

File No. 7-93-556-SI

ENVIRONMENTAL
PROTECTION

99 MAR -3 PM 3:25

**SOIL SAMPLING BENEATH
REMOVED UST AT THE PROPERTY
LOCATED AT 2740 98th AVENUE
OAKLAND, CALIFORNIA
DECEMBER 18, 1998**

**PREPARED FOR:
MS. MOLLY GHOFRANI
2000 STRATTON ROAD
WALNUT CREEK, CALIFORNIA 94598**

**BY:
ENVIRO SOIL TECH CONSULTANTS
131 TULLY ROAD
SAN JOSE, CALIFORNIA 95111**

ENVIRO SOIL TECH CONSULTANTS

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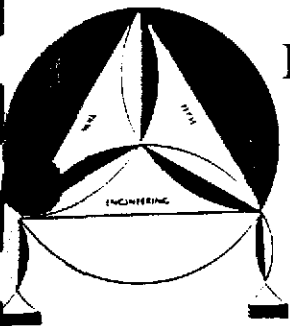
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ENVIRO SOIL TECH CONSULTANTS

Environmental & Geotechnical Consultants
131 TULLY ROAD, SAN JOSE, CALIFORNIA 95111
Tel. (408) 297-1500 Fax: (408) 292-2116

December 18, 1998

File No. 7-93-556-ST

Ms. Molly Ghofrani
2000 Stratton Road
Walnut Creek, California 94598

**SUBJECT: SOIL SAMPLING BENEATH REMOVED
UST AT THE PROPERTY**

Located at 2740 98th Avenue, in
Oakland, California

Dear Ms. Ghofrani

Per your request and authorization, our firm has conducted soil sampling services beneath the removed underground storage tanks at the property located at 2740 98th Avenue, in Oakland, California (Figure 1).

The sampling and analytical testing were conducted in accordance with state and local agencies' standard procedures. The soil sampling was conducted under the supervision of Mr. Steve Craford with the City of Oakland Fire Services Agency, Office of Emergency Services-Hazardous Materials Program (COFSAOES-HMP).

FIELD ACTIVITIES:

Due to the obvious contamination, per request of City of Oakland Fire Services Agency-Office of Emergency Services, prior to sampling, all the obvious contaminated soil was excavated and stockpile at the site. Then the soil samples were taken at the bottom and sidewall of the excavation.

On November 19, 1998, Enviro Soil Tech Consultants (ESTC) field engineer collected five soil samples from the bottom and sidewall of the excavation. In addition, three soil samples were taken from the stockpile which were composite into one sample in the laboratory. The soil samples from the sidewall of the excavation were labeled as S-1, S-2, S-3 and S-4. The soil sample from the bottom of excavation was labeled as B-1, and the samples from the stockpile were labeled as SP-1, SP-2 and SP-3. The approximate locations of soil samples are shown on Figure 2, and Table 1 summarizes the soil sample observations and analytical results.

Soil samples were collected in a clean tube with the aid of hand sampler by moving aside slough materials and retrieving native materials from the specified and measured depth. Approximately two feet of soil was removed from the bottom and sidewall of the excavation by backhoe bucket, and a clean two-inch diameter brass tube sampler was driven into the soil. Immediately upon soil sampling, the tube ends were covered with aluminum foil and plastic caps, sealed, labeled and placed in a cold ice chest for transport to Priority Environmental Labs, in Milpitas, with a proper chain-of-custody.

LABORATORY ANALYSES:

Per request of Mr. Steve Craford of City of Oakland Fire Services Agency, Office of Emergency Services-Hazardous Materials Program, the soil samples from the bottom and sidewall of the excavation and the stockpile were analyzed for Total Petroleum Hydrocarbons as gasoline and diesel (TPHg and TPHd), Benzene, Toluene, Ethylbenzene, Total Xylenes (BTEX), Total Oil & Grease (TOG), Methyl Tertiary Butyl Ether (MTBE) and five metals Cadmium, Chromium, Lead, Nickel and Zinc (Cd, Cr, Pb, Ni and Zn). The results of soil samples analyses are summarized in Table 1. The laboratory test results with the chain-of-custody are attached in Appendix "C".

