. TANK DESCRIPTION: A. OWNER'S TANK I.D.#: TANK 118; B. MANUFACTURED BY: UNKNOWN; C. DATE INSTALLED (MO/DAY/YEAR): UNKNOWN; D. TANK CAPACITY IN GALLONS: 500

II. TANK CONTENTS: A. 1 MOTOR VEHICLE FUEL, 2 PETROLEUM, 3 CHEMICAL PRODUCT, 4 OIL, 80 EMPTY, 95 UNKNOWN, B. 1 PRODUCT, 2 WASTE, C. 1a REGULAR UNLEADED, 1b PREMIUM UNLEADED, 2 LEADED, 3 DIESEL, 4 GASAHOL, 5 JET FUEL, 6 AVIATION GAS, 7 METHANOL, 99 OTHER (DESCRIBE IN ITEM D. BELOW); D. IF (A 1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED: UNKNOWN; C. A. S. #:

III. TANK CONSTRUCTION: A. TYPE OF SYSTEM: 2 SINGLE WALL; B. TANK MATERIAL (Primary Tank): 1 BARE STEEL; C. INTERIOR LINING: 99 OTHER NONE; D. CORROSION PROTECTION: 91 NONE; E. SPILL AND OVERFILL: SPILL CONTAINMENT INSTALLED (YEAR) NONE; OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) NONE

IV. PIPING INFORMATION: A. SYSTEM TYPE: A U 1 SUCTION; B. CONSTRUCTION: A U 1 SINGLE WALL; C. MATERIAL AND CORROSION PROTECTION: A U 1 BARE STEEL; D. LEAK DETECTION: 99 OTHER NONE

V. TANK LEAK DETECTION: 91 NONE

VI. TANK CLOSURE INFORMATION: 1. ESTIMATED DATE LAST USED (MO/DAY/YR): 1972; 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING: 0 GALLONS; 3. WAS TANK FILLED WITH INERT MATERIAL? YES [] NO [X]

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): FRANK DEWOLF BY BRUCE HUEMAN; DATE: 1-4-94

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

TANK REMOVED 1/27/94

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: RIX INDUSTRIES, 6460 HOLLIS ST. EMERYVILLE

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

A. OWNER'S TANK I.D. #	<u>TANK "C"</u>	B. MANUFACTURED BY:	<u>LINKDOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>LINKDOWN</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 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 checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<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 LINKDOWN - SLURRY FILLED

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"/> 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
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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL ?		YES <input type="checkbox"/> NO <input type="checkbox"/>
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"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>NONE</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>

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

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

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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	3. WAS TANK FILLED WITH INERT MATERIAL ?
<u>1992</u>	<u>0</u> GALLONS	YES <input checked="" type="checkbox"/> 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)	DATE
<u>FRANK DEWOLF BY BRUCE TREMAN</u>	<u>1-4-94</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.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

TANK REMOVED

12/27/94

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Rix Industries, 6460 Hills St. Emeryville

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. # <u>TANK "A"</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>500 GALS</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input 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 checked="" 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 <u>CHLORINATED SOLVENT</u>			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	<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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER <u>NONE</u>
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) <u>NONE</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>	

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

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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER	

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1972</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>75</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> 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) <u>FRANK DEWALT BY Bruce Hayman</u>	DATE <u>4-4-94</u>
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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.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

TANK REMOVED 2/27/99
 STATE OF CALIFORNIA
 STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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: Rix Industries, 6460 Hollis St, Emeryville

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I. D. # <u>TANK "D"</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>500</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.	
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 4 OIL <input checked="" type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 3 CHEMICAL PRODUCT <input type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 7 METHANOL <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 <u>NO LABEL - EMPTY</u> 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 <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 type="checkbox"/> 6 UNLINED <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER <u>NONE</u> 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) <u>NONE</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>	

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE	
A. SYSTEM TYPE	<input checked="" type="radio"/> U 1 SUCTION <input type="radio"/> A U 2 PRESSURE <input type="radio"/> A U 3 GRAVITY <input type="radio"/> A U 99 OTHER
B. CONSTRUCTION	<input checked="" type="radio"/> A U 1 SINGLE WALL <input type="radio"/> A U 2 DOUBLE WALL <input type="radio"/> A U 3 LINED TRENCH <input type="radio"/> A U 95 UNKNOWN <input type="radio"/> A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="radio"/> A U 1 BARE STEEL <input type="radio"/> A U 2 STAINLESS STEEL <input type="radio"/> A U 3 POLYVINYL CHLORIDE (PVC) <input type="radio"/> A U 4 FIBERGLASS PIPE <input type="radio"/> A U 5 ALUMINUM <input type="radio"/> A U 6 CONCRETE <input type="radio"/> A U 7 STEEL W/ COATING <input type="radio"/> A U 8 100% METHANOL COMPATIBLE W/FRP <input type="radio"/> A U 9 GALVANIZED STEEL <input type="radio"/> A U 10 CATHODIC PROTECTION <input type="radio"/> A U 95 UNKNOWN <input type="radio"/> 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>

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 checked="" type="checkbox"/> 91 NONE <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1992</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> 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) <u>FRANK DeWitt By Bruce Hagenman</u>	DATE <u>4-4-99</u>
--	--------------------

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW		
STATE I.D.#	COUNTY # <input type="text"/> <input type="text"/> JURISDICTION # <input type="text"/> <input type="text"/> FACILITY # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TANK # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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.
 FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS



STD 376

FAX TRANSMITTAL :

ATTN: MS. SUSAN HUGO

ALAMEDA COUNTY ENVIRONMENTAL HEALTH
HARAZDUS MATERIALS DIVISION
Fax (510) 569-4157

FROM: BRUCE HAGEMAN

This transmittal is page 1 of 2

Comments:

3732 Mt. Diablo Blvd #372 Lafayette CA 94549 (510) 284-1661 FAX (510) 284-1664

STID 376



HAGEMAN-AGUIAR, INC.

Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

ALCO
HAZMAT
94 MAR -2 AM 11:50

March 1, 1994

Ms. Susan Hugo, Hazardous Material Specialist
Alameda County Health Services Agency
Department of Environmental Health
80 Swan Way, Room 200
Oakland, CA 94621

Re: Rix Industries/ Frank Dewolf
6460 Hollis Street
Emeryville, CA

Dear Ms. Hugo:

Please find attached a copy of the " Underground Storage
Unauthorized Release (Leak)/ Contamination Site Report.

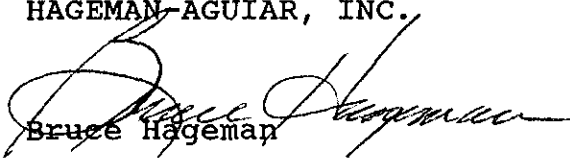
Since I do not have a supply of tear out carbon forms I
am sending you seven xerox copies.

I would also like to meet with you again to discuss the
proposed work plan requested in your letter. I would
appreciate meeting with you at the earliest date possible
so we might meet your deadline.

I will look forward to discussing this project with you
in the very near future.

Thanks for your help.

Sincerely,
HAGEMAN-AGUIAR, INC.


Bruce Hageman

attachments

cc: Miles Benedict, MRE Commercial Real Estate

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY: I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25100.7 OF THE HEALTH AND SAFETY CODE.
REPORT DATE 01 30 19 94	CASE #	SIGNATURE

NAME OF INDIVIDUAL FILING REPORT BRUCE HAGEMAN	PHONE (510) 284-1661	SIGNATURE DATE
REPORTED BY REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME HAGEMAN - AGUIAR, INC.	
ADDRESS 3732 MT. DIABLO BLVD, #372 LAFAYETTE CA 94549		

NAME FRANK DEWOLF	CONTACT PERSON MILES BENEDICT	PHONE (510) 450-1415
ADDRESS 75-5082 ALII DRIVE KAILUA-KONA HI 96740		

FACILITY NAME (IF APPLICABLE) RIX INDUSTRIES	OPERATOR DAVE SILVA/BERT OTTERSON	PHONE (510) 658-5275
ADDRESS 6460 HOLLIS STREET EMERYVILLE CA 94608		
CROSS STREET		TYPE OF AREA <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER
		TYPE OF BUSINESS <input type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER MFG.

LOCAL AGENCY ALAMEDA COUNTY HEALTH DEPARTMENT	AGENCY NAME	CONTACT PERSON SUSAN HUGO	PHONE (510) 271-4530
REGIONAL BOARD SAN FRANCISCO BAY		CONTACT PERSON RICHARD HIETT	
		PHONE (510) 286-1255	

(1) NAME METHYL ETHYL KETONE, METHY ISOBUTYL KETONE	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
(2) NAME TPH, BTEX, KEROSENE, HALOGENATED VOLATILE ORGANICS	
QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	

DATE DISCOVERED 07 20 19 94	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER
DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER
HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE	

SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	TANKS ONLY/CAPACITY VARIOUS GAL AGE _____ YRS <input checked="" type="checkbox"/> UNKNOWN	MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER
---	--	--	---

CASE TYPE
 UNDETERMINED SOIL ONLY GROUNDWATER DRINKING WATER (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS
 SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) CLEANUP IN PROGRESS SHUT OFF (CLEANUP COMPLETED OR UNNECESSARY)
 NO ACTION TAKEN POST-CLEANUP MONITORING IN PROGRESS NO FUNDS AVAILABLE TO PROCEED EVALUATING CLEANUP ALTERNATIVES

REMEDIAL ACTION
 CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)
 CAP SITE (CS) EXCAVATE & DISPOSE (ED) REMOVE FREE PRODUCT (FP) ENHANCED BIO DEGRADATION (IB)
 CONTAMINANT BARRIER (CB) EXCAVATE & TREAT (ET) PUMP & TREAT GROUNDWATER (PT) REPLACE SUPPLY (RS)
 TREATMENT AT HOOKUP (HS) NO ACTION REQUIRED (NA) OTHER (OT)

COMMENTS

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY. I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25100.7 OF THE HEALTH AND SAFETY CODE.		
REPORT DATE 01 3 of 0 of 1 of 9 of 4		CASE # _____		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT BRUCE HAGEMAN		PHONE (510) 284-1661		SIGNATURE 	
	<input type="checkbox"/> RETIRE SENTINEL <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD		COMPANY OR AGENCY NAME HAGEMAN - AGUIAR, INC.			
LOCAL AGENCY <input type="checkbox"/> OTHER						
ADDRESS 3732 MT. DIABLO BLVD, #372 LAFAYETTE CA 94549						
RESPONSIBLE PARTY	NAME FRANK DEWOLF		CONTACT PERSON MILES BENEDICT		PHONE (510) 450-1415	
	ADDRESS CASA DE EMDEKO 75-5082 ALII DRIVE KAILUA-KONA HI 96740					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) RIX INDUSTRIES		OPERATOR DAVE SILVA/BERT OTTERSON		PHONE (510) 658-5275	
	ADDRESS 6460 HOLLIS STREET EMERYVILLE CA 94608					
	CROSS STREET		TYPE OF AREA <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL		TYPE OF BUSINESS <input type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER MFG.	
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA COUNTY HEALTH DEPARTMENT		CONTACT PERSON SUSAN HUGO		PHONE (510) 271-4530	
	REGIONAL BOARD SAN FRANCISCO BAY		CONTACT PERSON RICHARD HIETT		PHONE (510) 286-1255	
SUBSTANCES INVOLVED	(1) NAME METHYL ETHYL KETONE, METHY ISOBUTYL KETONE				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) NAME TPH, BTEX, KEROSENE, HALOGENATED VOLATILE ORGANICS				<input checked="" type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 01 7 of 2 of 4 of 9 of 2		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE _____					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		TANKS ONLY/CAPACITY VARIOUS GAL AGE _____ YRS <input checked="" type="checkbox"/> UNKNOWN		MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER	
	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER					
CASE TYPE	<input checked="" type="checkbox"/> ONE ONLY					
	<input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	<input type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SHUT OFF (CLEANUP COMPLETED OR UNNECESSARY)					
	<input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input checked="" type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES					
REMEDIAL ACTION	<input type="checkbox"/> CAP SITE (C0) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT)					
	<input type="checkbox"/> CONTAINMENT BARRIER (CB) <input checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS)					
	<input type="checkbox"/> TREATMENT AT HOOKUP (M) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)					
COMMENTS	_____					

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY. I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25100.7 OF THE HEALTH AND SAFETY CODE.		
REPORT DATE 01 3 01 01 9 4		CASE # _____		SIGNATURE 		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT BRUCE HAGEMAN		PHONE (510) 284-1661		COMPANY OR AGENCY NAME HAGEMAN - AGUIAR, INC.	
	<input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER					
RESPONSIBLE PARTY	NAME FRANK DEWOLF		CONTACT PERSON MILES BENEDICT		PHONE (510) 450-1415	
	ADDRESS CASA DE EMDEKO		75-5082 ALII DRIVE		KAILUA-KONA HI 96740	
SITE LOCATION	FACILITY NAME (IF APPLICABLE) RIX INDUSTRIES		OPERATOR DAVE SILVA/BERT OTTERSON		PHONE (510) 658-5275	
	ADDRESS 6460		HOLLIS STREET		EMERYVILLE CA 94608	
	CROSS STREET _____		TYPE OF AREA <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER		TYPE OF BUSINESS <input type="checkbox"/> RETAIL FUEL STATION <input checked="" type="checkbox"/> OTHER MFG.	
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA COUNTY HEALTH DEPARTMENT		AGENCY NAME ALAMEDA COUNTY HEALTH DEPARTMENT		CONTACT PERSON SUSAN HUGO	
	REGIONAL BOARD SAN FRANCISCO BAY		CONTACT PERSON RICHARD HIETT		PHONE (510) 286-1255	
SUBSTANCES INVOLVED	(1) NAME METHYL ETHYL KETONE, METHY ISOBUTYL KETONE				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) NAME TPH, BTEX, KEROSENE, HALOGENATED VOLATILE ORGANICS				<input checked="" type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 01 07 02 04 9 2		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> MISPLACED CONDITIONS <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE _____					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		TANKS ONLY: CAPACITY VARIOUS GAL		MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER	
			AGE <input checked="" type="checkbox"/> UNKNOWN		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER	
CASE TYPE	<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)					
	<input type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SKIMMED OFF (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST-CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input checked="" type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES					
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)					
	<input type="checkbox"/> CAP SITE (C0)		<input type="checkbox"/> EXCAVATE & DISPOSE (ED)		<input type="checkbox"/> REMOVE FREE PRODUCT (FP)	
<input type="checkbox"/> CONTAINMENT BARRIER (CB)		<input checked="" type="checkbox"/> EXCAVATE & TREAT (ET)		<input type="checkbox"/> PUMP & TREAT GROUNDWATER (PT)		
<input type="checkbox"/> TREATMENT AT HOOKUP (M)		<input type="checkbox"/> NO ACTION REQUIRED (NA)		<input type="checkbox"/> ENHANCED BIO DEGRADATION (BT)		
				<input type="checkbox"/> REPLACE SUPPLY (RS)		
				<input type="checkbox"/> OTHER (OT)		
COMMENTS	_____					

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

EMERGENCY YES NO
 HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? YES NO

FOR LOCAL AGENCY USE ONLY:
 I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25104.7 OF THE HEALTH AND SAFETY CODE.

REPORT DATE: 01 31 01 of 1 of 9 of 4
 CASE #

SIGNED: _____ DATE: _____

REPORTED BY: NAME OF INDIVIDUAL FILING REPORT: BRUCE HAGEMAN
 PHONE: (510) 284-1661
 REPRESENTING: OWNER/OPERATOR REGIONAL BOARD
 LOCAL AGENCY OTHER

SIGNATURE: *Bruce Hageman*
 COMPANY OR AGENCY NAME: HAGEMAN - AGUIAR, INC.

ADDRESS: 3732 MT. DIABLO BLVD, #372 CITY LAFAYETTE STATE CA ZIP 94549

RESPONSIBLE PARTY: NAME: FRANK DEWOLF UNKNOWN

CONTACT PERSON: MILES BENEDICT
 PHONE: (510) 450-1415

ADDRESS: CASA DE EMDEKO STREET 75-5082 ALII DRIVE CITY KAILUA-KONA STATE HI ZIP 96740

SITE LOCATION: FACILITY NAME (IF APPLICABLE): RIX INDUSTRIES

OPERATOR: DAVE SILVA/BERT OTTERSON
 PHONE: (510) 658-5275

ADDRESS: 6460 HOLLIS STREET CITY EMERYVILLE COUNTY CA ZIP 94608

CROSS STREET: _____
 TYPE OF AREA: COMMERCIAL INDUSTRIAL RURAL RESIDENTIAL OTHER
 TYPE OF BUSINESS: RETAIL FUEL STATION FARM OTHER MFG.

