

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



Certified Mailer # P 368 729 405

December 11, 1997

Mr. Jim Owens
2301 Encinal Avenue
Alameda, CA 94501

STID 4482

Re: Alameda Lock & Glass, 2301 Encinal Avenue, Alameda, CA

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

FINAL NOTICE OF VIOLATION

Two previous letters from this office dated October 3, 1996, and October 1, 1997, were mailed to you requesting further characterization to delineate the extent of a lead plume at the above site. As of this date, this office has not received a workplan. As mentioned in the previous letters, you are required to obtain professional services of an environmental consultant. **All reports and proposals must be submitted under the seal of a California-Registered Geologist, Certified Engineering Geologist, or Registered Civil Engineer.**

If a "Subsurface Workplan" is not received in our office within 45 days of the receipt of this letter, your file will be forwarded to the District Attorney's Office for review.

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

Sincerely,

Larry Seto
Sr. Hazardous Materials Specialist

CC: Tom Peacock, Manager, Local Oversight Program
Dick Pantages, Chief, Hazardous Waste Division
Bob Chambers, Alameda County District Attorney, Consumer and
Environmental Protection

P 368 729 405

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

PS Form 3800, April 1995

Sent to: <u>Jim Owens</u>	
Street & Number: <u>2301 Encinal Ave.</u>	
Post Office, State, & ZIP Code: <u>Alameda CA 94501</u>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse?

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:
 Mr. Jim Owens
 2301 Encinal Ave.
 Alameda, CA 94501


4a. Article Number
 P 368 729 405

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X 

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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) 667-6700
FAX (510) 337-9335

October 1, 1997

Mr. Jim Owens
2301 Encinal Avenue
Alameda, CA 94501

STID 4482

Re: Lead-contaminated groundwater at Alameda Lock & Glass, located at 2301 Encinal Avenue, Alameda, California

NOTICE OF VIOLATION

Dear Mr. Owens,

On August 1, 1996, one 1,000-gallon leaded gasoline underground storage tank (UST) and two 500-gallon leaded gasoline USTs were filled with an inert material and closed in-place at the above site. Prior to the closure of these USTs, soil and groundwater samples were collected from several borings placed adjacent to the USTs. These samples were analyzed for Total Petroleum Hydrocarbons as gasoline (TPHg), benzene, toluene, ethylbenzene, and total xylenes (BTEX), methyl t-butyl ether, and lead. Only low to NonDetect levels of TPHg and BTEX were identified in the soil samples, however, up to 62 ppm lead was identified in one soil sample, and elevated levels of lead, greatly exceeding the California drinking water standard of 50 ppb, were identified in two groundwater samples even after filtering with a 0.45 micron filter (at 270 ppb and 840 ppb).

Based on the fact that the three former USTs at the site were used to store leaded gasoline, it is very likely that the observed lead contamination is resulting from these former USTs. Due to the elevated lead concentrations observed in the groundwater beneath the site, this office is concerned about the potential human health threat and the magnitude of this lead contaminated groundwater plume. Consequently, this office is requesting that further characterization be conducted to delineate the extent of this contaminant plume. Additionally, the groundwater investigations should include a Total Dissolved Solids (TDS) analysis to determine whether the groundwater beneath the site is potentially potable.

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

Mr. Jim Owens
Re: 2301 Encinal Avenue
October 1, 1997
Page 2 of 2

ground water.

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

You were sent a letter by this department dated October 3, 1996. To date you have made no response to this department. Please submit a work plan, addressing the above work, within 60 days of the date of this letter (i.e., by December 1, 1997).

If you have any questions or comments, please contact Larry Seto at (510) 567-6774.

Sincerely,



Thomas Peacock, Manager
Environmental Protection Division

c: Gordon Coleman, Chief -files

Lamm
Info.

AUGUST 4, 1997

TO: TOM PEACOCK

FROM: JULIET SHIN

HIGH PRIORITY CASES FOR MY ALAMEDA SITES:

4465E
LS

o ✓ 620 Central Avenue, Alameda - Workplan is overdue to this office for contamination identified during the tank removal.

5038-LS

o ✓ 1310 Central Avenue, Alameda - Workplan is overdue to this office for contamination identified during the tank removal. Need to contact them right away and send an NOV.

7045-EC

o ✓ 2415 Mariner Square Dr., Alameda - This is a very complicated site, which is located immediately adjacent to the Inner Harbor. Please refer to the County's February 21, 1997 letter which lists in detail the additional work required at the site. The site has recently submitted a tank removal plan, which is being overseen by eva Chu.

8110-LS

o ✓ 2428 Central Avenue, Alameda - A risk assessment for the site was submitted in April 1997. This office contacted David Vossler in May 1997 and requested that they answer some questions regarding the risk assessment, which is outlined in the "contact log" in the files. David Vossler didn't get back to this office with the response, and this office once again contacted him in June 1997 and he said that he would submit the responses shortly. To this date, this office has not yet received answers to our questions regarding the risk assessment. The risk assessment, along with the case files, were forwarded to Madhulla Logan for review even without Mr. Vossler's response.

4442-EC

o ✓ 2006 Encinal Avenue, Alameda - A quarterly groundwater monitoring report is overdue to this office. Unfortunately, the case files for this site cannot be found. Maybe you'll have better luck finding them. It's important, since the plume concentrations appear to be increasing and the plume does not appear to be stable. Containment measures or further delineation may be required. I believe that the site received an LOC from the State Trust Fund.