ANALYTICAL RESULTS:

All soil samples detected TPHg, BTEX and MTBE below laboratory detection limit. Moderate levels of TPHd concentration were detected in excavation sidewall samples #S-1 at 34 milligram per kilogram (mg/Kg); S-2 at 61 mg/Kg; S-3 at 11 mg/Kg; S-4 at 39 mg/Kg, and stockpile sample SP-1,2,3 at 57 mg/Kg. Moderate levels of TOG were detected in excavation sidewall samples #S-1 at 360 mg/Kg, #S-2 at 780 mg/Kg; #S-3 at 150 mg/Kg, #S-4 at 590 mg/Kg, and stockpile sample #SP-1,2,3 at 680 mg/Kg. Soil sample from bottom of excavation detected TPHd and TOG concentrations below laboratory detection limit. All soil samples detected low level of Cadmium ranging from 0.9 mg/Kg (#S-1) to maximum 1.5 mg/Kg (#S-3). Low level of Chromium was detected

in all soil samples ranging from 1.8 mg/Kg (#S-1) to maximum 3.6 mg/Kg. Low level of Lead were also detected in all soil samples ranging from 2.4 mg/Kg (#S-1) to maximum 3.3 (#B-1). All soil samples detected moderate levels of Nickel ranging from (9.9 mg/Kg in sample #S-2 to maximum 17 mg/Kg in sample #S-4) and Zinc ranging from (16 mg/Kg in sample #S-4 to maximum 21 mg/Kg in sample #S-1). Stockpile soil sample detected Cadmium at 1.2 mg/Kg, Chromium at 3.1 mg/Kg, Lead at 2.9 mg/Kg, Nickel at 22 mg/Kg and Zinc at 17 mg/Kg.

CONCLUSION AND RECOMMENATION:

Based on the results of the laboratory analyses, there are some residual of contamination at the sidewall of the excavation, and may require by the regulatory agency to remove these materials prior to backfilling.

This report must be submitted to City of Oakland Fire Services Agency-Hazardous Materials Program (COFSA-HMP) for their comments and recommendation.

LIMITATIONS:

This report was prepared in accordance with the currently accepted standards for environmental investigation. The contents of this report reflect the conditions of the subject site during sampling. No other warranties, expressed or implied, as to the professional advice provided are made.

It has been a pleasure to be of service to you on this project. Should you have any questions or require additional information, please feel free to contact our office at (408) 297-1500.

Sincerely,

ENVIRO SOIL TECH CONSULTANTS



FRANK HAMEDI-FARD
GENERAL MANAGER



LAWRENCE KOO, P. E.
C. E. #34928

**TABLE 1
SOIL SAMPLES OBSERVATIONS AND
ANALYTICAL RESULTS (mg/Kg)**

Date	Sample #	Depth (ft)	Sample Observation	TPHg	TPHd	B	T	E	X	MTBE	TOG
11/19/98	B-1	9½	Product odor and discoloration	ND	ND	ND	ND	ND	ND	ND	ND
	S-1	5	Product odor and discoloration	ND	34	ND	ND	ND	ND	ND	360
	S-2	5	Product odor and discoloration	ND	61	ND	ND	ND	ND	ND	780
	S-3	5	Product odor and discoloration	ND	11	ND	ND	ND	ND	ND	150
	S-4	5	Product odor and discoloration	ND	39	ND	ND	ND	ND	ND	590
	SP-1,2,3	-	Product odor and discoloration	ND	57	ND	ND	ND	ND	ND	680