IMPLEMENTING AGENCIES: LOCAL AGENCY: ALAMEDA COUNTY HEALTH DEPARTMENT

CONTACT PERSON: SUSAN HUGO
 PHONE: (510) 271-4530

REGIONAL BOARD: SAN FRANCISCO BAY

CONTACT PERSON: RICHARD HIETT
 PHONE: (510) 286-1255

SUBSTANCES INVOLVED: (1) METHYL ETHYL KETONE, METHY ISOBUTYL KETONE QUANTITY LOST (GALLONS) UNKNOWN

(2) TPH, BTEX, KEROSENE, HALOGENATED VOLATILE ORGANICS QUANTITY LOST (GALLONS) UNKNOWN

DISCOVERY/ABATEMENT: DATE DISCOVERED: 01 07 01 of 2 of 4 of 9 of 2
 HOW DISCOVERED: INVENTORY CONTROL SURFACE MONITORING TANK TEST TANK REMOVAL MISMANAGEMENT OTHER

DATE DISCHARGE BEGAN: _____ UNKNOWN
 METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY): REMOVE CONTENTS REPLACE TANK CLOSE TANK

HAS DISCHARGE BEEN STOPPED? YES NO IF YES, DATE: _____
 REPAIR TANK REPAIR PIPING CHANGE PROCEDURE OTHER

SOURCE/CAUSE: SOURCE OF DISCHARGE: TANK LEAK UNKNOWN PIPING LEAK OTHER

TANKS ONLY: CAPACITY: VARIOUS GAL
 MATERIAL: FIBERGLASS STEEL OTHER
 AGE: _____ YRS UNKNOWN

CAUSE(S): OVERFILL RUPTURE/FAILURE CORROSION UNKNOWN SPILL OTHER

CASE TYPE: UNDETERMINED SOL ONLY GROUNDWATER DRINKING WATER (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS: SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) CLEANUP IN PROGRESS SHUT OFF (CLEANUP COMPLETED OR UNNECESSARY)
 NO ACTION TAKEN POST-CLEANUP MONITORING IN PROGRESS NO FUNDS AVAILABLE TO PROCEED EVALUATING CLEANUP ALTERNATIVES

REMEDIAL ACTION: CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS):
 CAP SITE (C0) EXCAVATE & DISPOSE (ED) REMOVE FREE PRODUCT (FP) ENHANCED BIO DEGRADATION (BT)
 CONTAINMENT BARRIER (CB) EXCAVATE & TREAT (ET) PUMP & TREAT GROUNDWATER (PT) REPLACE SUPPLY (RS)
 TREATMENT AT HOOKUP (H) NO ACTION REQUIRED (NA) OTHER (OT)

COMMENTS:

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

EMERGENCY YES NO
 HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? YES NO

FOR LOCAL AGENCY USE ONLY:
 I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25100.7 OF THE HEALTH AND SAFETY CODE.

REPORT DATE: 01 30 1994
 CASE #

SIGNED: _____ DATE: _____

REPORTED BY: BRUCE HAGEMAN
 PHONE: (510) 284-1661
 SIGNATURE: *Bruce Hageman*
 REPRESENTING: OWNER/OPERATOR REGIONAL BOARD
 COMPANY OR AGENCY NAME: HAGEMAN - AGUIAR, INC.
 ADDRESS: 3732 MT. DIABLO BLVD, #372 LAFAYETTE CA 94549

RESPONSIBLE PARTY: NAME: FRANK DEWOLF
 CONTACT PERSON: MILES BENEDICT
 PHONE: (510) 450-1415
 ADDRESS: CASA DE EMDEKO 75-5082 ALII DRIVE KAILUA-KONA HI 96740

SITE LOCATION: FACILITY NAME (IF APPLICABLE): RIX INDUSTRIES
 OPERATOR: DAVE SILVA/BERT OTTERSON
 PHONE: (510) 658-5275
 ADDRESS: 6460 HOLLIS STREET EMERYVILLE CA 94608
 TYPE OF AREA: COMMERCIAL INDUSTRIAL RURAL
 TYPE OF BUSINESS: RETAIL FUEL STATION OTHER MFG.

IMPLEMENTING AGENCIES: LOCAL AGENCY: ALAMEDA COUNTY HEALTH DEPARTMENT
 CONTACT PERSON: SUSAN HUGO
 PHONE: (510) 271-4530
 REGIONAL BOARD: SAN FRANCISCO BAY
 CONTACT PERSON: RICHARD HIETT
 PHONE: (510) 286-1255

SUBSTANCES INVOLVED: (1) METHYL ETHYL KETONE, METHY ISOBUTYL KETONE
 QUANTITY LOST (GALLONS): UNKNOWN
 (2) TPH, BTEX, KEROSENE, HALOGENATED VOLATILE ORGANICS
 QUANTITY LOST (GALLONS): UNKNOWN

DISCOVERY/ABATEMENT: DATE DISCOVERED: 01 27 1994
 HOW DISCOVERED: INVENTORY CONTROL SURFACE MONITORING
 DATE DISCHARGE BEGAN: UNKNOWN
 METHOD USED TO STOP DISCHARGE: REMOVE CONTENTS REPLACE TANK CLOSE TANK

SOURCE/CAUSE: SOURCE OF DISCHARGE: PIPING LEAK
 TANKS ONLY/CAPACITY: VARIOUS GAL
 MATERIAL: STEEL
 CAUSE(S): UNKNOWN

CASE TYPE: UNDETERMINED SOIL ONLY GROUNDWATER DRINKING WATER

CURRENT STATUS: SITE INVESTIGATION IN PROGRESS CLEANUP IN PROGRESS EVALUATING CLEANUP ALTERNATIVES

REMEDIAL ACTION: CAP SITE (C01) EXCAVATE & TREAT (E1) REMOVE FREE PRODUCT (FP) ENHANCED BIO DEGRADATION (IT)
 CONTAINMENT BARRIER (CB) EXCAVATE & DISPOSE (ED) PUMP & TREAT GROUNDWATER (GT) REPLACE SUPPLY (RS)
 TREATMENT AT HOOKUP (HL) NO ACTION REQUIRED (NA) OTHER (OT)

COMMENTS:

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

EMERGENCY YES NO HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? YES NO

FOR LOCAL AGENCY USE ONLY: I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25100.7 OF THE HEALTH AND SAFETY CODE.

REPORT DATE: 03/01/94 CASE #

SIGNED: _____ DATE: _____

REPORTED BY: NAME OF INDIVIDUAL FILING REPORT: BRUCE HAGEMAN PHONE: (510) 284-1661 SIGNATURE: *Bruce Hageman*

REPORTING: OWNER/OPERATOR REGIONAL BOARD COMPANY OR AGENCY NAME: HAGEMAN - AGUIAR, INC.

ADDRESS: 3732 MT. DIABLO BLVD, #372 CITY: LAFAYETTE STATE: CA ZIP: 94549

RESPONSIBLE PARTY: NAME: FRANK DEWOLF CONTACT PERSON: MILES BENEDICT PHONE: (510) 450-1415

ADDRESS: CASA DE EMDEKO 75-5082 ALII DRIVE CITY: KAILUA-KONA STATE: HI ZIP: 96740

SITE LOCATION: FACILITY NAME (IF APPLICABLE): RIX INDUSTRIES OPERATOR: DAVE SILVA/BERT OTTERSON PHONE: (510) 658-5275

ADDRESS: 6460 HOLLIS STREET CITY: EMERYVILLE COUNTY: CA ZIP: 94608

CROSS STREET: TYPE OF AREA: COMMERCIAL INDUSTRIAL RURAL TYPE OF BUSINESS: RETAIL FUEL STATION OTHER MFG.

IMPLEMENTING AGENCIES: LOCAL AGENCY: ALAMEDA COUNTY HEALTH DEPARTMENT AGENCY NAME: CONTACT PERSON: SUSAN HUGO PHONE: (510) 271-4530

REGIONAL BOARD: SAN FRANCISCO BAY CONTACT PERSON: RICHARD HIETT PHONE: (510) 286-1255

SUBSTANCES INVOLVED: (1) METHYL ETHYL KETONE, METHY ISOBUTYL KETONE QUANTITY LOST (GALLONS): UNKNOWN

(2) TPH, BTEX, KEROSENE, HALOGENATED VOLATILE ORGANICS QUANTITY LOST (GALLONS): UNKNOWN

DISCOVERY/ABATEMENT: DATE DISCOVERED: 07/24/92 HOW DISCOVERED: INVENTORY CONTROL SUBSURFACE MONITORING TANK TEST TANK REMOVAL OTHER

DATE DISCHARGE BEGAN: UNKNOWN METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY): REMOVE CONTENTS REPLACE TANK CLOSE TANK REPAIR TANK REPAIR PIPING CHANGE PROCEDURE

HAS DISCHARGE BEEN STOPPED? YES NO IF YES, DATE: _____

SOURCE/CAUSE: SOURCE OF DISCHARGE: TANK LEAK UNKNOWN PIPING LEAK OTHER

TANKS ONLY: CAPACITY: VARIOUS GAL AGE: _____ YRS UNKNOWN MATERIAL: FIBERGLASS STEEL OTHER

CAUSE(S): OVERFILL RUPTURE/FAILURE CORROSION UNKNOWN SPILL OTHER

CASE TYPE: CHECK ONE ONLY UNDETERMINED SOIL ONLY GROUNDWATER DRINKING WATER (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS: CHECK ONE ONLY SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) CLEANUP IN PROGRESS SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) NO ACTION TAKEN POST-CLEANUP MONITORING IN PROGRESS NO FUNDS AVAILABLE TO PROCEED EVALUATING CLEANUP ALTERNATIVES

REMEDIAL ACTION: CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)

CAP SITE (C0) EXCAVATE & DISPOSE (E0) REMOVE FREE PRODUCT (FP) ENHANCED BIO DEGRADATION (IT)

CONTAINMENT BARRIER (CB) EXCAVATE & TREAT (ET) PUMP & TREAT GROUNDWATER (GT) REPLACE SUPPLY (RS)

TREATMENT AT HOOKUP (HL) NO ACTION REQUIRED (NA) OTHER (OT)

COMMENTS:

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY: I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25100 OF THE HEALTH AND SAFETY CODE.
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REPORT DATE 01 3 01 01 9 4	CASE #
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NAME OF INDIVIDUAL FILING REPORT BRUCE HAGEMAN	PHONE (510) 284-1661	SIGNATURE <i>Bruce Hageman</i>
REPORTED BY REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME HAGEMAN - AGUIAR, INC.	

ADDRESS 3732	STREET MT. DIABLO BLVD, #372	CITY LAFAYETTE	STATE CA	ZIP 94549
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NAME FRANK DEWOLF	CONTACT PERSON MILES BENEDICT	PHONE (510) 450-1415
ADDRESS CASA DE EMDEKO		
STREET 75-5082 ALII DRIVE	CITY KAILUA-KONA	STATE HI ZIP 96740

FACILITY NAME (IF APPLICABLE) RIX INDUSTRIES	OPERATOR DAVE SILVA/BERT OTTERSON	PHONE (610) 658-5275
ADDRESS 6460		
STREET HOLLIS STREET	CITY EMERYVILLE	COUNTY CA ZIP 94608
CROSS STREET	TYPE OF AREA <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER	TYPE OF BUSINESS <input type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER MFG.

LOCAL AGENCY ALAMEDA COUNTY HEALTH DEPARTMENT	AGENCY NAME	CONTACT PERSON SUSAN HUGO	PHONE (510) 271-4530
REGIONAL BOARD SAN FRANCISCO BAY		RICHARD HIETT	PHONE (510) 286-1255

SUBSTANCES INVOLVED (1) METHYL ETHYL KETONE, METHY ISOBUTYL KETONE	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
(2) TPH, BTEX, KEROSENE, HALOGENATED VOLATILE ORGANICS	<input checked="" type="checkbox"/> UNKNOWN

DATE DISCOVERED 0 7 2 4 9 2	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER
DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER
HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE	

SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	TANKS ONLY: CAPACITY VARIOUS GAL AGE _____ YRS <input checked="" type="checkbox"/> UNKNOWN	MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER
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CASE TYPE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS <input type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SHUT OFF (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST-CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input checked="" type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES
--

REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (C01) <input type="checkbox"/> EXCAVATE & DISPOSE (E01) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (BT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (PT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> TREATMENT AT HOOKUP (MS) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)
--

COMMENTS

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J KEARS, Agency Director

RAFAT A SHAHID, ASST. AGENCY DIRECTOR

Certified Mail# P 386 338 487

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

February 17, 1994
STID# 376

Mr. Frank Dewolf
Kanaida #3001
78-261 Manukai Street
Kailua - Kona, HI 96740

RE: **RIX Industries**
6460 Hollis Street, Emeryville, California 94608

Dear Mr. Dewolf:

The Alameda County Department of Environmental Health, Hazardous Materials Division has reviewed the files concerning the investigation of unauthorized release associated with the underground storage tanks at the referenced site. This office is in receipt and has completed its review of the "Report of Soil and Groundwater Investigation" dated July 24, 1992 submitted by Hageman-Aguiar, Inc. for the referenced site.

Based on this review, the following issues listed below must be addressed:

- 1) Ten underground storage tanks (between 500 - 1000 gallons) in capacity are currently on site. These tanks were used by Sterling Paints, the property owner prior to 1972, as stated in the November 21, 1991 letter submitted by Hageman-Aguiar. It appears that these tanks have not been used since Rix Industries (current tenant) occupied the referenced site. Rix Industries became aware of the presence of these tanks in 1989 as stated in the same letter (11/21/91) from Hageman-Aguiar. **These tanks are subject to permanent closure requirements** as stated in Title 23 of the California Code of Regulations Section 2670 (c). These tanks in which the storage of hazardous substances have ceased and the tanks will not be used, or are not intended for use to store hazardous substances within the next twelve consecutive months must be removed. The tanks must be properly closed as required by Section 25298, Chapter 6.7 of the of California Health and Safety Code. It appears that the issue of tank closures has dragged on since 1991. This department, in a letter dated 5/6/92, approved the proposed closure in place of the five underground storage tanks inside the building and requested submittal of closure plan for the physical removal of the other five underground storage tanks located in the service area. A correspondence from this agency dated 5/28/92 clarified issues concerning in place closure stated in

Mr. Frank Dewolf
RE: 6460 Hollis Street, Emeryville, CA 94608
February 17, 1994
Page 2 of 3

Mr. Bruce Hageman's letter of 5/14/92. A **Final Notice of Violation** dated October 14, 1993 from this department was forwarded to you and Mr. Miles Benedict (your representative) notifying you to either apply for a permit or submit a tank closure plan. We received your facsimile letter (10/21/93) responding that the 10 tanks will be removed upon the departure of your tenant, Rix Industries. This proposal is **not acceptable**. The permanent closure of the tanks must occur within **60 days** from the date of this letter.

- 2) An unauthorized release occurred at the site. The results of the groundwater samples collected from the three monitoring wells (MW-1, MW-2 and MW-3) detected contaminant concentration up to 9,300 ppb TPH gasoline; 20,000 ppb TPH diesel; 20,000 ppb kerosene; 21,000 ppb mineral spirits; 3.8 ppb benzene; 3,600 ppb toluene; 69 ppb ethyl benzene; 1,880 ppb xylene; 28 ppb TOG; 980 ppb carbon tetrachloride; 36 ppb 1,1 dichloroethane; 450 ppb 1,2 dichloroethane; 630 ppb dichloroethene; 2,200 ppb tetrachloroethene; 81 ppb trichloroethane; 300 ppb trichloroethene; 46 ppb vinyl chloride. The three wells were installed in June 27, 1992 to demonstrate that no unauthorized release occurred and abandonment of tanks in place can proceed. Clearly, the referenced site has experienced a leak. Enclosed a copy of the " Underground Storage Tank Unauthorized Release (Leak)/ Contamination Site Report" which must be completed and submitted to this office **within five working days** upon receipt of this letter.
- 3) A workplan must be submitted to determine the vertical and horizontal extent of soil and/or groundwater contamination at the referenced site. Soil and groundwater samples must be analyzed for all constituents of the previously stored hazardous substances and their breakdown or transformation products. A time schedule for all phases of the investigation and remediation activities must be included.
- 4) Groundwater monitoring wells must be sampled every quarter and analyzed for target compounds. Groundwater elevation readings must be incorporated in the quarterly monitoring program. All monitoring wells must be surveyed to an accuracy of 0.01 foot and referenced to mean sea level (MSL). The quarterly monitoring program must be implemented in a timely fashion due to the extent of contamination found at the site.

Response to items #1, #3 and #4 must be submitted to this office **no later than March 21, 1994.**

Mr. Frank Dewolf
RE: 6460 Hollis Street, Emeryville, CA 94608
February 17, 1994
Page 3 of 3

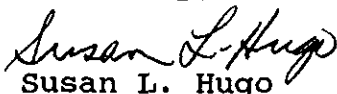
Until cleanup is complete, you will need to submit reports to this office **every three months** (or at a more frequent interval, if specified at any time by this agency). In addition, the following items must be incorporated in your future reports or workplans:

- * cover letter from the responsible party or tank owner stating the accuracy of the report and whether he/she concurs with the conclusions and recommendations in the report or workplan
- * site map delineating contamination contours for soil and groundwater based on recent data should be included and the status of the investigation and cleanup must be identified
- * proposed continuing or next phase of investigation / cleanup activities must be included to inform this department of the responsible party or tank owner's intention
- * any changes in the groundwater flow direction and gradient based on the measured data since the last sampling event must be explained
- * historical records of groundwater level in each well must be tabulated to indicate the fluctuation in water levels
- * tabulate analytical results from all previous sampling events; provide laboratory reports (including quality control/quality assurance) and chain of custody documentation

All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project.

Please contact me at (510) 271-4530 if you have any questions concerning this letter.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

Enclosure

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Rich Hiatt, San Francisco Bay RWQCB
Gil Jensen, Alameda County District Attorney's Office
Edgar B. Howell, Chief, Hazardous Materials Division / files
Mr. Miles Benedict, 5801 Christie Ave., Suite 675
Emeryville, CA 94608
Mr. Bruce Hageman, Hageman-Aguiar, 3732 Mt. Diablo Blvd.
Suite #372, Lafayette, CA 94549

Is your RETURN ADDRESS completed on the reverse side?

- SENDER:**
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, and 4a & b.
 - 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.