Found.
Rec'd
by [unclear]
Rev 201

4445-LS

o ✓ 2301 Encinal Avenue, Alameda - I believe that this site may turn into a Review Panel case. The R.P. has been recalcitrant in implementing the required work. A letter was sent to the R.P. in October 1996 requesting that a workplan be submitted for additional investigations into the elevated concentrations of lead in the groundwater. At this time, we are just requesting that the extent of this lead contamination be delineated.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

October 3, 1996

Mr. Jim Owens
2301 Encinal Avenue
Alameda, CA 94501

STID 4482

*1/2/97
Sim
Per our call
the new design
the workplan.*

Post-It™ brand fax transmittal memo 7671 # of pages ▶ 2

To	Row Brown	From	Juliet Shin
Co.			

Post-It™ brand fax transmittal memo 7671 # of pages ▶ 2

To	Jim Owens	From	Juliet Shin
Co.	Alameda Lock & Glass	Co.	Alameda County
Dept.		Phone #	510-567-6763
Fax #	510-521-4792	Fax #	510-337-9335

Re: Lead-contaminated groundwater at Alameda Lock & Glass, located at 2301 Encinal Avenue, Alameda, California

Dear Mr. Owens,

On August 1, 1996, one 1,000-gallon leaded gasoline underground storage tank (UST) and two 500-gallon leaded gasoline USTs were filled with an inert material and closed in-place at the above site. Prior to the closure of these USTs, soil and groundwater samples were collected from several borings placed adjacent to the USTs. These samples were analyzed for Total Petroleum Hydrocarbons as gasoline (TPHg), benzene, toluene, ethylbenzene, and total xylenes (BTEX), methyl t-butyl ether, and lead. Only low to NonDetect levels of TPHg and BTEX were identified in the soil samples, however, up to 62 ppm lead was identified in one soil sample, and elevated levels of lead, greatly exceeding the California drinking water standard of 50 ppb, were identified in two groundwater samples even after filtering with a 0.45 micron filter (at 270 ppb and 840 ppb).

Based on the fact that the three former USTs at the site were used to store leaded gasoline, it is very likely that the observed lead contamination is resulting from these former USTs. Due to the elevated lead concentrations observed in the groundwater beneath the site, this office is concerned about the potential human health threat and the magnitude of this lead contaminated groundwater plume. Consequently, this office is requesting that further characterization be conducted to delineate the extent of this contaminant plume. Additionally, the groundwater investigations should include a Total Dissolved Solids (TDS) analysis to determine whether the groundwater beneath the site is potentially potable.

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

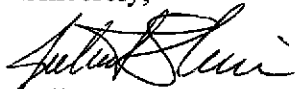
Mr. Jim Owens
Re: 2301 Encinal Avenue
October 3, 1996
Page 2 of 2

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

Please submit a work plan, addressing the above work, within 60 days of the date of this letter (i.e., by November 28, 1996).

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

Sincerely,



Juliet Shin
Senior Hazardous Materials Specialist

cc: Acting Chief



MicroSearch Environmental Corporation

318 Harrison Street, Suite 1A Oakland, CA 94607 (510) 452-5500 Fax: (510) 452-5510

October 3, 1996

Ms. Juliet Shin
Alameda County
Environmental Health Services
1131 Harbor Bay Pkwy., # 250
Alameda, CA 94502-6577

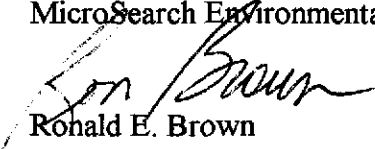
Re: Underground Storage Tank Permit Application - Form B
Alameda Lock and Glass - 2301 Encinal Ave., Alameda

Dear Ms. Shin;

Attached please find the Form B for the three tanks located at Alameda Lock and Glass. The original Form A has been submitted, however a copy is enclosed for you information.

Should you have any questions, please feel free to call me at (510) 452-5500

Sincerely,
MicroSearch Environmental Corp.


Ronald E. Brown
President



MicroSearch Environmental Corporation

318 Harrison Street, Suite 1A Oakland, CA 94607 (510) 452-5500 Fax: (510) 452-5510

95 SEP 18 PM 2:05

ENVIRONMENTAL
PROTECTION

Julie He,

This is the FORM A & B for Alameda Lake
& Glass.

Please call if you have any questions.

Ron Brown

9/24/98

They submitted only our Form B. I called
left message w/ Rachel Stevens, Micro Search,
requesting that she submit our Form B
for each of the four USTs. Will need
her w/ Form B's.