TPHg - Total Petroleum Hydrocarbons as gasoline
BTEX - Benzene, Toluene, Ethylbenzene, Total Xylenes
TOG - Total Oil & Grease

TPHd - Total Petroleum Hydrocarbons as diesel
MTBE - Methyl Tertiary Butyl Ether
ND - Not Detected (Below Laboratory Detection Limit)

**TABLE 1 CONT'D
SOIL SAMPLES ANALYTICAL RESULTS
IN (mg/Kg)**

Date	Sample No.	Depth (ft)	Cd	Cr	Pb	Ni	Zn
11/19/98	B-1	9½	1.1	2.7	3.3	12	19
	S-1	5	0.9	1.8	2.4	14	21
	S-2	5	1.3	2.4	3.1	9.9	18
	S-3	5	1.5	2.9	2.7	15	19
	S-4	5	1.0	3.6	3.2	17	16
	SP-1,2,3	-	1.2	3.1	2.9	22	17

Cd - Cadmium

Cr - Chromium

Pb - Lead

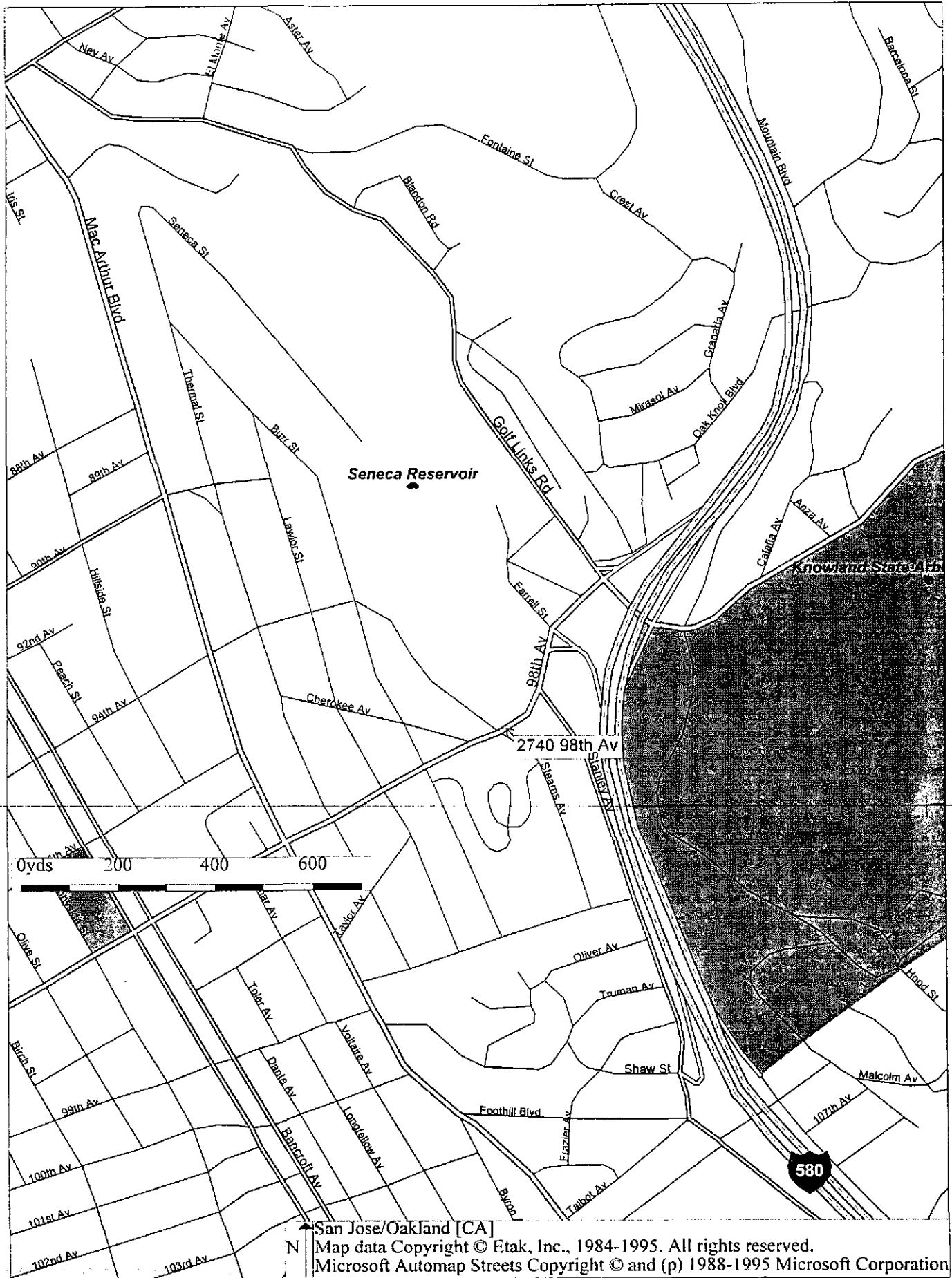
Ni - Nickel

Zn - Zinc

TABLE 2
FIELD OBSERVATION OF TANKS SYSTEMS

Tank System	Size	Piping	Construction	Condition
Waste Oil	550	Piping was connected	Single Wall Steel	Intrusion and multiple holes

A P P E N D I X "B"



San Jose/Oakland [CA]
N
Map data Copyright © Etak, Inc., 1984-1995. All rights reserved.
Microsoft Automap Streets Copyright © and (p) 1988-1995 Microsoft Corporation

ENVIRO SOIL TECH CONSULTANTS

Figure 1

ENVIRONMENTAL LABS

November 25, 1998