3. Article Addressed to:
Mr. Frank Dewolf
Kanaida #3001
78-261 Manukai Street
Kailua - Kona, HI 96740
STID#367

4a. Article Number
P 386 338 487

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
2-22-94

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)
Sandy Durb

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

986 338 487



Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

PS Form 3800, June 1991

Sent to	
Mr. Frank Dewolf	
Street and No.	
Kanaida #3001	
P.O. State and Zip Code	
78-261 Manukai St.	
Kailua-Kona, HI	
Postage	96740 \$
Certified Fee	SH
Special Delivery Fee	STID# 376
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

FAX to MRE FAX (570) 450-1425
Attn Miles K. Benedict

This is to verify that MRE & Miles K Benedict
are authorized as our legal representatives
to manage & operate the DeWolf
properties at 6 Admiral #972 and
6460 Hollis St Emeryville Ca.

Best regards

Frank DeWolf

Filed
7/30/99
at the site of
Mr. Benedict



from the desk of
BERT OTTERSON

Date: 1/5/94

To: All Personnel
From: Bert Otterson
Subject: HOLIDAY SCHEDULE FOR 1994

Following is the holiday schedule for 1994:

- | | | | |
|----|------------------------|-------------|----------|
| 1. | Washington's Birthday | February 21 | Monday |
| 2. | Memorial Day | May 30 | Monday |
| 3. | Independence Day | July 4 | Monday |
| 4. | Labor Day | September 5 | Monday |
| 5. | Thanksgiving Day | November 24 | Thursday |
| 6. | Day After Thanksgiving | November 25 | Friday |

No Floating Holiday in 1994

The plant will be closed from 24 December thru 1 January, 9 days. Four days are weekends, four days are holidays, including the floater, the fifth day each employee must select to take vacation or go without pay.

Dr. Wolf Charles F. J.
Kailua-Kona HI 96740
75-6082 ali'o dr.
STID 376
Kailua-Kona HI 96740

DATE: 11-9-93
TO : Local Oversight Program
FROM: Brian Poliva
SUBJ: Transfer of Eligible Local Oversight Case

Site name: Riv Industries
Address: 6460 Hollis St city Emeryville zip 94608

TO BE ELIGIBLE FOR LOP A CASE MUST MEET 3 QUALIFICATIONS:

1. Number of Tanks: 9 removed? Y N Date of removal —
2. Samples received? Y N Contamination level: 1800/ppm TPH G-D
(ppm and type of test)

Contamination should be over 100 ppm TPH to qualify for LOP

3. Petroleum Y N Types: Avgas Jet leaded unleaded Diesel
fuel oil waste oil kerosene solvents
- DepRef remaining \$ _____ Closed with Candace/Leslie? Y N
(If no explain why?)

IF YOUR SITE MEETS ALL OF THE ABOVE QUALIFICATIONS YOU SHOULD DO THE FOLLOWING TO TRANSFER THE SITE:

1. YOU MUST CLOSE THE DEPOSIT REFUND CASE AT THIS TIME. YOU MUST ACCOUNT FOR ALL TIME YOU HAVE SPENT ON THE CASE AND TURN IN THE ACCOUNT SHEET TO LESLIE. IF THERE ARE FUNDS STILL REMAINING IT IS STILL BETTER TO TRANSFER THE CASE TO LOP AS THE RATE FOR LOP ALLOWS THE ADDITION OF MANAGEMENT AND CLERICAL TIME. DO NOT ATTEMPT TO CONTINUE TO OVERSEE THE SITE SIMPLY BECAUSE THERE ARE FUNDS REMAINING!
2. COMPLETE THE A AND B PERMIT APPLICATION FORMS AND GIVE TO CONNIE/ELAINE
3. GIVE THE ENTIRE CASE TO THE PROPER LOP STAFF UPSTAIRS FOR THEM TO DO THE REST OF THE TRANSFER AND YOU ARE DONE!

FAX 510-569-4757

* FROM
 GLORIA & FRANK DEWOLF
 Kalaheo #3001
 78-261 Manukai St.
 Kailua-Kona, HI 96740
 PH/FX (808) 322-0653

Mr. Brian P. Oliva, REHS, REA
 Hazardous Materials Specialist
 Department of Environmental Health
 Hazardous Materials Division
 80 Swan Way, Room 200
 Oakland, CA. 94621

VIA FAX: (510) 569-4757

RE: 6460 HOLLIS STREET, EMERYVILLE, CALIFORNIA

Dear Mr. Oliva:

This is in response to your letter of October 14, 1993.

Based on the Hageman-Aguilar, Inc. report, ordered by me last year to determine the damage to the property caused by Sterling Paint Company underground tanks, and which we have advised Bruce Hageman to forward to you, we have no alternative, as we see it, but to prepare to remove the tanks upon the departure of our tenant, Rix Industries.

We have instructed Mr. Hageman, who represents us in this matter, to work with HMD to prepare the proper documents for such a procedure for my review.

In agreeing to this procedure, we are doing so with the provision that our letter of October 2, 1989, to Rafat A. Shahid, then chief of HMD, continues to be on the record. That correspondence is attached.

Further, these facts:

1. The lot wherein the tanks are located under a concrete slab, was always a marsh in the winter fed by a miles-long series of broken and clogged sewers terminating in "Unnamed Creek," the north-east boundary of our property.
2. Past property-line history will show that "Unnamed Creek" (the official name of this boundary) was covered over by a Western Pacific Railroad spur to service a fire brick warehouse owned by Kaiser Refractories several lots east of our prop-

erty.

3. In the dry summer, the ebb and flow of the Bay salt water could be observed by looking through holes in the sewer man-hole cover or by digging a shallow hole in the lot in question. THERE HAS NEVER BEEN POTABLE WATER WITHIN A LONG DISTANCE FROM THIS PROPERTY.

4. The tanks in question have been empty for more than 25 years and who knows how much contamination has been washed in and out of this property since it was taken over from the Indians?

Very truly yours,

C. Frank DeWolf

C. Frank DeWolf

cc: M.K. Benedict, MRE
Bruce Hageman
Marcus Beverly, Sedwick James

*please note our current mailing address
and phone & FAX number above**
FWL

3 THE PARADE, BUCKLANDS BEACH
AUCKLAND, NEW ZEALAND
2 OCTOBER 1989 PHONE: (649)534-
7010

RAFAT A. SHAHID, CHIEF
HAZARDOUS MATERIALS PROGRAM
ALAMEDA COUNTY
HEALTH CARE SERVICES
470-2¹/₂TH STREET, THIRD FLOOR
OAKLAND, CALIFORNIA 94612

DEAR MR. SHAHID: RE: 6460 HOLLIS ST. NOTICE OF LEGAL OBLIGATION

WE ARE IN RECEIPT OF YOUR LETTER DATED SEPTEMBER 27, 1989.

PLEASE SUBMIT THE NECESSARY INSTRUCTIONS AND FORMS IN ORDER TO OBTAIN A PERMIT AND/OR TANK CLOSURE PLAN AS STATED IN YOUR LETTER. (ARTICLE 7, 2670 OR ARTICLE 10, 2710.)

IF YOU HAVE A FAX MACHINE, YOU MAY SEND THE INFORMATION TO US AT THIS NUMBER: 011 649 537 0782 TO OUR ATTENTION;

YOU SHOULD BE AWARE THAT THERE IS AN ANCIENT SEWER LINE WHICH IS

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAEEM A. SHAHID, Assistant Agency Director

October 14, 1993

Certified Mailer# P 113 815 257

Mr. Frank De Wolfe
75-5870 Kahakai Ave.,
Kailua, Kona, HI 96740

Certified Mailer# P113 815 256

Mr. Miles Benedict
5801 Christie Ave., Suite 675
Emeryville, CA 94608

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Re: 6460 Hollis St., Emeryville, CA 94608

FINAL NOTICE OF VIOLATION

Dear Mr. DeWolfe & Mr. Benedict:

Our records indicate that there are underground storage tanks at the above facility. You were notified of this situation several years ago and again in August of this year. You have not taken the appropriate action as described.

In accordance with the California Code of Regulations, Title 23, Chapter 3, Subchapter 16, of the Underground Tank Regulations, you must perform the following actions:

- 1) Submit a tank closure plan to this department as required by Article 7, Section 2670, or,
- 2) Apply for a permit as required by Article 10, Section 2710.

You are directed to notify this department within ten (10) days of your intentions and to obtain the necessary instructions and forms. If no action is forthcoming the case will be referred to the Alameda County District Attorneys Office for further action.

Please note that Section 25299 of the California Health & Safety Code states that any operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars nor more than five thousand dollars per day for failure to obtain a permit, or failure to properly close an underground storage tank, as required by Section 25298.

If you have any questions concerning this matter, please contact this office, at (510) 271-4320.

Sincerely,

Brian P. Oliva, REHS, REA
Hazardous Materials Specialist

cc: Gilbert Jensen, Alameda County Deputy District Attorney.

CS

~~SECRET~~
VOP
TRAINING
11/14/93

BD

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Mr Frank DeWolfe
 75-5870 Kahakai Ave
 Kailua Kona HI 96740

4. Article Number
 P113815257

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 X [Signature]

6. Signature - Agent
 X [Signature]

7. Date of Delivery
 10/15/93

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

BD

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 Mr Miles Benedict
 5801 Christie Ave #657
 Emeryville CA 94608

4. Article Number
 P113815256

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
 X [Signature]

6. Signature - Agent
 X Hazel Thomas

7. Date of Delivery
 10/18

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 113 815 257

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail (See Reverse)



Sent to: Frank DeWolfe
 Street and No: 75 5870 Kahakai Ave
 P O, State and ZIP Code: Kailua Kona HI 96740

Postage: \$
 Certified Fee:
 Special Delivery Fee:
 Restricted Delivery Fee:

Return Receipt Showing to Whom & Date Delivered:
 Return Receipt Showing to Whom, Date, and Addressee's Address:

TOTAL Postage & Fees: \$

Postmark or Date: October 15, 1993

P 113 815 256

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail (See Reverse)



Sent to: Mr Miles Benedict
 Street and No: 5801 Christie Ave #675
 P O, State and ZIP Code: Emeryville CA 94608

Postage: \$
 TOTAL Postage & Fees: \$

Postmark or Date: October 15, 1993

PS Form 3800, June 1991

PS Form 3800, Jr

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

October 14, 1993

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Mr. Frank De Wolfe
75-5870 Kahakai Ave.,
Kailua, Kona, HI 96740

Mr. Miles Benedict
5801 Christie Ave., Suite 675
Emeryville, CA 94608

Re: 6460 Hollis St., Emeryville, CA 94608

FINAL NOTICE OF VIOLATION

Dear Mr. DeWolfe & Mr. Benedict:

Our records indicate that there are underground storage tanks at the above facility. You were notified of this situation several years ago and again in August of this year. You have not taken the appropriate action as described.

In accordance with the California Code of Regulations, Title 23, Chapter 3, Subchapter 16, of the Underground Tank Regulations, you must perform the following actions:

- 1) Submit a tank closure plan to this department as required by Article 7, Section 2670, or,
- 2) Apply for a permit as required by Article 10, Section 2710.

You are directed to notify this department within ten (10) days of your intentions and to obtain the necessary instructions and forms. If no action is forthcoming the case will be referred to the Alameda County District Attorneys Office for further action.

Please note that Section 25299 of the California Health & Safety Code states that any operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars nor more than five thousand dollars per day for failure to obtain a permit, or failure to properly close an underground storage tank, as required by Section 25298.

If you have any questions concerning this matter, please contact this office, at (510) 271-4320.

Sincerely,

Brian P. Oliva, REHS, REA
Hazardous Materials Specialist

cc: Gilbert Jensen, Alameda County Deputy District Attorney.

CS

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

October 14, 1993

DEPARTMENT OF ENVIRONMENTAL HEALTH

Hazardous Materials Division

80 Swan Way, Rm. 200

Oakland, CA 94621

(510) 271-4320

Mr. Frank De Wolfe
75-5870 Kahakai Ave.,
Kailua, Kona, HI 96740

Mr. Miles Benedict
5801 Christie Ave., Suite 675
Emeryville, CA 94608

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Sincerely,

Brian P. Oliva, REHS, REA
Hazardous Materials Specialist

cc: Gilbert Jensen, Alameda County Deputy District Attorney.

CS

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

October 14, 1993

Mr. Frank De Wolfe
75-5870 Kahakai Ave.,
Kailua, Kona, HI 96740

Mr. Miles Benedict
5801 Christie Ave., Suite 675
Emeryville, CA 94608

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

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Sincerely,

Brian P. Oliva, REHS, REA
Hazardous Materials Specialist

cc: Gilbert Jensen, Alameda County Deputy District Attorney.

CS

150

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Mr Frank De Wolfe 75-5870 Kahakai Ave Kailua Kona HI 96740	4. Article Number P 113 815 257
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X Frank De Wolfe	
7. Date of Delivery 2/10/25/93	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

80

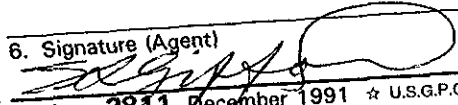
SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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):

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to: Frank De Wolfe 75-5870 Kahakai Rd Kailua Kona HI 96740	4a. Article Number P 113 815 265
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
7. Date of Delivery 2/10/93	
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent) 	

PS Form 3811, December 1991 * U.S.G.P.O. : 1992-307-530 DOMESTIC RETURN RECEIPT

80

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Mr Miles Benedict 5801 Christie Ave #654 Emeryville CA 94608	4. Article Number P 113 815 256
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



P 418 724 598



Receipt for
Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Certified Mail # P 418 724 598

August 17, 1993

Mr. Miles Benedict
5801 Christie Ave., Suite 675
Emeryville, CA 94608

RAFAT A.
DEPARTMENT
Hazardous
80 Swan
Oakland,
(510) 271-

Sent to <i>Mr. Miles Benedict</i>	
Street and No. <i>5801 Christie Ave Suite</i>	
P.O., State and ZIP Code <i>Emeryville CA 94608</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1991

Re: **FIVE-YEAR PERMITS FOR OPERATION OF UNDERGROUND STORAGE TANKS (UST'S) 6460 Hollis St., Emeryville, CA 9**

According to our records the above mentioned facility has received a five-year permit to operate UST's. The following items marked below and return them within 30 days. The example plans enclosed should be used only as guidelines and may not meet your requirements under Title 23.

1. Complete UST PERMIT FORM A - one per facility. (enclosed)
2. Complete UST PERMIT FORM B - one per tank. (enclosed)
3. Complete UST PERMIT FORM C - one per tank if information is available. (enclosed)
4. A written tank monitoring plan. (enclosed)
5. Results of precision tank test(s) (initial and annual).
6. Results of precision pipeline leak detector tests (initial and annual).
7. An accurate and complete plot plan. (enclosed)
8. A written spill response plan. (enclosed)

Title 23 of the California Code of Regulation prohibits the operation of ANY UST without a permit. Please feel free to contact Brian P. Oliva, REHS at 510/271-4320 if you have any questions which may arise in completing the mandatory five year permit process.

Sincerely,

Brian P. Oliva

Brian P. Oliva, REHS
Hazardous Materials Specialist

cc: Ed Howell/files
Frank De Wolfe, 75-5870 Kahakai Rd., Kailua Kona, HI 96740

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

Certified Mail #P 418 724 598

August 17, 1993

Mr. Miles Benedict
5801 Christie Ave., Suite 675
Emeryville, CA 94608

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Re: **FIVE-YEAR PERMITS FOR OPERATION OF EIGHT
UNDERGROUND STORAGE TANKS (UST's) AT
630 Hollis St., Emeryville, CA 94608**

According to our records the above mentioned facility has not received a five-year permit to operate UST's. Please complete the following items marked below and return them to me within 30 days. The example plans enclosed should be used only as guidelines and may not meet your requirements under Title 23.

- ✓ 1. Complete UST PERMIT FORM A - one per facility. (enclosed)
- ✓ 2. Complete UST PERMIT FORM B - one per tank. (enclosed)
- ✓ 3. Complete UST PERMIT FORM C - one per tank if information is available. (enclosed)
- ✓ 4. A written tank monitoring plan. (enclosed)
- ✓ 5. Results of precision tank test(s) (initial and annual).
- ✓ 6. Results of precision pipeline leak detector tests (initial and annual).
- ✓ 7. An accurate and complete plot plan. (enclosed)
- ✓ 8. A written spill response plan. (enclosed)

Title 23 of the California Code of Regulation prohibits the operation of ANY UST without a permit. Please feel free to contact Brian P. Oliva, REHS at 510/271-4320 if you have any questions which may arise in completing the mandatory five year permit process.

Sincerely,

Handwritten signature of Brian P. Oliva.

Brian P. Oliva, REHS
Hazardous Materials Specialist

cc: Ed Howell/files
Frank De Wolfe, 75-5870 Kahakai Rd., Kailua Kona, Hi 96740

P 418 724 598 (BPO)



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to <i>Mr. Miles Benedict</i>	
Street and No <i>5801 Christie Ave Suite 675</i>	
P.O., State and ZIP Code <i>Emeryville CA 94608</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1991

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail #

August 5, 1993

Mr. Miles Benedict
5801 Christy Ave.,
Emeryville, CA 94608

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Re: **FIVE-YEAR PERMITS FOR OPERATION OF FOUR
UNDERGROUND STORAGE TANKS (UST's) AT
6460 Hollis St., Emeryville, CA 94608**

According to our records the above mentioned facility has not received a five-year permit to operate UST's. Please complete the following items marked below and return them to me within 30 days. The example plans enclosed should be used only as guidelines and may not meet your requirements under Title 23.