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	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input checked="" 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>Alameda Lock & Glass</i>		NAME OF OPERATOR		
ADDRESS <i>2301 Encinal Ave</i>		NEAREST CROSS STREET		PARCEL # (OPTIONAL)
CITY NAME <i>Alameda</i>		STATE <i>CA</i>	ZIP CODE <i>94501</i>	SITE PHONE # WITH AREA CODE <i>510 521 5503</i>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST _____				
TYPE OF BUSINESS		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS		# OF TANKS AT SITE
<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				E. P. A. I. D. # (optional)

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Jim Owens, Jim</i>	PHONE # WITH AREA CODE <i>510-521-5503</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>Jim Owens</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>2301 Encinal Ave</i>		<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 <i>Alameda</i>		STATE <i>CA</i>	ZIP CODE <i>94501</i>	PHONE # WITH AREA CODE <i>510-521-5503</i>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>Jim Owens</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>2301 Encinal Ave</i>		<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 <i>Alameda</i>		STATE <i>CA</i>	ZIP CODE <i>94501</i>	PHONE # WITH AREA CODE <i>510-521-5503</i>

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 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 type="checkbox"/> 99 OTHER	

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

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

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

OWNER'S NAME (PRINTED & SIGNED) <i>ROBERT BROWN (AGENT OF OWNER)</i> <i>Robert Brown</i>	OWNER'S TITLE <i>Agent of Owner</i>	DATE MONTH/DAY/YEAR <i>9/18/96</i>
--	--	---------------------------------------

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

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

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

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 checked="" 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:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. #	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN (est 1954)</u>	D. TANK CAPACITY IN GALLONS: <u>500</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input 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"/> 1c MIDGRADE UNLEADED <input checked="" type="checkbox"/> 2 LEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <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 checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM <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 OR COATING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
D. EXTERIOR 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, etc. SPILL CONTAINMENT INSTALLED (YEAR) <u>NO</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NO</u> DROP TUBE YES <u>NO</u> STRIKER PLATE YES <u>NO</u> DISPENSER CONTAINMENT YES <u>NO</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>U</u> 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A <u>U</u> 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 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 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A <u>U</u> 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
	<input type="checkbox"/> 99 OTHER				

V. TANK LEAK DETECTION

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

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

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1966</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>NONE</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
--	--	---

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>James E Owens J Owens</u>	DATE <u>10-7-96</u>
---	------------------------

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

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

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

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 checked="" 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: _____

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

A. OWNER'S TANK I. D. # _____	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN (Est. 1954)</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"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED
			<input checked="" 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"/> 8 M85
			<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	B. TANK MATERIAL (Primary Tank)	C. INTERIOR LINING OR COATING
<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"/> 2 ALKYD LINING
<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 3 EPOXY LINING
<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 5 UNKNOW
	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input checked="" type="checkbox"/> 6 UNLINED
	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP	<input type="checkbox"/> 99 OTHER _____
	<input type="checkbox"/> 9 BRONZE	
	<input type="checkbox"/> 10 GALVANIZED STEEL	
	<input type="checkbox"/> 95 UNKNOWN	
	<input type="checkbox"/> 99 OTHER _____	

D. EXTERIOR 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, etc. IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

SPILL CONTAINMENT INSTALLED (YEAR) NO OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) NO

DROP TUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

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

A. SYSTEM TYPE	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 MECHANICAL 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 CONTINUOUS INTERSTITIAL MONITORING
A U 4 FLEXIBLE PIPING	A U 95 UNKNOWN	A U 4 FIBERGLASS PIPE	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR
A U 99 OTHER	A U 99 OTHER	A U 5 ALUMINUM	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
		A U 6 CONCRETE	<input type="checkbox"/> 99 OTHER _____
		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 checked="" type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

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

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1995 1966</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>NONE</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---	--	---

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>JAMES EDWARDS JONES</u>	DATE <u>10-7-96</u>
---	------------------------

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

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

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 checked="" 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:

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

A. OWNER'S TANK I. D. #	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN (est. 1954)</u>	D. TANK CAPACITY IN GALLONS: <u>500</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	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"/> 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"/> 1c MIDGRADE UNLEADED <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 8 M85 <input checked="" type="checkbox"/> 2 LEADED <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 checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM <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 OR COATING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. EXTERIOR 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, etc. SPILL CONTAINMENT INSTALLED (YEAR) <u>NO</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NO</u> DROP TUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___		

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A <u>U</u> 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A <u>U</u> 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 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>U</u> 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
	<input type="checkbox"/> 99 OTHER				

V. TANK LEAK DETECTION

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

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

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1966</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>NONE</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
--	--	---

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>James E. Owens Jr. Owens</u>	DATE <u>10-7-96</u>
---	---------------------

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

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

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

3927

ALAMEDA LOCK & GLASS

2301 ENCINAL AVE. 510-521-5503
ALAMEDA, CA 94501

11-24
1210(B)

APRIL 4, 19 96

PAY TO THE ORDER OF ALAMEDA COUNTY HEALTH CARE SERVICES

\$ 1188.00

ONE THOUSAND ONE HUNDRED EIGHTY EIGHT DOLLARS & NO/100

DOLLARS

2301 Encinal Ave Alameda
Tank Closure Permit

THIS CHECK IS DELIVERED FOR PAYMENT ON THE ACCOUNTS LISTED

Peggy J. Schaefer

MP

⑈003927⑈ ⑆121000248⑆0147 047419⑈

SOUTH SHORE ALAMEDA OFFICE
WELLS FARGO BANK
2260 OTIS DRIVE, ALAMEDA, CA 94501

© DELUXE, TV

Transfer of Eligible Local Oversight Case

STID 4482 Date of input/By: 8/12/96 (na)

Date: 8/12/96 From: Juliet Shin

Site Name: Alameda Lock & Glass

Address: 2301 Encinal Ave City: Alameda Zip: 94501

To be eligible for LOP, case must meet 3 qualifications:

1. Y N Closed in place Tanks Removed? # of removed? 3 Date removed: 8/1/96
2. Y N Samples received? Contamination level: 270 ppm H₂O
 Type of test Dissolved lead analysis ←
 Contamination should be over 100 ppm TPH to qualify for LOP
3. Y N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet
 • diesel • waste oil • kerosene • solvents

Procedure to follow should your site meet all the above qualifications:

1. a. Close the deposit refund case.
 b. Account for ALL time you have spent on the case.
 c. Turn in 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 more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s: 8560
 DepRef Case Closed with Candyce/Leslie? Y N (If no, explain why below.)