PEL # 9811023

SOIL TECH ENGINEERING

Attn: Frank Hamedi

Re: Six soil samples for Gasoline/BTEX with MTBE, Diesel, and Oil & Grease analyses.

Project name: 2740 98th Ave., Oakland.

Project number: 7-93-556-ST

Date sampled: Nov 19, 1998

Date submitted: Nov 20, 1998

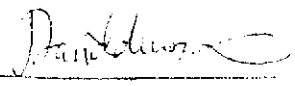
Date extracted: Nov 21-24, 1998

Date analyzed: Nov 21-24, 1998

RESULTS:

SAMPLE I.D.	MTBE (ug/Kg)	Gasoline (mg/Kg)	Diesel (mg/Kg)	Benzene (ug/Kg)	Toluene (ug/Kg)	Ethyl Benzene (ug/Kg)	Total Xylene (ug/Kg)	Oil & Grease (mg/Kg)
B-1	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.
S-1	N.D.	N.D.	34	N.D.	N.D.	N.D.	N.D.	360
S-2	N.D.	N.D.	61	N.D.	N.D.	N.D.	N.D.	780
S-3	N.D.	N.D.	11	N.D.	N.D.	N.D.	N.D.	150
S-4	N.D.	N.D.	39	N.D.	N.D.	N.D.	N.D.	590
SP-1,2,3*	N.D.	N.D.	57	N.D.	N.D.	N.D.	N.D.	680
Blank	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.
Spiked Recovery	---	91.1%	86.7%	100.9%	91.4%	83.5%	101.1%	---
Detection limit	5.0	1.0	1.0	5.0	5.0	5.0	5.0	10
Method of Analysis	8020	5030/ 8015	3550/ 8015	8020	8020	8020	8020	5520 D & F

*composited soil sample.