- ✓ 1. Complete UST PERMIT FORM A - one per facility. (enclosed)
- ✓ 2. Complete UST PERMIT FORM B - one per tank. (enclosed)
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- ✓ 8. A written spill response plan. (enclosed)

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Sincerely,

Brian P. Oliva, REHS
Hazardous Materials Specialist

cc: Ed Howell/files
Frank De Wolfe, 75-5870 Kahakai Rd., Kailua Kona, Hi 96740

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P 113 815 263

August 5, 1993

Mr. Miles Benedict
5801 Christy Ave.,
Emeryville, CA 94608

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

**Re: FIVE-YEAR PERMITS FOR OPERATION OF FOUR
UNDERGROUND STORAGE TANKS (UST's) AT
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Sincerely,

Brian P. Oliva, REHS
Hazardous Materials Specialist

cc: Ed Howell/files
Frank De Wolfe, 75-5870 Kahakai Rd., Kailua Kona, Hi 96740
Certified Mailer #P 113 815 265

P 113 815 263



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, June 1991

Sent to	
Mr Miles Benedict	
Street and No	
5801 Christy Ave	
P O , State and ZIP Code	
Emeryville CA 94608	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
8-6-98	

HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

Certified Mail #

August 5, 1993

Mr. Miles Benedict
5801 Christy Ave.,
Emeryville, CA 94608

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

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Sincerely,

Brian P. Oliva, REHS
Hazardous Materials Specialist

cc: Ed Howell/files
Frank De Wolfe, 75-5870 Kahakai Rd., Kailua Kona, HI 96740

80

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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.

3. Article Addressed to:

Frank De Wolfe
75-5870 Kahakai Rd
Kailua Kona HI 96740

4a. Article Number
P 113 815 265

4b. Service Type

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
08/09/93

6. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3800-1, December 1991 • U.S.G.P.O. 1992-307-630

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

DOMESTIC RETURN RECEIPT

P 113 815 265



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, June 1991

Sent to Frank De Wolfe	
Street and No. 75-5870 Kahakai Rd	
P.O., State and ZIP Code Kailua Kona HI 96740	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date 8-6-93	

HAGEMAN-AGUIAR, INC.

*Underground Contamination Investigations
Groundwater Consultants, Environmental Engineering*

3732 Mt. Diablo Blvd. Suite 372
Lafayette, California 94549
(510) 284-1661
FAX (510) 284-1664

**FAX
TRANSMISSION COVER SHEET**

.....

DATE: JUNE 19, 92

TIME: 10:00 AM PM

ATTEN: SUSAN HUGO

COMPANY: ALAMEDA HEALTH DEPT.

FAX #: (510) 569-4757

SENDER: BRUCE HAGEMAN

YOU SHOULD RECEIVE 4 PAGE(S) - INCLUDING COVER SHEET.

IF YOU DO NOT RECEIVE ALL PAGES, OR RECEIVED IN ERROR

PLEASE CALL HAGEMAN-AGUIAR, INC.

IMMEDIATELY AT (510) 284-1661.

OUR FAX NUMBER IS: (510) 284 - 1664

COMMENTS:

HAGEMAN-AGUIAR, INC.

*Underground Contamination Investigations
Groundwater Consultants, Environmental Engineering*

3732 Mt. Diablo Blvd. Suite 372
Lafayette, California 94549
(510) 284-1661
FAX (510) 284-1664

June 18, 1992

Ms. Susan Hugo
Alameda County Health Services Agency
Department of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, CA 94621

**RE: Closure of Underground Storage Tanks at Rix Industries
6460 Hollis Street
Emeryville, CA**

Dear Ms. Hugo:

In response to your letter of May 28, 1992, the project at the Rix Industries Facility regarding in-place closure of five (5) underground storage tanks will commence on Saturday, June 27, 1992.

Hageman-Aguilar, Inc., understands the requirements for In-Place Closure, those specific requirements will be followed where it is possible to do so.

In response to your comment regarding approval by the Emeryville Fire Department, a copy of the Fire Code Permit was sent to your office in March, 1992 (please find a second copy attached). Please note it is dated 2/28/92.

Should you have any questions regarding this project, please call me at (510) 284 1661.

Sincerely,

HAGEMAN-AGUIAR, INC.


Bruce Hageman

cc: Mr. Frank de Wolf
Mr. Miles Benedict

EMERYVILLE FIRE DEPARTMENT
FIRE PREVENTION BUREAU
6400 JAY STREET
EMERYVILLE, CA 94608
455.7474

CITY OF EMERYVILLE

FIRE CODE PERMIT

No. 1268

PERMISSION IS HEREBY GRANTED Rix Ind/Hageman-Aguilar
TO OPERATE 5-U.S.T.s
STORE Rumors
ON PREMISES LOCATED AT 6460 Hollis St.

PERIODIC INSPECTIONS ARE A CONDITION OF THIS PERMIT WHICH IS ISSUED IN ACCORDANCE WITH UNIFORM FIRE CODE, AS SPECIFIED IN SECTION _____ OF SAID CODE.

ADDITION REQUIREMENTS _____

ENG. CO. DISTRICT # 2

EXPIRATION DATE: 4/30/92

THIS PERMIT MUST BE POSTED WITH BUSINESS LICENSE

PERMIT APPROVED BY

Franklin Albright 2/20/92
FIRE MARSHAL OAE

HAGEMAN-AGUIAR, INC.

Underground Contamination Investigations
Groundwater Consultants, Environmental Engineering

3732 Mt. Diablo Blvd. Suite 372
Lafayette, California 94549
(510) 284-1661
FAX (510) 284-1664

92 JUN 22 PM 1:14

June 18, 1992

Ms. Susan Hugo
Alameda County Health Services Agency
Department of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, CA 94621

**RE: Closure of Underground Storage Tanks at Rix Industries
6460 Hollis Street
Emeryville, CA**

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Should you have any questions regarding this project, please call me at (510) 284 1661.

6/30/92
Talked to Bruce Hageman.
Informed him that Bruce Aliva
will be handling the coal. site (6/27/92)
They installed 3 MW's at the site.
Dund had advanced 8 soil borings. Will submit
a report regarding this investigation.

Sincerely,

HAGEMAN-AGUIAR, INC.


Bruce Hageman

cc: Mr. Frank de Wolf
Mr. Miles Benedict

EMERYVILLE FIRE DEPARTMENT
FIRE PREVENTION BUREAU
6302 HOLLIS STREET
EMERYVILLE, CA 94608
635-7678

CITY OF EMERYVILLE

FIRE CODE PERMIT

No 1268

PERMISSION IS HEREBY GRANTED

TO ~~OPERATE~~ ~~MAINTAIN~~ ~~STORE~~ Remove 5 - U.S.T.s

ON PREMISES LOCATED AT

6460 Hollis St.

PERIODIC INSPECTIONS ARE A CONDITION OF THIS PERMIT WHICH IS ISSUED IN ACCORDANCE WITH UNIFORM FIRE CODE, AS SPECIFIED IN SECTION _____ OF SAID CODE.

ADDITION REQUIREMENTS _____

ENG. CO. DISTRICT #

2

EXPIRATION DATE:

4/30/92

**THIS PERMIT MUST BE
POSTED WITH BUSINESS
LICENSE**

PERMIT APPROVED BY

FIRE MARSHAL

Juanita M. Alvarado

DATE

2/28/92

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

May 28, 1992

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Mr. Bruce Hageman
Hageman-Aguiar, Inc.
3732 Mt. Diablo Blvd., Suite 372
Lafayette, California 94549

**RE: Closure of Underground Storage Tanks at Rix Industries
6460 Hollis Street, Emeryville 94608**

Dear Mr. Hageman:

This letter is in response to your letter dated May 14, 1992 and to follow up our May 26, 1992 meeting requesting clarification on specific issues concerning the in-place closure of the underground storage tanks at the referenced site. I will address each item in the order outlined in your letter:

Abandonment of product/vent lines - All pipings associated with the underground storage tanks must be removed and properly disposed of unless removal will damage structures at the site. Piping that will be closed in-place must be emptied of all contents, rinsed, filled with slurry acceptable to Emeryville Fire Department and capped.

Fire Department permit - The underground storage tanks to be closed in place must be approved by Emeryville Fire Department. The tanks must be filled with inert materials which meet the requirement of Emeryville Fire Department. The response from this department took some time because of the fact that you can not confirm the exact number of tanks at the site. Initially, you applied for permits to close eight tanks (four tanks to be removed and four tanks to be abandoned in place). Currently, we are dealing with ten tanks (five tanks to be removed and five tanks to be abandoned in place).

Soil borings/ groundwater monitoring wells - In order that this department will approve abandonment of tanks in place, you have to demonstrate that no unauthorized release occurred. Slant soil borings must be collected within one foot of the tank. If the depth to groundwater is less than 20 feet, then a groundwater monitoring well must be installed within 10 feet from the tank and/or piping in the verified downgradient direction. Since the tanks are clustered in one area inside the building, you must determine the number of monitoring wells to be installed that will meet the requirements mentioned above.

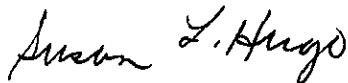
Mr. Bruce Hageman
RE: 6460 Hollis Street, Emeryville 94608
May 28, 1992
Page 2 of 2

You should be aware that if significant contamination which pose a threat to water quality be discovered at the site, compliance with the reporting requirements must be followed and a plan of correction must be submitted which may modify your proposed closure plan.

Please notify this office at least **three days** in advance when the soil borings and/or groundwater monitoring well installation will be started to arrange a site visit by a representative from this department.

Should you have any questions concerning this letter, please contact me at (510) 271-4530.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Gil Jensen, Alameda County District Attorney's Office
Rich Hiett, San Francisco Bay RWQCB
Mr. Frank de Wolfe, Hale Kona Kai 75-5870 Kahakai Road
Kailua Kona, Hawaii 96740
Mr. Miles Benedict, 2807 Telegraph Avenue, Berkeley CA 94705
Files

HAGEMAN-AGUIAR, INC.

*Underground Contamination Investigations
Groundwater Consultants, Environmental Engineering*

3732 Mt. Diablo Blvd. Suite 372
Lafayette, California 94549
(510) 284-1661
FAX (510) 284-1664

**FAX
TRANSMISSION COVER SHEET**

.....

DATE: MAY 15, 92

TIME: 11:40 (AM) PM

ATTEN: MS. SUSAN HUGO

COMPANY: ALAMEDA HEALTH-HAZ-MAT. DIVIS.

FAX #: (510) 569-4757

SENDER: B. HAGEMAN

YOU SHOULD RECEIVE 3 PAGE(S) - INCLUDING COVER SHEET.

IF YOU DO NOT RECEIVE ALL PAGES, OR RECEIVED IN ERROR

PLEASE CALL HAGEMAN-AGUIAR, INC.

IMMEDIATELY AT (510) 284-1661.

OUR FAX NUMBER IS: (510) 284 - 1664

COMMENTS:

HAGEMAN-AGUIAR, INC.

*Underground Contamination Investigations
Groundwater Consultants, Environmental Engineering*

3732 Mt. Diablo Blvd. Suite 372
Lafayette, California 94549
(510) 284-1661
FAX (510) 284-1664

May 14, 1992

Ms. Susan Hugo
Senior Hazardous Materials Specialist
Alameda County Health Services
Dept. Of Environmental Health
Hazardous Materials Division

RE: Closure of Underground Storage Tanks
Rix Industries
6460 Hollis Street
Emeryville, CA 94608

Dear Ms. Hugo:

Thank you for the copy of the letter dated 5/06/92 sent to Mr. Frank DeWolf regarding the subject site.

The letter contains conditions that need clarification to this office:

- 1) Our proposed plan for abandonment includes filling all product/vent lines with slurry at the same time the tanks are filled.
- 2) We previously sent you a copy of the permit issued by the city of Emeryville Fire Department. As a matter of fact, response from Alameda County Health Department has taken so long to respond to our application, the Emeryville Fire Permit has expired and will require an additional fee to be paid (See second copy attached).
- 3) In reference to the paragraph regarding soil borings/

May 14, 1992
cont.-


groundwater monitoring wells, you state that if groundwater is less than 20 feet, then a groundwater monitoring well must be installed adjacent to the tank and/or piping in the verified downgradient direction. Since we are quite confident groundwater will be encountered between five to ten feet, does this mean you are requesting five (5) groundwater monitoring wells inside the building at Rix Industries?

As I have told you in our past conversations, we most urgently need clarification to question #3, so that we may proceed with scheduling of the boring/monitoring wells.

You had stated in the past that you must be present during the boring/monitoring well installation. If this is the case, I must remind you this work can only be done on weekends and will most likely take two days, both Saturday and Sunday.

Please advise at your earliest convenience.

Best regards,


Bruce Hageman
Hageman-Aguilar, Inc.
encls.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

May 6, 1992

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Mr. Frank de Wolfe
Hale Kona Kai 75-5870 Kahakai Rd.
Kailua Kona, Hawaii 96740

RE: Closure of Underground Storage Tanks at Rix Industries
6460 Hollis Street, Emeryville 94608

Dear Mr. de Wolfe:

This letter is in response to the proposal by Hageman-Aguiar, Inc. to close the ten underground storage tanks at the referenced site. I made a site visit on April 2, 1992 and found that five of the underground storage tanks were inside the building and the other five were located outside, in the service area at the back of the facility.

The proposal for abandonment in-place of the five underground tanks inside the building is acceptable to this department provided the following items are addressed:

- * The liquid contents must be removed and properly disposed. Please provide this office with the name of the contractor and the proposed disposal site.
- * All piping associated with the underground storage tanks must be removed and disposed of unless removal might damage structures or other pipes that are being used and that are contained in a common trench, in which case the piping to be closed should be emptied of all contents and capped.
- * The tanks must be filled with inert material per Emeryville Fire Department's requirements. Please provide this office with documentation from Emeryville Fire Department approving the in-place closure of the tanks.
- * A notice must be placed in the deed to the property. The notice should describe the exact vertical and areal location of the closed underground storage tanks, the hazardous substances it contained and the closure method.
- * Please provide this office with documentation that no **unauthorized release** has occurred at the site. Slant soil borings must be collected within one foot of the tank. If the depth to groundwater is less than 20 feet, then a groundwater

Mr. Frank de Wolfe
RE: 6460 Hollis Street, Emeryville 94608
May 6, 1992
Page 2 of 2

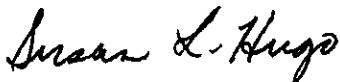
monitoring well must be installed adjacent to the tank and/or piping in the verified downgradient direction. Soils must be analyzed for all constituents of the previously stored hazardous substances and their breakdown or transformation products.

The five underground storage tanks located outside, in the service area, are subject to the permanent closure requirements as stated in Title 23 of the California Code of Regulations Section 2670 (c). These five underground storage tanks in which the storage of hazardous substances have ceased and the tanks will not be used, or are not intended for use to store hazardous substances within the next twelve consecutive months must be removed. An underground tank closure plan must be submitted and approved by this department before the tanks are removed.

In the event that significant contamination which pose a threat to water quality be discovered at the site, compliance with the reporting requirements must be followed and a plan of correction must be submitted which may modify your proposed closure plan.

Should you have any questions concerning this letter, please contact me at (510) 271-4530.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Mr. Miles Benedict, 2807 Telegraph Avenue, Berkeley CA 94705
Bruce Hageman, Hageman-Aguiar, Inc. 3732 Mt. Diablo Blvd.,
Suite 372, Lafayette, CA 94549

Files

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	0211 NEW PERMIT 11:32	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 RIX INDUSTRIES		NAME OF OPERATOR MR. BERT OTTERSON	
ADDRESS 6460 HOLLIS STREET		NEAREST CROSS STREET CLEAN AVE	PARCEL # (OPTIONAL)
CITY NAME EMERYVILLE		STATE CA	ZIP CODE 9408
<input checked="" type="checkbox"/> BOX TO INDICATE		<input type="checkbox"/> LOCAL-AGENCY DISTRICTS	
<input type="checkbox"/> CORPORATION		<input type="checkbox"/> COUNTY-AGENCY	
<input type="checkbox"/> INDIVIDUAL		<input type="checkbox"/> STATE-AGENCY	
<input type="checkbox"/> PARTNERSHIP		<input 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 checked="" type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 10
		E. P. A. I. D. # (optional) UNKNOWN	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) MR. DAVID SILVA		PHONE # WITH AREA CODE 415-658-5275	
NIGHTS: NAME (LAST, FIRST) " " " " " "		PHONE # WITH AREA CODE " " " " " "	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME CHARLES FRANK DEWOLF		CARE OF ADDRESS INFORMATION MR. MILES BENEDICT 94705	
MAILING OR STREET ADDRESS HALE KONA KAI 75-5870 KAHAIKAI RD		<input checked="" type="checkbox"/> box to indicate	
CITY NAME KAILUA KONA		STATE HAWAII	ZIP CODE 96740
		PHONE # WITH AREA CODE (808) 329-9796	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER CHARLES FRANK DEWOLF		CARE OF ADDRESS INFORMATION SAME AS ABOVE	
MAILING OR STREET ADDRESS HALE KONA KAI 75-5870 KAHAIKAI RD		<input checked="" type="checkbox"/> box to indicate	
CITY NAME KAILUA KONA		STATE HAWAII	ZIP CODE 96740
		PHONE # WITH AREA CODE 808-329-9796	

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

TY (TK) HQ **4 4** -

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 checked="" 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 & SIGNATURE) BRUCE HALEMAN FOR: MR. FRANK DEWOLF	APPLICANT'S TITLE CONSULTANT TO PROPERTY OWNER	DATE 3-25-92
--	--	------------------------

LOCAL AGENCY USE ONLY

COUNTY # <input type="checkbox"/> <input type="checkbox"/>	JURISDICTION # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FACILITY # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

INSTRUCTIONS FOR COMPLETING FORM "A"

GENERAL INSTRUCTIONS:

1. This form should be completed for all NEW PERMITS, PERMIT CHANGES or any FACILITY/SITE.
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 ballpoint writing instrument, you are making 3 copies.