2. Submit the completed **A** and **B** permit application forms to **NORMA**.
3. Give the entire case to the proper LOP staff.

LOP - RECORD CHANGE REQUEST FORM

printed:
08/08/97

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

Insp: LS

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 4482 LOC:
 SITE NAME: Alameda Lock & Glass DATE REPORTED : 05/02/96
 ADDRESS : 2301 Encinal Ave DATE CONFIRMED: 07/29/96
 CITY/ZIP : Alameda 94501 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: O CONTRACT STATUS: 4 PRIOR CODE:3A1 EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 10/03/96
 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: 10/03/96
 LUFT FIELD MANUAL CONSID: 3HSCA
 CASE CLOSED: DATE CASE CLOSED:
 DATE EXCAVATION STARTED : REMEDIAL ACTIONS TAKEN: *NT*

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: Jim Owens
 COMPANY NAME: Alameda Lock & Glass
 ADDRESS: 2301 Encinal Avenue
 CITY/STATE: Alameda, C A 94501

INSPECTOR VERIFICATION:

NAME _____	SIGNATURE _____	DATE _____
------------	-----------------	------------

DATA ENTRY INPUT:

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

Need follow-up from Oct 3, 96

*request - Second Notice -
send second notice of violation from
Gruet's computer*

Sample No.

WATER SAMPLE LOG

Sample No. S-8

Project No.: 89100119/0800 Date: 5-23-90

Project Name: Shell Bass

Sample Location: 6005 Jarvis

Well Description: 4"

Weather Conditions: cl., Windy

Observations / Comments: Weekly F.P. Sampling

Quality Assurance

Sampling Method: Designated Bailor

Method to Measure Water Level: I.F. Probe

Pump Lines: New / Cleaned Bailor Lines: New / Cleaned

Method of cleaning Pump / Bailor:

pH Meter No.: Calibrated

Specific Conductance Meter No.: Calibrated

Comments: Depth to H₂O 9.02'

Sampling Measurements

Water Level (below MP) at Start: End:

Measuring Point (MP):

Time	Discharge (gallons)	pH	Temp. (°C)	Specific Conductance (µmhos / cm)	Turbidity	Color	Odor	Comments
not sampled								

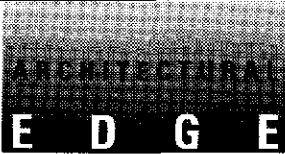
Total Discharge: 5 gallons Casing Volumes Removed:

Method of disposal of discharged water: 55 gallon drum

Number and size of sample containers filled: No Sheen, Slight H₂S odor

Collected by: J. Haus

Woodward-Clyde Consultants
500 12th Street, Suite 100, Oakland, CA 94607-4014
(415) 893-3600



ENVIRONMENTAL
PROTECTION

96 APR -2 PM 12:09

Architecture & Planning

April 1, 1996

Re: Tank Closure at 2103 Encinal Street in Alameda.

Gentlemen:

1202 Lincoln Avenue
Alameda, CA 94501

Phone: 510.522.7038
FAX: 510.522.4870

We are requesting that you grant Jim Owens permission to "cap in place" the underground fuel storage tanks that are on the premisses of his lock and glass company. Our concern is that the tanks are too close to the perimeter foundation of the retail building in which Mr. Owens operates his business. We believe that the perimeter foundation of the bearing wall will likely be damaged if the soil adjacent to the tanks is disturbed. This damage is likely because the building is old and the levels of reinforcing found within concrete foundations of this vintage are not sufficient to withstand undermining of the soil that provides bearing.

The attached soil analysis indicates that there are very low levels of contaminants in the soil around the tank. We believe that the risk of damaging the structure is great enough that, in light of the soil analysis, the public interest would be best satisfied by capping the tanks.

Sincerely,

Mark Wommack,
Architect

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Alameda Lock + Glass Today's Date 8, 1, 96

Site Address 2301 Encinal Ave

City Alameda Zip 94 502 Phone _____

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

Inspection Categories:

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

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

Comments:

^{today}
Came out to oversee filling of USTs in place at ~11:30 AM. The USTs had already been rinsed and pumped by Romic Environmental Technologies, East Palo Alto, CA. The rinse material consisted of ~2 gallons of Simply Green, 1 gallon of IRIS degreaser, and ~300 gallons of water according to Ron Brown. ~100 gallons of water was used to rinse each UST. Using a stick, we estimated that ~1/2 inch of rinseate was left at bottom of one of the 500-gallon USTs and < 1/4 inch was left in the other 500-gallon UST and 4,000-gallon UST. The slurry mixture is a "6 slump" & some additional water will be added to help place in USTs but will stay w/in "6 slump" range. Began filling USTs w/ the concrete slurry mix. Had difficulty w/ mixture initially because too dry & difficult to get down hole. During placement of slurry, a blockage was noted in fill pipe of one of the 500-gallon USTs. Inspector had to leave & break. USTs were completely filled. USTs will be completely filled w/ the slurry & concrete capped today. Will provide County w/ receipt from RMC however on how much slurry used.

Contact Ron Brown
Title President
Signature Ron Brown

Inspector Juliet Shin
Signature Juliet Shin

II, III

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Alameda Lock & Glass Today's Date 8/1/96

Site Address 2301 Encinal Ave

City Alameda Zip 94502 Phone _____

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

Inspection Categories:

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

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

Comments:

today
Came out to oversee filling of USTs in place at ~11:30 AM. The USTs had already been rinsed and pumped by Romco Environmental Technologies, East Palo Alto, CA. The rinse material consisted of ~2 gallons of Simply Green, 1 gallon of IRIS degreaser, and ~300 gallons of water according to Ron Brown. ~100 gallons of water was used to rinse each UST. Using a stick, we estimated that ~1/2 inch of residue was left at bottom of one of the 500-gallon USTs and < 1/4 inch was left in the other 500-gallon UST and 1,000-gallon UST. The slurry mixture is a "6 slump" + some additional water will be added to help place in USTs but will stay w/in "6 slump" range. Began filling USTs w/ the concrete slurry mix. Had difficulty w/ mixture initially because too dry & difficult to get down hole. During placement of slurry, a blockage was noted in fill pipe of one of the 500-gallon USTs. Inspector had to leave before USTs were completely filled. USTs will be completely filled w/ the slurry & concrete capped today. Will provide County w/ receipt from RMC however on how much slurry used.

Contact Ron Brown
Title Inspector
Signature [Signature]

Inspector Juliet Shin
Signature [Signature]

II, III

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

printed 07/26/96

SITE INFORMATION

Alameda Lock & Glass
2301 Encinal Ave
Alameda 94501
Site Contact:
Site Phone :

StID: 4482 Site#: 4226
PROJECT#: 4226A
PROJECT TYPE: *** R ***
INSP: Juliet M Shin
ACCT. SHEET PG #: _____

PROPERTY OWNER INFORMATION

Owner Contact:
Owner Phone :

PAYOR INFORMATION

Alameda Lock & Glass
2301 Encinal Ave
Alameda CA 94501 #933
Payor Contact:
Payor Phone : 510-521-5503

Date	Action Taken	Time		Hours Spent/ Depstd	Hour Balance	Money Spent/ Depositd	Money Balance
		In	Out				
	Balance from Prev. Page	
	04/04/96 Rcpt# 783626 Deposit of \$1,188.00 @ \$94/hour			+12.63		+\$1,188.00	
	<i>Continued from previous page</i>					6.49	583. ⁸⁰
7/13/96	<i>Left message for Don Brown. Spoken to Julie Owens.</i>			0.2	6.29	18 ⁸⁰	565 ⁰⁰
7/25/96	<i>Met w/ Don Brown & Mark Alamat. Spoken to Larry, RMC, & logged.</i>			1	5.29	94 ⁰⁰	471 ⁰⁰
7/30/96	<i>Spoken to Don Brown & logged. Reviewed sample results.</i>			0.5	4.79	47 ⁰⁰	424 ⁰⁰
8/1/96	<i>Went out to oversee filling of USTs in place.</i>			3	1.79	282 ⁰⁰	142 ⁰⁰
8/1/96	<i>Discussed lead issue w/ Madhulla Logan</i>			0.6	1.19	56 ⁴⁰	85 ⁶⁰
	<i>Close Case. Transferred to LOP.</i>						

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : Juliet Shin ATTACH: State Forms A, B & C
 Billing Adjustment*
DATE OF COMPLETION : 8/12/96 DATE SENT TO BILLING: 8/12/96
TOTAL COST OF PROJECT: \$1,102.40 REFUND AMOUNT: \$85⁶⁰ Rev. 5/96

* Billing adjustment forms needed when site is in our UST program.

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

printed 04/04/96

SITE INFORMATION

Alameda Lock & Glass
2301 Encinal Ave
Alameda 94501
Site Contact:
Site Phone :

StID: 4482 Site#: 4226
PROJECT#: 4226A
PROJECT TYPE: *** R ***
INSP: Juliet M Shin
ACCT. SHEET PG #: _____

PROPERTY OWNER INFORMATION

Owner Contact:
Owner Phone :

PAYOR INFORMATION

Alameda Lock & Glass
2301 Encinal Ave
Alameda CA 94501 #933
Payor Contact:
Payor Phone : 510-521-5503