TOP OF FORM "A" (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.
PO 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 U.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) USE storage fee account number when is required before your permit application can be processed. Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the \$0.006 (6 mills) per gallon fee due on the number of gallons placed in your USIs. 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 Pres. Unit, P.O. Box 912879, 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. USIs 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)739-2421. 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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED IF THE BOE ACCOUNT NUMBER IS NOT FILLED IN. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B(6)" TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O SWILIPS
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM 1 NEW PERMIT 2 INTERIM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY SITE CLOSURE 7 PERMANENTLY CLOSED SITE

5-TANKS 1-3000 GAL

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

DBA OR FACILITY NAME RIX INDUSTRIES		NAME OF OPERATOR MR. BERT OTERSON	
ADDRESS 6460 HOLLIS STREET		NEAREST CROSS STREET OCEAN AVE	PARCEL # (OPTIONAL)
CITY NAME EMERYVILLE, CA		STATE CA	ZIP CODE 94608
SITE PHONE # WITH AREA CODE 415-658-5275			
<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 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 10
		E. P. A. I.D # (optional) LINKNOWN	

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

DAYS: NAME (LAST, FIRST) DAVID SILVA	PHONE # WITH AREA CODE 415-658-5275	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) " "	PHONE # WITH AREA CODE " "	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME CHARLES FRANKLIN DEWOLF		CARE OF ADDRESS INFORMATION MR. MILES BENEDICT 2807 TELEGRAPH AVE, BERKELEY, CA 94705	
MAILING OR STREET ADDRESS HALE KONA KAI-75-5870 KAHAKAI RD		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME KAILUA-KONA, HAWAII 96740		STATE	ZIP CODE
		PHONE # WITH AREA CODE (808) 329-9796	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER CHARLES FRANKLIN DEWOLF		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS HALE KONA KAI-75-5870 KAHAKAI RD.		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME KAILUA-KONA		STATE HAWAII	ZIP CODE 96740
		PHONE # WITH AREA CODE (808) 329-9796	

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

TY (TK) HQ **44** - [] [] [] [] [] [] [] []

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

box to indicate 1 SELF-INSURED 2 GUARANTEE 3 INSURANCE 4 SURETY BOND
 5 LETTER OF CREDIT 6 EXEMPTION 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 & SIGNATURE) BRUCE HAGEMAN	APPLICANT'S TITLE PROPERTY OWNER CONSULTANT	DATE 3-24-92
LOCAL AGENCY USE ONLY		

COUNTY # [] []	JURISDICTION # [] [] []	FACILITY # [] [] [] [] [] []
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

INSTRUCTIONS FOR COMPLETING FORM "A"

GENERAL INFORMATION

1. This form must be completed for all **NEW PERMITS, PERMIT CHANGES** of any FACILITY/SITE. **EXISTING FACILITIES**.
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. For each permit/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.
PO 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 in 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 "YPS"
6. Indicate the NUMBER of TANKS at this SITE.
7. Record the P.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) USE 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 return in reporting the \$0.006 (6 mills) per gallon fee due on the number of gallons placed in your USEs. 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 916 321-9555 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. USE 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)739-2421. 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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED IF THE BOE ACCOUNT NUMBER IS NOT BILLED IN. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B(6)" TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.H.R.P.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90261

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY 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 ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input checked="" type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **Rix Industries - 6440 Hollis St., Emeryville**

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

A. OWNER'S TANK I. D. # UNKNOWN	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN	D. TANK CAPACITY IN GALLONS: 4-500 GAL 1-3000 GAL

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input 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 checked="" type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<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 _____ 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	<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 type="checkbox"/> 6 UNLINED	<input checked="" 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 type="checkbox"/> 91 NONE	<input checked="" 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	<input checked="" type="checkbox"/> 1 SUCTION	<input type="checkbox"/> 2 PRESSURE	<input type="checkbox"/> 3 GRAVITY	<input type="checkbox"/> 99 OTHER	
B. CONSTRUCTION	<input checked="" type="checkbox"/> 1 SINGLE WALL	<input type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 3 LINED TRENCH	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> 4 FIBERGLASS PIPE	
	<input type="checkbox"/> 5 ALUMINUM	<input type="checkbox"/> 6 CONCRETE	<input type="checkbox"/> 7 STEEL W/ COATING	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP	
	<input type="checkbox"/> 9 GALVANIZED STEEL	<input type="checkbox"/> 10 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 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) 1992	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0 GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> 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) **FRANK DEWOLF BY BRUCE HAGELIN, CONSULTANT** DATE **3-25-92**

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
---------------	-------------------------	------------------------

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. A1170/89).
- 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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.E.I.P.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM

<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **Rix INDUSTRIES - 6460 HOLLIS ST., EMERYVILLE**

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

A. OWNER'S TANK I. D. # UNKNOWN	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN	D. TANK CAPACITY IN GALLONS: 4-550 GAL / 1-3000 GAL

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input checked="" type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED		<input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <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

A. TYPE OF SYSTEM <input checked="" type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input checked="" 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"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____		

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

A. SYSTEM TYPE	A <input checked="" type="radio"/> U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 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 <input checked="" type="radio"/> 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 <input checked="" type="radio"/> 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 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) 1952	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0 GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> 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) FRANK DE WOLF BY Bruce Hageman	DATE 3-24-92
--	---------------------

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	

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.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.E.E.P.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

HAGEMAN-AGUIAR, INC.

*Underground Contamination Investigations
Groundwater Consultants, Environmental Engineering*

3732 Mt. Diablo Blvd. Suite 372
Lafayette, California 94549
(510) 284-1661
FAX (510) 284-1664

**FAX
TRANSMISSION COVER SHEET**

.....

DATE: APRIL 24, 92

TIME: 2:00 AM (PM)

ATTEN: MS. SUSAN HUGO

COMPANY: ALAMEDA COUNTY HEALTH

FAX #: (510) 569-4757

SENDER: BRUCE HAGEMAN

YOU SHOULD RECEIVE 3 PAGE(S) - INCLUDING COVER SHEET.

IF YOU DO NOT RECEIVE ALL PAGES, OR RECEIVED IN ERROR

PLEASE CALL HAGEMAN-AGUIAR, INC.

IMMEDIATELY AT (510) 284-1661.

OUR FAX NUMBER IS: (510) 284 - 1664

COMMENTS:

HAGEMAN-AGUIAR, INC.

*Underground Contamination Investigations
Groundwater Consultants, Environmental Engineering*

3732 Mt. Diablo Blvd. Suite 372
Lafayette, California 94549
(510) 284-1661
FAX (510) 284-1664

April 24, 1992

Ms. Susan Hugo
Alameda County Health Agency
Division of Hazardous Materials
Department of Environmental Health
80 Swan Way, Room 200
Oakland, CA 94621

**RE: Underground Tank Closure Application
Rix Industries
6460 Hollis Street
Emeryville, CA 94705**

Dear Ms. Hugo:

I am following up on the telephone conversation we had on Monday, April 20, 1992 regarding the subject location. My understanding of that conversation was that you were going to mail out a letter concerning the application for Closure of Underground Tanks to Mr. Miles Benedict, agent for the property owner, and Hageman-Aguiar, Inc.. We had in fact, scheduled soil borings in the tank area for this week-end, but since there has been no letter from your office we have had to cancel the project.

Because, this property is unmarketable with the tanks on the site and there is potential buyer it is very important the underground tank project be resolved soon.

Please advise us as to when we might expect the letter

advising us of approval to proceed.

Thank you for your cooperation.

Sincerely,
HAGEMAN-AGUIAR, INC.


Bruce Hageman

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name RIX Today's Date 4 2 92

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Stds. 25503(b)
- ___ 3. RR Cars > 30 days 25503.7
- ___ 4. Inventory Information 25504(a)
- ___ 5. Inventory Complete 2730
- ___ 6. Emergency Response 25504(b)
- ___ 7. Training 25504(c)
- ___ 8. Deficiency 25505(a)
- ___ 9. Modification 25505(b)

II.B ACUTELY HAZ. MAT'L'S

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N)
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(a)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

Site Address 6460 Hollis Street
 City Emeryville Zip 94608 Phone _____

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

Inspection Categories:

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

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

Comments:

*Large industrial
 (Business - manufacture of air compressors
 for ships etc*

*There appears to be 10 underground
 storage tanks at the site.
 never used by Rix.*

*5 UGTs - inside the building
 5 UGTs - outside the building
 10 vent lines outside the building
 Business - leaving the site until
 June 1993*

*5 tanks outside the building
 to be removed &
 5 tanks inside the building
 applying for closure of place.*

*Site - used to be Sterling, ^{Pine} Co. till
 1950*

*Proposed to do soil borings on all
 tanks inside & outside the building. II, III*

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|---|
| General | ___ 1. Permit Application 25284 (H&S) |
| | ___ 2. Pipeline Leak Detection 25292 (H&S) |
| | ___ 3. Records Maintenance 2712 |
| | ___ 4. Release Report 2651 |
| | ___ 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | ___ 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual groundwater
One time sols |
| | 3) Daily Vadose
One time sols
Annual tank test |
| | 4) Monthly Gndwater
One time sols |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon. |
| | 6) Daily Inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other _____ |
| New Tanks | ___ 7. Precs Tank Test 2643 |
| | Date: _____ |
| | ___ 8. Inventory Rec. 2644 |
| | ___ 9. Soil Testing . 2646 |
| ___ 10. Ground Water. 2647 | |
| ___ 11. Monitor Plan 2632 | |
| ___ 12. Access. Secure 2634 | |
| ___ 13. Plans Submit 2711 | |
| Date: _____ | |
| ___ 14. As Built 2635 | |
| Date: _____ | |

Rev 6/88

Contact: Susan Ferguson
 Title: PRES. HADAMANT - ASHAR Inspector: _____
 Signature: Susan Ferguson Signature: Susan L. Hugg

8100

HAGEMAN-AGUIAR, INC.

*Underground Contamination Investigations
Groundwater Consultants, Environmental Engineering*

3732 Mt. Diablo Blvd. Suite 372
Lafayette, California 94549
(510) 284-1661
FAX (510) 284-1664

FAX

FAX TRANSMISSION SHEET

DATE: MARCH 13, 1992

TIME: 2:00 AM \ PM

ATTEN: MS. SUSAN HOGAN

COMPANY: ALAMEDA COUNTY HEALTH SERVICES
ENVIRONMENTAL HEALTH DEPARTMENT

FAX #: (510) 569-4757

BENDER: BRUCE HAGEMAN, HAGEMAN-AGUIAR, INC.

RE: TANK CLOSURE / RIX INDUSTRIES
6460 HOLLIS STREET- EMERYVILLE, CA
YOU SHOULD RECEIVE 1 PAGE(S) - INCLUDING COVER SHEET.

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL HAGEMAN-

AGUIAR, INC. IMMEDIATELY AT (415) 284-1661.

OUR FAX NUMBER IS: (510) 284 - 1664

MS. HOGAN

COMMENTS:

I HAVE TRIED TO REACH YOU BY TELEPHONE AND HAVE BEEN UNABLE TO TALK WITH YOU. I AM INQUIRING ABOUT THE STATUS OF THE TANK CLOSURE APPLICATION FOR THIS SUBJECT LOCATION. ON MARCH 2, 1992, I FAXED TO YOUR OFFICE ALL THE ADDITIONAL INFORMATION YOU REQUESTED.

WE ARE MOST ANXIOUS TO START THIS PROJECT, AS A REAL ESTATE TRANSACTION IS PENDING ITS COMPLETION. I WILL AWAIT YOUR RESPONSE.

BRUCE HAGEMAN

taxed to
A.C.H.O. 2/1/92

8100

HAGEMAN-AGUIAR, INC.

Underground Contamination Investigations
Groundwater Consultants, Environmental Engineering

3732 Mt. Diablo Blvd. Suite 372
Lafayette, California 94549
(510) 284-1661
FAX (510) 284-1664

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COMPANY: ALAMEDA COUNTY HEALTH SERVICES
ENVIRONMENTAL HEALTH DEPARTMENT

FAX #: (510) 569-4757

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BRUCE HAGEMAN

HAGEMAN-AGUIAR, INC.

Underground Contamination Investigations
Groundwater Consultants, Environmental Engineering

3732 Mt. Diablo Blvd, Suite 372
Lafayette, California 94549
(510) 284-1661
FAX (510) 284-1664



FAX TRANSMISSION SHEET

DATE: 3-2-92

TIME: 5:10 AM PM

TO: SUZY HUGO

COMPANY: ALAMEDA CO. HEALTH AGENCY
ENVIRONMENTAL HEALTH DEPT

SENDER: BRENCE HAGEMAN
HAGEMAN-AGUIAR, INC.

YOU SHOULD RECEIVE _____ PAGE(S) - INCLUDING COVER SHEET.

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL HAGEMAN-
AGUIAR, INC. IMMEDIATELY AT (415) 284-1661.

OUR FAX MACHINE IS: GROUP 2 AND 3

OUR FAX NUMBER IS: (510) 284 - 1664

COMMENTS:

HAGEMAN-AGUIAR, INC.

*Underground Contamination Investigations
Groundwater Consultants, Environmental Engineering*

3732 Mt. Diablo Blvd. Suite 372
Lafayette, California 94549
(510) 284-1661
FAX (510) 284-1664

March 3, 1991

MS. Suzy Hugo
Alameda County Health Care Services Agency
Department of Environmental Health
Hazardous Materials Program
80 Swan Way, Room 200
Oakland, California 94621

RE: Tank Closure Permit Application
Rix Industries
6460 Hollis Street
Emeryville, CA 94710

Dear Ms. Hugo:

Please find enclosed the additional items you requested
in our telephone conversation of February 25, 1992.

I think you will find everything you have requested to act
on the subject application. I hope to hear from your in the
very near future so that we might proceed with the project.

Thank you in advance for your kind cooperation.

Sincerely,
HAGEMAN-AGUIAR, INC.


Bruce Hageman

cc: Mr. Miles Benedict, Mason McDuffie Commercial R.E.

HAGEMAN-AGUIAR, INC.

Underground Contamination Investigations
Groundwater Consultants, Environmental Engineering

3732 Mt. Diablo Blvd. Suite 372
Lafayette, California 94549
(415) 284-1661
FAX (415) 284-1664

January 10, 1997

Mr. Larry Seto
Alameda County Health Services Agency
Department of Environmental Health
Hazardous Materials Program
80 Swan Way, Room 200
Oakland, CA

**Re: Rix Industries
6460 Hollis Street
Emeryville, CA
Closure Plan**

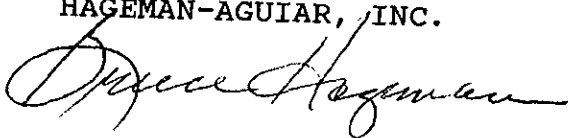
Dear Mr. Seto:

Please find enclosed a check in the amount of \$1,074.00
as a deposit on the Rix Industries Closure Plan.

Hope to hear from you in the near future concerning the
project.

Thanks for your cooperation.

Sincerely,
HAGEMAN-AGUIAR, INC.



HAGEMAN-AGUIAR, INC.

Underground Contamination Investigations
Groundwater Consultants, Environmental Engineering

3732 Mt. Diablo Blvd. Suite 372
Lafayette, California 94549
(415) 284-1661
FAX (415) 284-1664

December 23, 1991

Frank Alhino
Fire Marshal
City of Emeryville
Emeryville Fire Department
6303 Hollis Street
Emeryville, CA

**RE: Abandonment in Place
Four (4) underground Storage Tanks
Rix Industries
6460 Hollis Street
Emeryville, CA**

Dear Mr. Alhino

Please consider this letter a request for approval of the abandonment in place of the four small underground storage tanks inside the Rix building. Since our site visit last week and you had a chance to inspect the tanks relative to the footings of the building, you indicated you would recommend approval of Abandonment in Place to the Chief.

I would appreciate the Department's approval so that we may proceed with the project.

Should you have any questions please feel free to call our office and I will be happy to discuss them with you.

Thanks again for all your help.

HAGEMAN-AGUIAR, INC.


Bruce Hageman

91 DEC 27 PM 5:57

HARGEMAN-AGUIAR, INC.

*Underground Contamination Investigations
Groundwater Consultants, Environmental Engineering*

3732 Mt. Diablo Blvd. Suite 372
Lafayette, California 94549
(415) 284-1661
FAX (415) 284-1664

November 21, 1991

Mr. Ed Howell, Chief of The
Hazardous Materials Division
Alameda County Health Care Services
Department of Environmental Health
80 Swan Way Room 200
Oakland, CA 94621

**Re: Tank Closure Plan
Rix Industries
6460 Hollis Street
Emeryville, CA 94710**

Dear Mr. Howell:

Please find attached an **UNDERGROUND TANK CLOSURE PLAN** for the closure of eight underground storage tanks at the subject site in Emeryville.

This is a somewhat complex project in that the present tenant, Rix Industries has occupied this location since 1972 and was not aware of the presence of any underground tanks until two years ago. The property was owned by Sterling Paint Co. prior to 1972, it is presumed the tanks were used to store products used in the formulation and manufacturing of paint products. The tanks have been out of service since Rix industries acquired the property. Based on our investigation there are four underground tanks in the open yard in back of the building presently used by Rix and there are four tanks inside the building used by Rix Industries.