Date	Action Taken	Time In	Time Out	Hours Spent/Depstd	Hour Balnce	Money Spent/Depositd	Money Balance
04/04/96	Rcpt# 783626 Deposit of \$1,188.00 @ \$90/hour			+13.19	+13.19	1,188.00	1,188.00
04/04/96	Admin. Charge: 1 hour			1.00	12.19	90.00	1,098.00
4/8/96	Reviewed portion of plan. Spoke to Mark Wornat & Ron Brown re work & logged			1	11.19	90.00	1,008.00
4/9/96	Spoke to Ron Brown, completed review of plan & logged chng.			0.6	10.59	54.00	954.00
4/22/96	Spoke to Ron Brown & logged			0.4	10.19	36.00	918.00
4/23/96	Went out to discuss soil sampling adjacent to 500-gallon USTs			2	8.19	180.00	738.00
5/13/96	Reviewed sampling data, spoke to Ron Brown, & left message signed off on reports & made copies			1.0	7.19	90.00	648.00
5/14/96	Received fax. made copies & attached to plans. Spoke to Ron Brown re dissolved lead analysis & work			0.2	6.99	18.00	630.00
7/3/96	Spoke to Mark Wornat			0.2	6.79	18.00	612.00
7/18/96	Spoke to Mark Wornat & left messages for Ron Brown & Jim Owens. looked over files.			0.3	6.49	28.00	583.00

UPON COMPLETION OF PROJECT

7/23/96 Left message for Ron Brown spoke to Jim Owens 0.2
PROJ COMPLETED BY : _____ ATTACH: _____ State Forms A, B & C
Billing Adjustment*

DATE OF COMPLETION : _____ DATE SENT TO BILLING: _____

TOTAL COST OF PROJECT: _____ REFUND AMOUNT: _____ Rev. 5/95

* Billing adjustment forms needed when site is in our UST program.



MicroSearch Environmental Corporation
 318 Harrison Street, Suite 1A, Oakland, CA 94607
 (510) 452-5500 Fax: (510) 452-5510

Facsimile Cover Sheet

To: Juliet Shin
 Company: Alameda County Environmental Health
 Phone: _____
 Fax: (510) 339-9335

From: Ron Brown

Phone: 510-452-5500
 Fax: 510-452-5510

Date: May 14, 1996

Pages including this cover page: 2

Comments: Juliet
Attached is the sample layout
map for Alameda Lock & GLASS.

Ron Brown

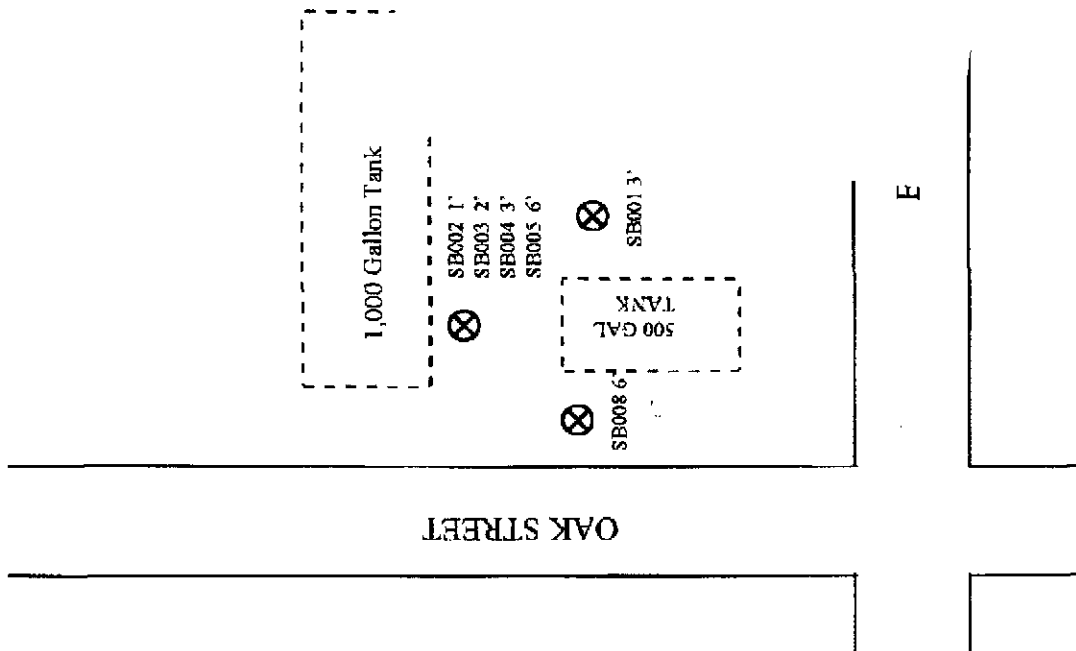
5/13

Left Mr. Brown a message requesting that he fax me site figure w/ sample locations. Also, mention lead is a concern.

Since lab still has sample, I requested they run it again after filtering to get the dissolved concentrations

318 Harrison
Suite 1A
Oakland, CA 94607
(510) 452-5500
(510) 452-5510

MSE
MicroSearch
Environmental
Corporation



Project Specialist (print) Juliet Stein 5/13/96
 Please note the tanks added or checked in red ink. Please notify this office at least 48 hrs in advance of tank closure in place per our 5/14/96 conversation, please run lead analysis again on sample 5B006w after filling, to obtain dissolved concentrations.

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 ENVIRONMENTAL PROTECTION DIVISION
 1131 HARBOR BAY PARKWAY ROOM 250
 ALAMEDA, CA 94502-6577
 PHONE NO. (510) 564-6700
 FAX NO. (510) 337-9335

ACCEPTED

Underground Storage Tank Closure Application
 Alameda County Division of Environmental Health
 1131 Harbor Bay Parkway
 Alameda, CA 94502-6577

These closure/removal plans must be submitted to the State and local health departments and local laws. The Department of Environmental Health must be notified of any changes or alterations. Any changes or alterations must be submitted to the State and local health departments and local laws. The Department of Environmental Health must be notified of any changes or alterations. Notify this Department at least 72 hours in advance of the required inspections.

- Removal of Tanks
- Sampling
- Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:
 Contact Specialist

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

Tanks will be closed in place.
 (refer to attached analysis results for soil and groundwater samples collected from beneath tanks)

1. Business Name Alameda Lock & Glass
 Business Owner Jim Owens
2. Site Address 2301 Encinal ave
 City Alameda Zip Ca Phone 510 521 5503
3. Mailing Address 2301 Encinal ave
 City Alameda Zip 94501 Phone 510 521 5503
4. Land Owner Jim Owens
 Address 2301 Encinal ave
 City, State Alameda Zip 94501
5. Generator name under which tank will be manifested OWNER IS REQUESTING A TEMPORARY I.D. NUMBER FROM DTSC.
 EPA I.D. No. under which tank will be manifested REQUESTED TEMPORARY ID NO.

6. Contractor MicroSearch Environmental/Lawrence Construction
Address 318 Harrison Street, suite 1A
City Oakland Ca 94607 Phone ~~510~~ (510) 452-5500
License Type* A, B, HAZ, ASB ID# 634365 A-B

*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 MicroSearch Environmental Inc.
Address 318 Harrison Street Suite 1A
City OAKLAND CA 94607 Phone 510 452 5500

8. Contact Person for Investigation
Name Ronald Brown Title President
Phone 510 452 5500

9. Number of tanks being closed under this plan 3
Length of piping being removed under this plan, in feet 0
Total number of tanks at facility 3

10. State Registered Hazardous Waste Transporters and/or Facilities (see instructions).
** Underground storage tanks must be handled as hazardous waste**

a) Product/Residual Sludge/Rinsate Transporter
Name ERACKSON INC. EPA I.D. No. 982417560
CA0009466392
Hauler License No. 0019 License Exp. Date 12/31/94
Address 255 PARR Blvd.
City Richmond State Ca Zip 94801

b) Product/Residual Sludge/ Rinsate Disposal Site
Name ERACKSON INC. EPA I.D. No. _____
Address see (a) above
City _____ State _____ Zip _____

c) Tank and Piping Transporter

Name ERICKSON INC EPA I.D. No. CA0009466392
Hauler License No. 0019 License Exp. Date 12/31/94
Address 255 PERR Blvd
City Richmond State Ca Zip 94801

d) Tank and Piping Disposal Site

Name ERICKSON NEPA I.D. No. _____
Address see (c) above
City _____ State _____ Zip _____

11. Sample Collector

Name Micro Search Environmental
Company 318 Harrison Street, Suite 1 A
Address Oakland
City Oakland State Ca Zip 94607 Phone _____

12. Laboratory

Name Trace Analysis
Address 3423 Investment Blvd
City Hayward State Ca Zip 94545
State Certification No. 1199

13. Have tanks or pipes leaked in the past? Yes [] No [] Unknown []
If yes, describe. _____

14. Describe methods to be used for rendering tank inert

tank contents removed (pumped out) w/ vacuum truck, Triple
rinse & remove rinse, next 3 lbs dry ice per 100 gallons
of tank

Before tanks are pumped out and made inert, 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, (415)771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments require the use of explosion-proof combustible gas indicators to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas indicator on site to verify the tank is inert.

15. Tank History and Sampling Information

Tank		Material to be Sampled (tank contents, soil, ground-water)	Location and Depth of Samples
Capacity	Use History (see instructions)		
1000 gal.	all tanks were installed in early 1960's or before, Tanks have been out of use since about 1970.	→ 2 soil samples, one from beneath each end of the tank leaded gasoline TPHG & BTEX	within two feet of tank bottom → 1 soil sample to be collected from beneath each tank
500 gal.			
500 gal.			

leaded gas
leaded gas
leaded gas

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
NOT Applicable: OWNER is requesting in-place closure of TANKS	IF REQUIRED, CONSULTANT WILL PERFORM A COMPOSITE SAMPLE OF THE STOCKPILE AND TEST FOR TPH-GASOLINE AND BTEX

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
Leaded gasoline constituents (TPH & BTEX) <u>Total Lead</u>	EPA 8020	—	50 PPM

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) see plot plan in soils analysis
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 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 print) RONALD E. BROWN
Signature Ronald E. Brown
Date 4/1/96

Signature of Site Owner or Operator

Name (please print) JAMES E OWENS
Signature James E Owens
Date 4-1-96

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 12-01-95

POLICY NUMBER: 1408853 - 95
CERTIFICATE EXPIRES: 12-01-96

ALLIED TECHNICAL GROUP
ATTN: MR. ERICK SU
47375 FREMONT BLVD.
FREMONT CA 94538

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

This policy is not subject to cancellation by the Fund except upon 10 days' advance written notice to the employer.

We will also give you 10 days' advance notice should this policy be cancelled prior to its normal expiration.

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

Kenneth C. Bollier
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

EMPLOYER

LEGAL NAME

MICRO SEARCH ENVIRONMENTAL CORP.
318 HARRISON ST. #1A
OAKLAND CA 94607

MICRO SEARCH ENVIRONMENTAL CORPORATI

205
12

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 #4482 Site Name Alameda Lock & Glass Today's Date 4/23/96

Site Address 2301 Encinal Ave.