There is no historical data that can be found as to the exact size or tank location in the files of the Emeryville Fire or Building Departments.

What Hageman-Aguiar, Inc. is recommending for your approval is the four underground storage located inside the main building be abandoned in place. We propose to locate the subject tanks and take core soil samples from each end of the four tanks and have the samples analyzed for the appropriate chemicals at a DHOS certified Laboratory. Based on the results of the laboratory analyses we would proceed to triple wash the tanks and dispose of the rinsate under permit and manifests at an approved TSD facility. We would then proceed to fill the tanks/lines with a cement slurry material for final closure.

*slant boring +
well of 6" dia,
1200' diam 20'
Sec. 2672(d)2*

The Plan for the four remaining tanks in the service yard will be to retrieve core samples at the same time we sample the inside tanks, they then would be removed from the site in the traditional manner by excavation and disposal under permit from your department.

The present property owner, Mr. Frank De Wolf presently resides in Hawaii and the property is presently leased to Rix Industries and their lease runs until mid 1993. Rix Industries manufactures high tech compressors for the Federal Government. The equipment and material used is heavy and complex and the need to dismantle and move would greatly interfere with ongoing activities of Rix industries and could have legal implications with there existing lease.

It is for this reason we submit the following plan for your approval.

1. The abandonment-in-place of the four underground tanks inside the building begin immediately upon receipt of

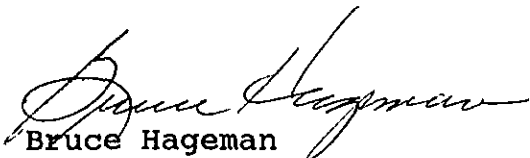
a permit from Alameda County following all the approved procedures mentioned in this plan.

2. The four underground tanks in the service area in back of the building be removed at the end of the present lease to Rix Industries by Mr. De Wolf. This would be in Mid 1993. To insure the removal of the outside tanks the property owner, Mr. De Wolf would provide a bond to Alameda County guaranteeing their removal at the end of the existing lease.

I would also request a letter from you to Mr. De Wolf indicating the removal of the underground tanks is required under existing laws and regulations concerning out-of-service underground storage tanks in Alameda County. Title 23, Article 7, Sec. 2690

Ed, I appreciate your help and direction in this matter and would appreciate your response at the earliest possible date.

Sincerely,
HAGEMAN-AGUIAR, INC.


Bruce Hageman

cc: Mr. Frank De Wolf/Mr. Miles Benedict

Project Specialist (print) SUSAN L. HUGO

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

11/13/91
Please note changes made on page 2, 3, 5

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

- 1. Business Name RIX INDUSTRIES
Business Owner MR. BERT OTTERSON
 - 2. Site Address 6460 HOLLIS STREET
City EMERYVILLE Zip 94710 Phone (510) 845-0211
 - 3. Mailing Address 6460 HOLLIS STREET
City EMERYVILLE Zip 94710 Phone (510) 845-0211
 - 4. Land Owner FRANK De WOLF
HALE KONA KAI
Address 75-5870 KAHAKAI RD, KAILUA KONA City, State HAWAII Zip 96740
 - 5. Generator name under which tank will be manifested FRANK De WOLF ✓
- EPA I.D. No. under which tank will be manifested CAC 000655720

6. Contractor BAY AREA TANK REMOVAL/HAGEMAN AGUIAR, INC.
Address 3732 MT. DIABLO BLVD.
City LAFAYETTE, CA Phone (510) 284-1661
License Type A ID# 594866 ✓

7. Consultant HAGEMAN-AGUIAR, INC.
Address 3732 MT. DIABLO BLVD. SUITE 372
City LAFAYETTE, CA Phone (510) 284-1661

8. Contact Person for Investigation
Name BRUCE HAGEMAN Title PRESIDENT
Phone (510) 284-1661

9. Number of tanks being closed under this plan ~~8~~ 5
Length of piping being removed under this plan 150' estimated
Total number of tanks at facility ~~8~~ 10

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

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

a) Product/Residual Sludge/Rinsate Transporter
Name WASTE OIL RECOVERY SYSTEMS EPA I.D. No. CAD 000626515 ✓
Hauler License No. _____ License Exp. Date _____
Address 6401 LEONA STREET
City OAKLAND State CA Zip 94605

b) Product/Residual Sludge/Rinsate Disposal Site
Name DEMENNO-KERDOON EPA I.D. No. CAD000626515
Address _____
City LONG BEACH State CA Zip _____

c) Tank and Piping Transporter

Name ERICKSON INC. EPA I.D. No. CAD 009466392 ✓
Hauler License No. 019 License Exp. Date _____
Address 255 PARR BLVD.
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site ?

Name LMC METALS Erickson EPA I.D. No. CAD 9466392
Address 600 south 4th. Street
City RICHMOND State CA Zip 94804

11. Experienced Sample Collector

Name KEITH JAY - ENVIRONMENTAL CHEMIST
Company HAGEMAN-AGUIAR, INC.
Address 3732 MT. DIABLO BLVD. SUITE 372
City LAFAYETTE State CA Zip 94549 Phone (510) 284-1661

12. Laboratory

Name CHROMOLAB
Address 2239 OMEGA ROAD # 1
City SAN RAMON State CA Zip 94583
State Certification No. E694

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

If yes, describe. THERE IS NO HISTORY ON THESE TANKS

14. Describe methods to be used for rendering tank inert

DRY ICE WILL BE PLACED IN TANKS APPROXIMATELY 2 HOURS PRIOR TO
 REMOVING THEM FROM THE EXCAVATION (15 LBS. PER 100 GALLONS CAPACITY)

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
THERE IS NO HISTORY AVAILABLE ON THE SUBJECT TANKS. TO MY KNOWLEDGE RIX INDUSTRIES HAS NEVER USED THE UNDERGROUND STORAGE TANKS. IT IS BELIEVED THAT A PAINT MFG. PLANT OCCUPIED THE BUILDING PRIOR TO RIX. THE PRESUMPTION IS THEY WERE USED FOR MATERIALS USED IN THE MFG. OF PAINT.			

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) NO ESTIMATE (SEE COVER LETTER)	Sampling Plan ONE SOIL SAMPLE WILL TAKEN FOR EVERY TWENTY CU. YRDS. OF SOIL STOCKPILED.

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
UNKNOWN	8240/8020 8260/ICAP TO DETECT METALS 8270 -PCB PCP PNA CREOSOTE		
TPHg	5030	GCFID	1.0 ppm (soil)
TPHd	3550	GCFID	1.0 ppm (soil)
D & G		5520 D&F	50 ppm (soil)
BTEX & E	8020 or 8240		5 ppb (soil)
Cl HC	8010 or 8240		
Metals Cd, Cr, Pb Zn, Ni PCB, PCP PNA, Creosote	AA or ICAP		

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND INSURANCE

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

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

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

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

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

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

Signature of Contractor

Name (please type) HAGEMAN-AGUIAR, INC.

Signature *[Handwritten Signature]*

Date 11-19-91

Signature of Site Owner or Operator

Name (please type) FRANK DeWOLF by MILES BENEDICT, AGENT FOR MR. DeWOLF

X Signature _____

Date _____

FEB-27-92 THU 10:10 MASON MCDUFFIE COML TEL NO: 415-55-0968 #445 P02

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND INSURANCE

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see instructions)

22. Submit a closure report to this office within 60 days of the tank removal. This report must contain all the information listed in item 23 of the instructions.

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

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

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

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

Signature of Contractor

Name (please type) HAUSEMAN AGUIAR, INC.

Signature *[Handwritten Signature]*

Date 11-19-91

Signature of Site Owner or Operator

Name (please type) FRANK DeWOLF by MILLS BENEDICT, AGENT FOR MR. De WOLF

Signature *[Handwritten Signature]*

Date 11/19/91

CITY OF EMERYVILLE

TELEPHONE: 596-3759
596-3750
FAX: 420-1785



Emeryville Fire
6303 HOLLIS STREET, EMERYVILLE, CA 94608

FRANK ALHINO
FIRE MARSHAL

JIM EVERSOLE
ASSISTANT CHIEF/FIRE MARSHAL
(415) 658-7676

JIM DICUS
ASSISTANT CHIEF / TRAINING DIVISION
(415) 658-9188

6303 HOLLIS STREET EMERYVILLE, CA 94608

2-28-72

To: Susan Hargo,

The Emeryville Fire Dept.
is in full compliance to fill/plan
the inside tanks in place.

Thank you
Frank Alhino



EMERYVILLE FIRE DEPARTMENT
FIRE PREVENTION BUREAU
3 HOLLIS STREET
EMERYVILLE, CA 94608
433-7678

CITY OF EMERYVILLE

FIRE CODE PERMIT

No. 1268

PERMISSION IS HEREBY GRANTED Rix Ind/Hogeman-Aguilar

TO ^{OPERATE} ~~MAINTAIN~~ 5 - U.S.T.'s

~~STORE~~ Ramon
ON PREMISES LOCATED AT 6460 Hollis St.

PERIODIC INSPECTIONS ARE A CONDITION OF THIS PERMIT WHICH IS ISSUED IN ACCORDANCE WITH UNIFORM FIRE CODE, AS SPECIFIED IN SECTION _____ OF SAID CODE.

ADDITION REQUIREMENTS _____

ENG. CO. DISTRICT # 2 EXPIRATION DATE: 4/30/92

THIS PERMIT MUST BE POSTED WITH BUSINESS LICENSE

PERMIT APPROVED BY

Juanita Albarran 2/28/92
FIRE MARSHAL DATE

HOLLIS

VENT LINES

INSIDE
TANK
LOCATIONS

(ABANDONMENT)

OUTSIDE
TANK LOCATIONS
TANKS TO BE
REMOVED
YARD

RIX INDUSTRIES
6460 HOLLIS STREET
EMERYVILLE, CALIFORNIA

SCALE

100'



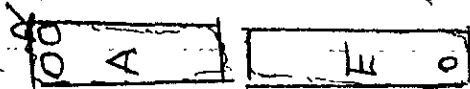
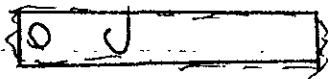
**RIX INDUSTRIES
EMERYVILLE, CA
UNDERGROUND STORAGE TANK PROJECT**

TANK CONTENTS

TANK

A	CHLORINATED SOLVENTS	
B	NO SAMPLE - TANK EMPTY	
C	" " " "	
D	" " " "	
E	MOSTLY WATER	
F	SECONDARY BUTYRAL ALCOHOL	
G	ETHYL SILICATE	REMOTE FILL
H	ISOPROPAL ALCOHOL	
I	BUTYL ALCOHOL	REMOTE FILL
J	METHYL ETHYL KETONE (MEK)	
K	ETHYL SILICATE	TANK EMPTY
L	BUTYL ALCOHOL	TANK EMPTY

OUTSIDE



10 - UNDERGROUND TANKS

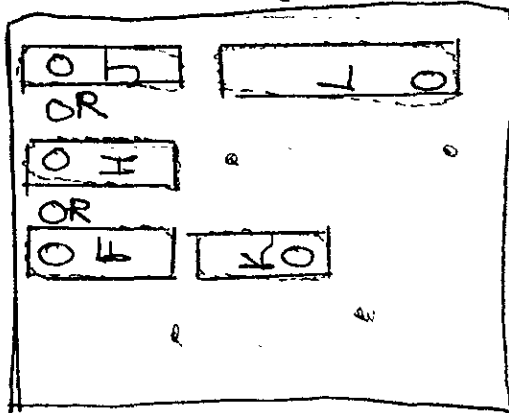
5 - INSIDE BLDG

5 - OUTSIDE BLDG.

B - 43" DIA - 350 GAL
D - 550 GAL

2 - 96" DIA
1000 - 10,000 GALS

ALLEY

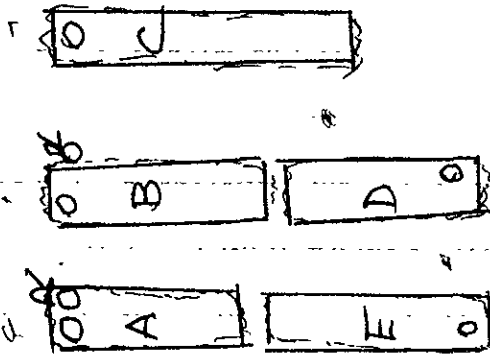


INSIDE TANKS
BACK AREA

RIX

HOLLIS

OUTSIDE



10 - UNDERGROUND TANKS

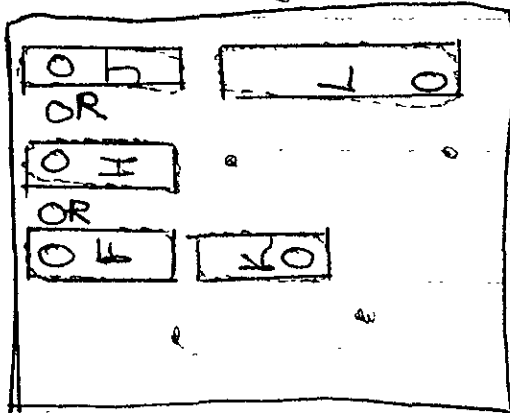
5 - INSIDE BLDG

5 - OUTSIDE BLDG.

B - 43" DIA - 350 GAL
TO 550 GAL

2 - 96" DIA
1000 - 10,000 GALS

ALLEY



INSIDE TANKS
← BACK AREA

RIX

HOLLIS

SITE HAZARD INFORMATION

FC 1006 (05-11-80)

*PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE

Owners Name: FRANK De WOLF

Site Address: 6460 HOLLIS STREET
EMERYVILLE, CA

Directions to Site: Hwy 80 to Powell Stree Exit, Right on Powell to Hollis Street
Trun left on Hollis to 6460, Right side of Hollis Street.

Consultant On Site: Bruce Hageman & Gary Aguiar Phone Number: (510) 284-1661

Site Safety Officer: Gary Aguiar ✓ Phone Number: (510) 284-1661

Type of Facility: MACHINE AND MANUFACTURING

Site Activities: Drilling Construction Tank Excavation Soil Excavation Work in Traffic Ar
 Groundwater Extraction Vapor Extraction In Situ Remediation Above Ground Remediation
 Other: _____

Hazardous Substance

Name (CAS#)	Expected Concentration <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air	Health Affects
<u>Total Petroleum Hydrocarbons</u>	<u>expect no free product</u>	<u>dizziness, eye irritation</u> <u>headache, nose & throat irrit</u>

Physical Hazards

Noise Excavations/Trenches
 Traffic Other _____
 Underground Hazards _____
 Overhead Hazards _____

Potential Explosion and Fire Hazards (Flammable Range = 1% to 10% Gas Vapor): _____
LEL meter to be used continously on site

Level Of Protection Equipment

A B C D See Personal Protective Equipment

Personal Protective Equipment

R = Required A = As Needed

R Hard Hat R Safety Eyewear (Type) SAFETY GLASSES
R Safety Boots R Respirator (Type) HALF FACE MINIMUM
_____ Orange Vest _____ Filter (Type) CARBON (ORGANIC VAPOR)
R Hearing Protection _____ Gloves (Type) RUBBER
R Tyvek Coveralls _____ Other _____
_____ 5 Minute Escape Respirator _____

SITE HAZARD INFORMATION

FC 1006 (05-11-90)

Monitoring Equipment on Site

- Organic Vapor Analyzer
- Oxygen Meter
- Combustible Gas Meter
- H₂S Meter
- W.B.G.T.

- PID with lamp of _____ eV
- Draeger Tube _____
- Passive Dosimeter
- Air Sampling Pump
- Filter Media _____

Site Control Measures EQUIPMENT STEAMED CLEANED ON SITE, RINSEATE STORED IN DOT 17H DRUMS
GLOVE, TYVEK SUIT, SPENT CARTRIDGES, TO BE DISPOSED OF WITH DRILL CUTTINGS.
PERSONNEL TO WASH WITH SOAP AND WATER PRIOR TO EATING AND/OR LEAVING SITE.