City Alameda Zip 94502 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

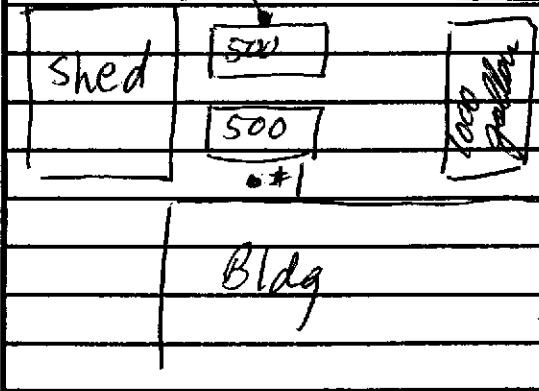
* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

Went out to site to oversee soil sampling from beneath the two 500-gallon USTs. One soil sample will be collected from beneath each UST. One grab groundwater sample will also be collected. These samples may be used as part of the closure-in-place requirements. Samples will be analyzed for PHg, BTEX, lead, ethyldibromide and ethylene dichloride (previously found in leaked gas to control emissions). Sample location #1 ->

OAK ST.

Encinal



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(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Rtk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N)
- 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
- 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
- Monitoring for Existing Tanks**
- 11. Monitor Plan 2632
- 12. Access. Secure 2634
- 13. Plans Submit 2711
- Date: _____
- 14. As Built 2635
- Date: _____
- New Tanks**

Rev 6/88

Contact: Ronald Brown - MicroSeoul Environmental
 Title: President
 Signature: Ronald Brown
 Inspector: Juliet Shin
 Signature: Juliet Shin

II, III

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Division Inspection Form

Site ID# _____ Site Name Alameda Lock & Glass Today's Date 4/23/96
 Site Address 2301 Encinal Ave EPA ID# _____
 City Alameda Zip 94502 Phone _____

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

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

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

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

Comments:
 contained stained sandy soil w/ strong odor. As the consultants hand-augured deeper into sample #1 location the stain & odor dissipated at ~ 3' bgs. Soil sample was collected at 3' bgs w/ hand-held sampler. Sample was very sandy w/ no stains or odors. Placed in brass tube, capped, & iced. Soil at ~ 6' bgs in sample location #1 is moist sandy soil w/ traces of silty clayey silt. Water is anticipated at ~ 6' bgs. Soil sample collected from 6' bgs was sandy & wet w/ no stain or odor. Another soil sample will be collected from the side of the other UST at 3+6' bgs. These soil samples, along w/ the "grab" groundwater sample shall be analyzed for TPHg, BTEX, total lead, etc & edb.

- IB TRANSPORTER (Title 22)**
- 32. Applic./Insurance 66428
 - 33. Comp. Cert./CHP Insp. 66448
 - 34. Containers 66465
-
- Manifest**
- 35. Vehicles 66465
 - 36. EPA ID #s 66531
 - 37. Correct 66541
 - 38. HW Delivery 66543
 - 39. Records 66544
-
- Cont'n**
- 40. Name/ Covers 66545
 - 41. Recyclables 66800

Rev 6/88

Contact: Ron Brown - Micro Search
 Title: President
 Signature: Ron Brown

Inspector: Juliet Shin
 Signature: Juliet Shin

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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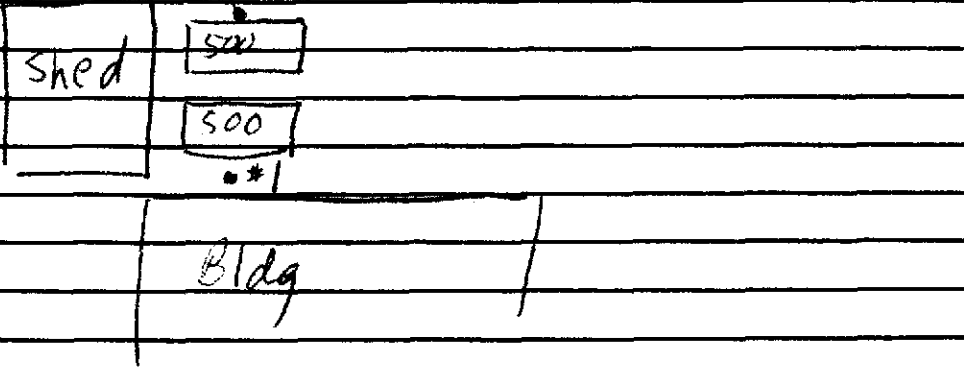
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OAK ST.



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- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

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- Semi-annual groundwater
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- 3) Daily Vadose
- One time soils
- 4) Monthly Groundwater
- One time soils
- 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
- 7. Precs Tank Test Date: 2643
- 8. Inventory Rec. 2644
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- 10. Ground Water. 2647
- New Tanks**
- 11. Monitor Plan 2632
- 12. Access. Secure 2634
- 13. Plans Submit 2711
- Date:
- 14. As Built 2635
- Date:

Monitoring for Existing Tanks

New Tanks

Rev 6/88

Contact: Ronald...
Title: ...
Signature: ...

Inspector: Juliet Shin
Signature: Juliet Shin

II, III