Decontamination Procedures _____

✓ Hospital/Clinic KAISER HOSPITAL Phone (510) 596-7600
Hospital Address 280 WEST MacARTHUR BLVD. OAKLAND
Paramedic 911 Fire Dept. 911 Police Dept. 911

Emergency/Contingency Plans & Procedures _____

Site Hazard Information Provided By: Bruce Hageman Phone Number: (510) 284-1661
Bruce Hageman Print
Bruce Hageman Signature Date: 12-27-91

CERTIFICATE OF TRAINING
PRESENTED TO

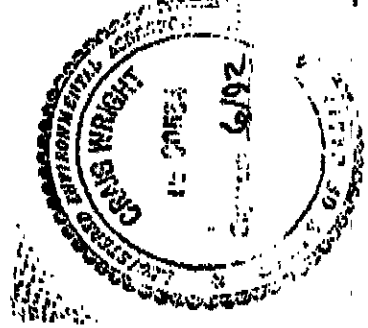
Gary Aguilar

FOR HAVING SUCCESSFULLY COMPLETED
A TRAINING COURSE IN

40 HOURS OF HAZARDOUS MATERIALS MANAGEMENT...29 CFR 1910.120

PRESENTED BY

COVENANT ENVIRONMENTAL



Craig Wright
Coordinating Trainer

October 1991

Date

MAR - 2 - 92 MON 17:07 AGUIAR ENGINEERING P. 11

CERTIFICATE OF TRAINING
PRESENTED TO

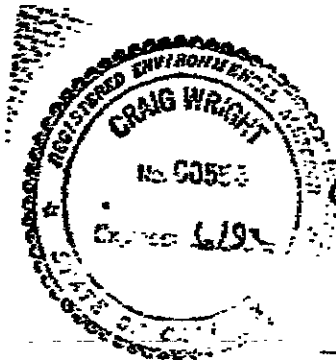
Keith Jay

FOR HAVING SUCCESSFULLY COMPLETED
A TRAINING COURSE IN

40 HOURS OF HAZARDOUS MATERIALS MANAGEMENT..29 CFR 1910.120

PRESENTED BY

COVENANT ENVIRONMENTAL



Craig Wright
Coordinating Trainer

OCTOBER 1991
Date

P. 06
ENGINEERING
AGUIAR
17:04
MON
2-92
MAR-

CERTIFICATE OF TRAINING
PRESENTED TO

Roberto Hernandez

FOR HAVING SUCCESSFULLY COMPLETED
A TRAINING COURSE IN

8 HOUR OSHA REFRESHER..29 CFR 1910.120

PRESENTED BY

COVENANT ENVIRONMENTAL

Craig Whelan

Coordinating Trainer

January 1992

Date

P. 07
ENGINEERING
AGUIAR
17:04
MON
2-92
MAR-

CERTIFICATE OF TRAINING
PRESENTED TO

Gilberto Rivalcoba

FOR HAVING SUCCESSFULLY COMPLETED
A TRAINING COURSE IN

8 HOUR OSHA REFRESHER, .29 CFR 1910.120

PRESENTED BY

COVENANT ENVIRONMENTAL

Chris Weber
Coordinating Trainer

January 1992
Date

P 02

P. 08
ENGINEERING
AGUIAR
17:05
MON
2-92
MAR-

CERTIFICATE OF TRAINING
PRESENTED TO

Jim Tracy

FOR HAVING SUCCESSFULLY COMPLETED
A TRAINING COURSE IN

8 HOUR OSHA REFRESHER...29 CFR 1910.120

PRESENTED BY

COVENANT ENVIRONMENTAL

Craig Warner

Coordinating Trainer

January 1992

Date

MAR - 2 - 92 MON 17:05 AGUIAR ENGINEERING P.09

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:

BAY AREA TANK REMOVAL



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

A - General Engineering Contractor



Witness my hand and seal this day,

March 28, 1991

Issued March 26, 1991

David R. Phillips
Registrar of Contractors

[Handwritten Signature]
Signature of Licensee

[Handwritten Signature]
Signature of License Qualifier

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

616521
License Number

NO 290600

MAR - 2 - 92 MON 17:07 AGUIAR ENGINEERING P. 12

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 James Francis Tracy

License No: 616521

Name/Title: Bay Area Tank Removal

WITNESSE my hand and official seal this
15th day of May, 1991

David R. Ellis
Registrar of Contractors

ISL 36 (7-86)

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

A3876

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) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- c) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- d) Frequency and types of air and personnel monitoring to be used - along with the environmental sampling techniques and instrumentation. Include instrumentation maintenance and calibration methods and frequencies;
- e) Specific personal protective equipment and procedures to be used by workers to protect themselves from the identified hazards. Also state the contaminant concentrations in air - or other conditions - which will trigger changes in work or work habits to ensure workers are not exposed to high levels of hazardous chemicals or to other unsafe conditions;
- f) Confined space entry procedures (if applicable);
- g) Decontamination procedures;
- h) 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, security guards, etc.);
- i) Spill containment and 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;
- j) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- k) Page for employees to sign indicating they have read and will comply with the site health and safety plan.

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

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

19. PLOT PLAN

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

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

20. DEPOSIT

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

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

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

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

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

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TOTAL LEAD AA	
	TOTAL LEAD AA			
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
	EDB	DHS-AB1803	EDB	DHS-AB1803
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E	8260	CL HC AND BTX&E	8260
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TPH and BTX&E	8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E	8260		
	O & G	5520 D & F	O & G	5520 C & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni			
	METHOD 8270 FOR SOIL OR WATER TO DETECT:			
	PCB*		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 extractible, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. "Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

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

10 August 1990

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

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

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

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

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

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal

Regional Board Staff Recommendations
Preliminary Site Investigation

10 August 1990

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.

Project Specialist (print) SUSAN A. HUGO

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

11/13/91
Please note change made on page 2, 3, 5

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name RIX INDUSTRIES
Business Owner MR. BERT OTTERSON
 2. Site Address 6460 HOLLIS STREET
City EMERYVILLE Zip 94710 Phone (510) 845-0211
 3. Mailing Address 6460 HOLLIS STREET
City EMERYVILLE Zip 94710 Phone (510) 845-0211
 4. Land Owner FRANK De WOLF
HALE KONA KAI
Address 75-5870 KAHAKAI RD, KAILUA KONA City, State HAWAII Zip 96740
 5. Generator name under which tank will be manifested FRANK De WOLF
- EPA I.D. No. under which tank will be manifested CAC 000655720

6. Contractor BAY AREA TANK REMOVAL/HAGEMAN AGUIAR, INC.
Address 3732 MT. DIABLO BLVD.
City LAFAYETTE, CA Phone (510) 284-1661
License Type A ID# 594866

7. Consultant HAGEMAN-AGUIAR, INC.
Address 3732 MT. DIABLO BLVD. SUITE 372
City LAFAYETTE, CA Phone (510) 284-1661

8. Contact Person for Investigation
Name BRUCE HAGEMAN Title PRESIDENT
Phone (510) 284-1661

9. Number of tanks being closed under this plan ~~8~~ 5
Length of piping being removed under this plan 150' estimated
Total number of tanks at facility ~~8~~ 10

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name WASTE OIL RECOVERY SYSTEMS EPA I.D. No. CAD 000626515 ✓
Hauler License No. _____ License Exp. Date _____
Address 6401 LEONA STREET
City OAKLAND State CA Zip 94605

b) Product/Residual Sludge/Rinsate Disposal Site

Name DEMENNO-KERDOON EPA I.D. No. CAD000626515
Address _____
City LONG BEACH State CA Zip _____

c) Tank and Piping Transporter

Name ERICKSON INC. EPA I.D. No. CAD 009466392
Hauler License No. 019 License Exp. Date _____
Address 255 PARR BLVD.
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site ?

Name ~~LMC METALS~~ Erickson EPA I.D. No. CAD 9466392
Address 600 south 4th. Street
City RICHMOND State CA Zip 94804

11. Experienced Sample Collector

Name KEITH JAY - ENVIRONMENTAL CHEMIST
Company HAGEMAN-AGUIAR, INC.
Address 3732 MT. DIABLO BLVD. SUITE 372
City LAFAYETTE State CA Zip 94549 Phone (510) 284-1661

12. Laboratory

Name CHROMOLAB
Address 2239 OMEGA ROAD # 1
City SAN RAMON State CA Zip 94583
State Certification No. E694

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

If yes, describe. THERE IS NO HISTORY ON THESE TANKS

14. Describe methods to be used for rendering tank inert

DRY ICE WILL BE PLACED IN TANKS APPROXIMATELY 2 HOURS PRIOR TO

REMOVING THEM FROM THE EXCAVATION (15 LBS. PER 100 GALLONS CAPACITY)

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
THERE IS NO HISTORY AVAILABLE ON THE SUBJECT TANKS. TO MY KNOWLEDGE RIX INDUSTRIES HAS NEVER USED THE UNDERGROUND STORAGE TANKS. IT IS BELIEVED THAT A PAINT MFG. PLANT OCCUPIED THE BUILDING PRIOR TO RIX. THE PRESUMPTION IS THEY WERE USED FOR MATERIALS USED IN THE MFG. OF PAINT.			

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) NO ESTIMATE (SEE COVER LETTER)	Sampling Plan ONE SOIL SAMPLE WILL TAKEN FOR EVERY TWENTY CU. YRDS. OF SOIL STOCKPILED.

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
UNKNOWN	8240/8020 8260/ICAP TO DETECT METALS 8270 -PCB PCP PNA CREOSOTE		
TPHg	5030	GCFID	
TPHd	3550	GCFID	
O & G		5520 DEF	
BTX&E	8020 or 8240		
CHC	8010 or 8240		
Metals			
Cd, Cr, Pb	AA or Icap		
Zn, Ni			
PCB, PCP			
PNA, Creosote			

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND INSURANCE

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

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

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

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

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

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

Signature of Contractor

Name (please type) HAGEMAN-AGUIAR, INC.

Signature *[Handwritten Signature]*

Date 11-19-91

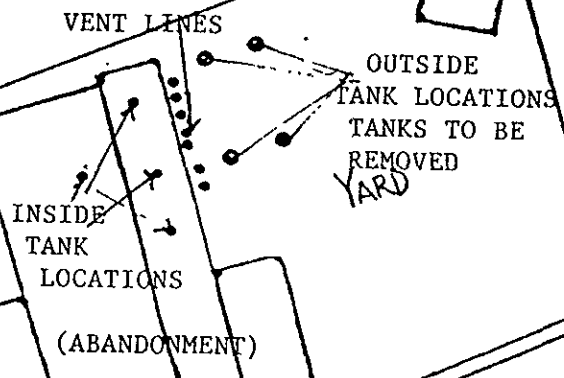
Signature of Site Owner or Operator

Name (please type) FRANK DeWOLF by MILES BENEDICT, AGENT FOR MR. De WOLF

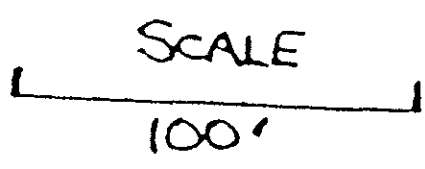
Signature *[Handwritten Signature]*

Date _____

HOLLIS



RIX INDUSTRIES
6460 HOLLIS STREET
EMERYVILLE, CALIFORNIA



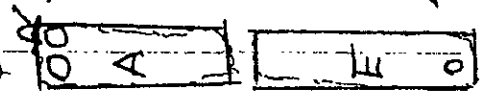
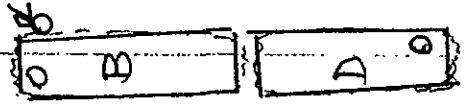
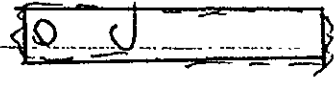
**RIX INDUSTRIES
EMERYVILLE, CA
UNDERGROUND STORAGE TANK PROJECT**

TANK CONTENTS

TANK

A	CHLORINATED SOLVENTS	
B	NO SAMPLE - TANK EMPTY	
C	" " " "	
D	" " " "	
E	MOSTLY WATER	
F	SECONDARY BUTYRAL ALCOHOL	
G	ETHYL SILICATE	REMOTE FILL
H	ISOPROPAL ALCOHOL	
I	BUTYL ALCOHOL	REMOTE FILL
J	METHYL ETHYL KETONE (MEK)	
K	ETHYL SILICATE	TANK EMPTY
L	BUTYL ALCOHOL	TANK EMPTY

OUTSIDE



10 - UNDERGROUND TANKS

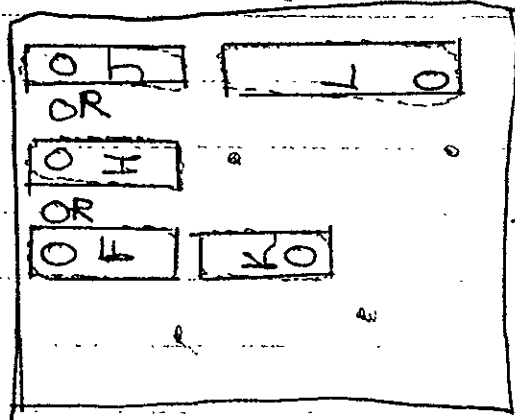
5 - INSIDE BLDG

5 - OUTSIDE BLDGS.

B - 43" DIA - 350 GAL
10 550 GAL

2 - 96" DIA
1000 - 10,000 GALS

ALLEY



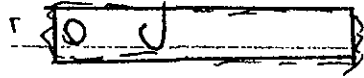
INSIDE TANKS

← BACK AREA

RIX

401119

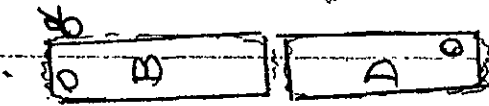
OUTSIDE



10 - UNDERGROUND TANKS

5 - INSIDE BLDG

5 - OUTSIDE BLDG.

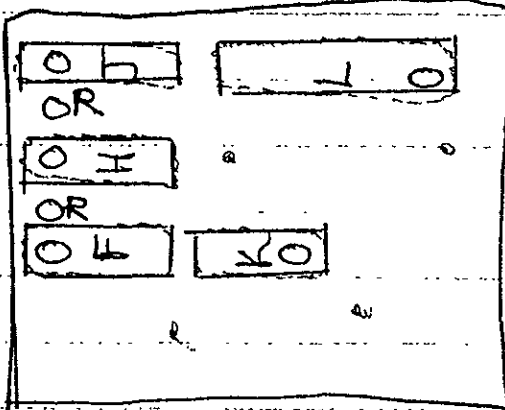


8 - 43" DIA - 350 GAL
10 550 GAL



2 - 96" DIA - 10,000 GALS

ALLEY



INSIDE TANKS

← BACK AREA

RIX

HOLLIS

SITE HAZARD INFORMATION

FC 1006 (05-11-90)

***PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE**

Owners Name: FRANK De WOLF

Site Address: 6460 HOLLIS STREET
EMERYVILLE, CA

Directions to Site: Hwy 80 to Powell Stree Exit, Right on Powell to Hollis Street
Trun left on Hollis to 6460, Right side of Hollis Street.

Consultant On Site: Bruce Hageman & Gary Aguiar

Phone Number: (510) 284-1661

Site Safety Officer: Gary Aguiar

Phone Number: 510) 284-1661

Type of Facility: MACHINE AND MANUFACTURING

Site Activities: Drilling Construction Tank Excavation Soil Excavation Work in Traffic Ar
 Groundwater Extraction Vapor Extraction In Situ Remediation Above Ground Remediation
 Other: _____

Hazardous Substance

Name (CAS#)	Expected Concentration <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air	Health Affects
<u>Total Petroleum Hydrocarbons</u>	<u>expect no free product</u>	<u>dizziness, eye irritation</u> <u>headache, nose & throat irri</u>

Physical Hazards

Noise Excavations/Trenches
 Traffic Other _____
 Underground Hazards _____
 Overhead Hazards _____

Potential Explosion and Fire Hazards (Flammable Range = 1% to 10% Gas Vapor): _____

LEL meter to be used continously on site

Level Of Protection Equipment

A B C D See Personal Protective Equipment

Personal Protective Equipment

R = Required A = As Needed

<u>R</u> Hard Hat	<u>R</u> Safety Eyewear (Type) <u>SAFETY GLASSES</u>
<u>R</u> Safety Boots	<u>R</u> Respirator (Type) <u>HALF FACE MINIMUM</u>
<u> </u> Orange Vest	Filter (Type) <u>CARBON (ORGANIC VAPOR)</u>
<u>R</u> Hearing Protection	Gloves (Type) <u>RUBBER</u>
<u>R</u> Tyvek Coveralls	Other _____
<u> </u> 5 Minute Escape Respirator	_____

SITE HAZARD INFORMATION

FC 1006 (05-11-90)

Monitoring Equipment on Site

- | | |
|---|--|
| <input type="checkbox"/> Organic Vapor Analyzer | <input type="checkbox"/> PID with lamp of _____ eV |
| <input type="checkbox"/> Oxygen Meter | <input type="checkbox"/> Draeger Tube _____ |
| <input checked="" type="checkbox"/> Combustible Gas Meter | <input type="checkbox"/> Passive Dosimeter |
| <input type="checkbox"/> H ₂ S Meter | <input type="checkbox"/> Air Sampling Pump |
| <input type="checkbox"/> W.B.G.T. | <input type="checkbox"/> Filter Media _____ |

Site Control Measures EQUIPMENT STEAMED CLEANED ON SITE, RINSE STORED IN DOT 17H DRUMS
GLOVE, TYVEK SUIT, SPENT CARTRIDGES, TO BE DISPOSED OF WITH DRILL CUTTINGS.
PERSONNEL TO WASH WITH SOAP AND WATER PRIOR TO EATING AND/OR LEAVING SITE.

Decontamination Procedures _____

Hospital/Clinic KAISER HOSPITAL Phone (510) 596-7600

Hospital Address 280 WEST MacARTHUR BLVD. OAKLAND

Paramedic 911 Fire Dept. 911 Police Dept. 911

Emergency/Contingency Plans & Procedures _____

Site Hazard Information Provided By: Bruce Hageman Phone Number: (510) 284-1661

Bruce Hageman
Signature

Date: 12-27-91

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:

BAY AREA TANK REMOVAL



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

A - General Engineering Contractor



Witness my hand and seal this day,

March 28, 1991

Issued March 26, 1991

Daniel R. Phillips
Registrar of Contractors

[Signature]
Signature of Licensee

[Signature]
Signature of License Qualifier

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

616521
License Number

№ 290600

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 James Francis Tracy

License No.: 616521

Namestyle: Bay Area Tank Removal



WITNESS my hand and official seal this
15th day of May, 1991

Doris R. Ellis
Registrar of Contractors

12L 36 (7-88)

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

A3876

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND INSURANCE

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/contamination Site Report form. (see instructions)

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

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

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

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

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

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

Signature of Contractor

Name (please type) HAEMAN-AGUIAR, INC.

Signature *[Handwritten Signature]*

Date 11-19-91

Signature of Site Owner or Operator

Name (please type) FRANK DeWOLF by MILLS BENEDICT, AGENT FOR MR. DeWOLF

Signature *[Handwritten Signature: Mills K Benedict]*

Date 11/19/91

CITY OF EMERYVILLE

TELEPHONE: 596-3759
596-3750
FAX: 420-1785

Emeryville Fire

6303 HOLLIS STREET, EMERYVILLE



FRANK ALHINO
FIRE MARSHAL

JIM EVERSOLE
ASSISTANT CHIEF/FIRE MARSHAL
(415) 636-7678

JIM DICUS
ASSISTANT CHIEF/TRAINING DIVISION
(415) 633-8188

6303 HOLLIS STREET EMERYVILLE, CA 94608

2-28-72

To: Susan Hugo,

The Emeryville Fire Dept.
is in full compliance to fill/blank
the inside tanks in place.

Thank You
Frank Alhino



EMERYVILLE FIRE DEPARTMENT
FIRE PREVENTION BUREAU
4300 HOLLIS STREET
EMERYVILLE, CA 94608
639-6778

CITY OF EMERYVILLE

FIRE CODE PERMIT

No. 1268

PERMISSION IS HEREBY GRANTED

Rix Ind/Hageman-Aguilar
OPERATE
TO MAINTAIN 5-U.S.T.s
STORE Ramp

ON PREMISES LOCATED AT

6460 Hollis St.

PERIODIC INSPECTIONS ARE A CONDITION OF THIS PERMIT WHICH IS ISSUED IN ACCORDANCE WITH UNIFORM FIRE CODE, AS SPECIFIED IN SECTION _____ OF SAID CODE.

ADDITION REQUIREMENTS _____

ENG. CO. DISTRICT # 2

EXPIRATION DATE: 4/30/92

THIS PERMIT MUST BE
POSTED WITH BUSINESS
LICENSE

PERMIT APPROVED BY

Frank A. Albani
FIRE MARSHAL

2/24/92
DATE

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) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- c) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- d) Frequency and types of air and personnel monitoring to be used - along with the environmental sampling techniques and instrumentation. Include instrumentation maintenance and calibration methods and frequencies;
- e) Specific personal protective equipment and procedures to be used by workers to protect themselves from the identified hazards. Also state the contaminant concentrations in air - or other conditions - which will trigger changes in work or work habits to ensure workers are not exposed to high levels of hazardous chemicals or to other unsafe conditions;
- f) Confined space entry procedures (if applicable);
- g) Decontamination procedures;
- h) 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, security guards, etc.);
- i) Spill containment and 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;
- j) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- k) Page for employees to sign indicating they have read and will comply with the site health and safety plan.

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

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

19. PLOT PLAN

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

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

20. DEPOSIT

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

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

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

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

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

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TOTAL LEAD AA	
	TOTAL LEAD AA			
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
	EDB	DHS-AB1803	EDB	DHS-AB1803
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E	8260	CL HC AND BTX&E	8260
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TPH and BTX&E	8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E	8260		
	O & G	5520 D & F	O & G	5520 C & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni			
	METHOD 8270 FOR SOIL OR WATER TO DETECT:			
	PCB*		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 extractible, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. "Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

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

10 August 1990

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

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

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

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

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal

Regional Board Staff Recommendations
Preliminary Site Investigation

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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.

11/19/90
Please note changes made on pages 2, 3, 5

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

Project Specialist (print) SUSAN L. HUGO

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

- Business Name RIX INDUSTRIES
Business Owner MR. BERT OTTERSON
 - Site Address 6460 HOLLIS STREET
City EMERYVILLE Zip 94710 Phone (510) 845-0211
 - Mailing Address 6460 HOLLIS STREET
City EMERYVILLE Zip 94710 Phone (510) 845-0211
 - Land Owner FRANK De WOLF
HALE KONA KAI
Address 75-5870 KAHAKAI RD, KAILUA KONA City, State HAWAII Zip 96740
 - Generator name under which tank will be manifested FRANK De WOLF
- EPA I.D. No. under which tank will be manifested CAC 000 655720

6. Contractor BAY AREA TANK REMOVAL/HAGEMAN AGUIAR, INC.
Address 3732 MT. DIABLO BLVD.
City LAFAYETTE, CA Phone (510) 284-1661
License Type A ID# 594866

7. Consultant HAGEMAN-AGUIAR, INC.
Address 3732 MT. DIABLO BLVD. SUITE 372
City LAFAYETTE, CA Phone (510) 284-1661

8. Contact Person for Investigation
Name BRUCE HAGEMAN Title PRESIDENT
Phone (510) 284-1661

9. Number of tanks being closed under this plan ~~X~~ 5
Length of piping being removed under this plan 150' estimated
Total number of tanks at facility ~~X~~ 10

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name WASTE OIL RECOVERY SYSTEMS EPA I.D. No. CAD 000626515
Hauler License No. _____ License Exp. Date _____
Address 6401 LEONA STREET
City OAKLAND State CA Zip 94605

b) Product/Residual Sludge/Rinsate Disposal Site

Name DEMENNO-KERDOON EPA I.D. No. CAD000626515
Address _____
City LONG BEACH State CA Zip _____

c) Tank and Piping Transporter

Name ERICKSON INC. EPA I.D. No. CAD 009466392
Hauler License No. 019 License Exp. Date _____
Address 255 PARR BLVD.
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site ?

Name ~~LMC METALS~~ Ericksen EPA I.D. No. CAD 9466392
Address 600 south 4th. Street
City RICHMOND State CA Zip 94804

11. Experienced Sample Collector

Name KEITH JAY - ENVIRONMENTAL CHEMIST
Company HAGEMAN-AGUIAR, INC.
Address 3732 MT. DIABLO BLVD. SUITE 372
City LAFAYETTE State CA Zip 94549 Phone (510) 284-1661

12. Laboratory

Name CHROMOLAB
Address 2239 OMEGA ROAD # 1
City SAN RAMON State CA Zip 94583
State Certification No. E694

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

If yes, describe. THERE IS NO HISTORY ON THESE TANKS

14. Describe methods to be used for rendering tank inert

DRY ICE WILL BE PLACED IN TANKS APPROXIMATELY 2 HOURS PRIOR TO

REMOVING THEM FROM THE EXCAVATION (15 LBS. PER 100 GALLONS CAPACITY)

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
THERE IS NO HISTORY AVAILABLE ON THE SUBJECT TANKS. TO MY KNOWLEDGE RIX INDUSTRIES HAS NEVER USED THE UNDERGROUND STORAGE TANKS. IT IS BELIEVED THAT A PAINT MFG. PLANT OCCUPIED THE BUILDING PRIOR TO RIX. THE PRESUMPTION IS THEY WERE USED FOR MATERIALS USED IN THE MFG. OF PAINT.			

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) NO ESTIMATE (SEE COVER LETTER)	Sampling Plan ONE SOIL SAMPLE WILL TAKEN FOR EVERY TWENTY CU. YRDS. OF SOIL STOCKPILED.

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
UNKNOWN	8240/8020 8260/ICAP TO DETECT METALS 8270 -PCB PCP PNA CREOSOTE		
TPH _g	5030	GC/FID	1.0 ppm (soil)
TPH _o	3550	GC/FID	1.0 ppm (soil)
O & G	8020 or 8240	5520 D&F	50 ppm (soil)
BTEX & E	8010 or 8240		5 ppt (soil)
Cl Hc			
Metals			
Cd, Cu, Pb	AA or scap		
Zn, Ni			
PCB, PCP			
PNA, Creosote			

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND INSURANCE

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

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

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

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

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

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

Signature of Contractor

Name (please type) HAGEMAN-AGUIAR, INC.

Signature *[Handwritten Signature]*

Date 11-19-91

Signature of Site Owner or Operator

Name (please type) FRANK DeWOLF by MILES BENEDICT, AGENT FOR MR. De WOLF

Signature *[Handwritten Signature]*

Date _____

HOLLIS

VENT LINES

INSIDE
TANK
LOCATIONS

(ABANDONMENT)

OUTSIDE
TANK LOCATIONS
TANKS TO BE
REMOVED
YARD

RIX INDUSTRIES
6460 HOLLIS STREET
EMERYVILLE, CALIFORNIA

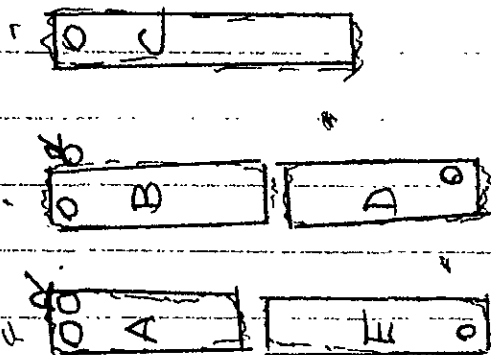
SCALE

100'

N



OUTSIDE



10 - UNDERGROUND TANKS

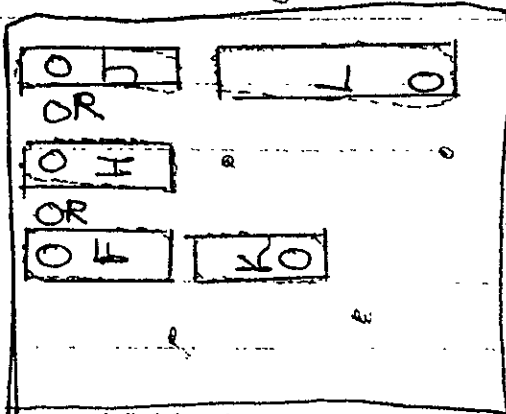
5 - INSIDE BLDG

5 - OUTSIDE BLDG.

8 - 43" DIA - 350 GAL
10 550 GAL

2 - 96" DIA
1000 - 10,000 GALS

ALLEY

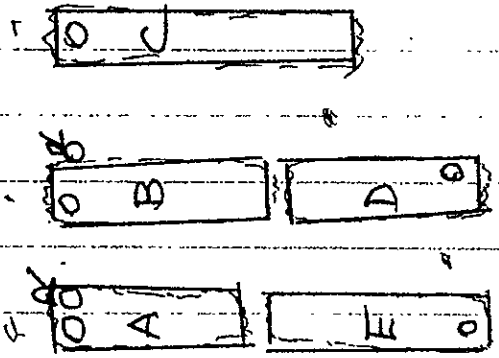


INSIDE TANKS
← BACK AREA

RIX

HOLWIS

OUTSIDE



10 - UNDERGROUND TANKS

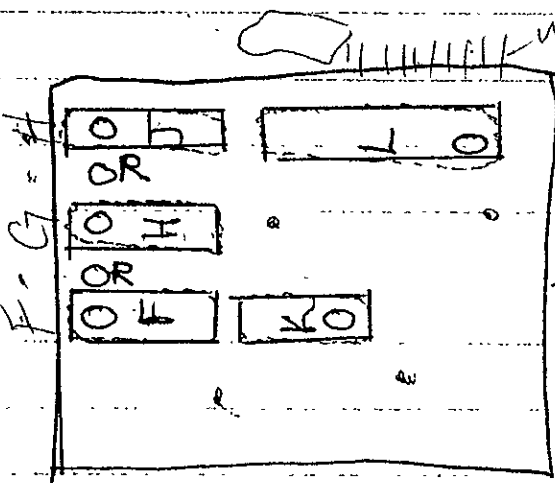
5 - INSIDE BLDG

5 - OUTSIDE BLDG.

8 - 43" DIA - 350 GAL
10 550 GAL

2 - 96" DIA
1000 - 10,000 GAL

40 years
ALLEY



INSIDE TANKS

← BACK AREA

RIX

4/11/19

SITE HAZARD INFORMATION

FC 1006 (05-11-80)

***PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE**

Owners Name: FRANK De WOLF

Site Address: 6460 HOLLIS STREET
EMERYVILLE, CA

Directions to Site: Hwy 80 to Powell Street Exit, Right on Powell to Hollis Street
Turn left on Hollis to 6460, Right side of Hollis Street.

Consultant On Site: Bruce Hageman & Gary Agular

Phone Number: (510) 284-1661

Site Safety Officer: Gary Agular

Phone Number: 510) 284-1661

Type of Facility: MACHINE AND MANUFACTURING

Site Activities: Drilling Construction Tank Excavation Soil Excavation Work in Traffic Area
 Groundwater Extraction Vapor Extraction In Situ Remediation Above Ground Remediation
 Other: _____

Hazardous Substance

Name (CAS#)	Expected Concentration <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air	Health Affects
<u>Total Petroleum Hydrocarbons</u>	<u>expect no free product</u>	<u>dizziness, eye irritation</u> <u>headache, nose & throat irri</u>

Physical Hazards

Noise Excavations/Trenches
 Traffic Other _____
 Underground Hazards _____
 Overhead Hazards _____

Potential Explosion and Fire Hazards (Flammable Range = 1% to 10% Gas Vapor): _____

LEL meter to be used continuously on site

Level Of Protection Equipment

A B C D See Personal Protective Equipment

Personal Protective Equipment

R = Required A = As Needed

R Hard Hat

R Safety Eyewear (Type) SAFETY GLASSES

R Safety Boots

R Respirator (Type) HALF FACE MINIMUM

 Orange Vest

Filter (Type) CARBON (ORGANIC VAPOR)

R Hearing Protection

Gloves (Type) RUBBER

R Tyvek Coveralls

Other _____

 5 Minute Escape Respirator

SITE HAZARD INFORMATION

FC 1006 (05-11-90)

Monitoring Equipment on Site

- | | |
|---|--|
| <input type="checkbox"/> Organic Vapor Analyzer | <input type="checkbox"/> PID with lamp of _____ eV |
| <input type="checkbox"/> Oxygen Meter | <input type="checkbox"/> Draeger Tube _____ |
| <input checked="" type="checkbox"/> Combustible Gas Meter | <input type="checkbox"/> Passive Dosimeter |
| <input type="checkbox"/> H ₂ S Meter | <input type="checkbox"/> Air Sampling Pump |
| <input type="checkbox"/> W.B.G.T. | <input type="checkbox"/> Filter Media _____ |

Site Control Measures EQUIPMENT STEAMED CLEANED ON SITE, RINSE STORED IN DOT 17H DRUMS
GLOVE, TYVEK SUIT, SPENT CARTRIDGES, TO BE DISPOSED OF WITH DRILL CUTTINGS.
PERSONNEL TO WASH WITH SOAP AND WATER PRIOR TO EATING AND/OR LEAVING SITE.

Decontamination Procedures _____

Hospital/Clinic Kaiser Hospital Phone (510) 596-7600
Hospital Address 280 WEST MacARTHUR BLVD, OAKLAND
Paramedic 911 Fire Dept. 911 Police Dept. 911

Emergency/Contingency Plans & Procedures _____

Site Hazard Information Provided By: Bruce Hageman Phone Number: (510) 284-1661
Bruce Hageman ^{Print}
Bruce Hageman ^{Signature} Date: 12-27-91

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:

BAY AREA TANK REMOVAL

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

A - General Engineering Contractor



Witness my hand and seal this day,

March 28, 1991

Issued March 26, 1991

David R. Phillips
Registrar of Contractors



[Handwritten Signature]
Signature of Licensee

[Handwritten Signature]
Signature of License Qualifier

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

616521
License Number

№ 290600

MAR - 2 - 1992 MON 17:07 AGUIAR ENGINEERING P. 12

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 James Francis Tracy

License No: 616521

Name/Title: Bay Area Tank Removal

WITNESS my hand and official seal this
15th day of May, 1991

David R. Riddle
Registrar of Contractors

CSL 36 (7-88)

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

A3876

10 1

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND INSURANCE

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 3 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/contamination Site Report form. (see Instructions)

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

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

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Signature of Contractor

Name (please type) HAGEMAN-AGUIAR, INC.

Signature [Handwritten Signature]

Date 11-19-91

Signature of Site Owner or Operator

Name (please type) FRANK DeWOLF by MILES BENEDECT, AGENT FOR MR. De WOLF

Signature [Handwritten Signature]

Date 11/19/91

CITY OF EMERYVILLE

TELEPHONE: 596-3759
596-3750
FAX: 420-1789

Emeryville Fire
6303 HOLLIS STREET, EMERYVILLE



FRANK ALHINO
FIRE MARSHAL

JIM EVERSOLE
ASSISTANT CHIEF/FIRE MARSHAL
(415) 888-7878

JIM DICUS
ASSISTANT CHIEF/TRAINING DIVISION
(415)-888-8188

6303 HOLLIS STREET EMERYVILLE, CA 94608

2-28-72

To: Susan Hargo,
The Emeryville Fire Dept.
is in full compliance to fill clean
the inside tanks in place.

Thank You
Frank Alhino



EMERYVILLE FIRE DEPARTMENT
FIRE PREVENTION BUREAU
646 HOLLIS STREET
EMERYVILLE, CA 94608
250678

CITY OF EMERYVILLE

FIRE CODE PERMIT

No. 1268

PERMISSION IS HEREBY GRANTED Rix Fast/Hogeman-Aguilar
TO ~~OPERATE~~ 5-U.S.T.s
~~MAINTAIN~~ Rennette
~~STORE~~
ON PREMISES LOCATED AT 6460 Hollis St.

PERIODIC INSPECTIONS ARE A CONDITION OF THIS PERMIT WHICH IS ISSUED IN ACCORDANCE WITH UNIFORM FIRE CODE, AS SPECIFIED IN SECTION _____ OF SAID CODE.

ADDITION REQUIREMENTS _____

ENG. CO. DISTRICT # 2 EXPIRATION DATE: 4/30/92

THIS PERMIT MUST BE POSTED WITH BUSINESS LICENSE

PERMIT APPROVED BY
Frank A. Alford 2/20/92
FIRE MARSHAL DATE