David Duong
 Laboratory Director

A P P E N D I X "C"

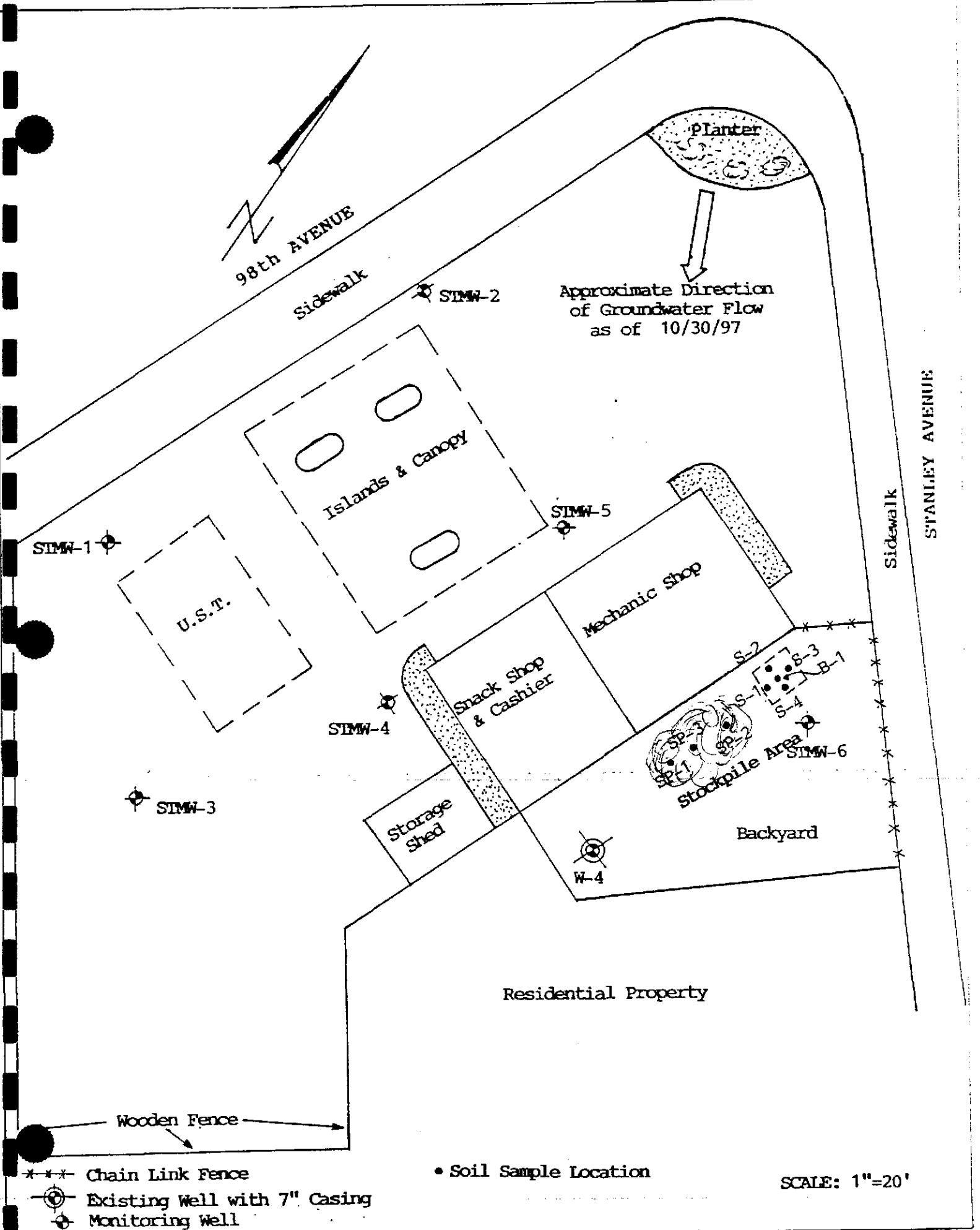


Figure 2

ENVIRONMENTAL LABS

November 27, 1998

PEL # 9811023

SOIL TECH ENGINEERING.

Attn: Frank Hamedi

Re: Six soil samples for Cadmium, Chromium, Lead, Nickel, and Zinc analyses.

Project name: 2740 98th Ave., Oakland.

Project number: 7-93-556-ST

Date sampled: Nov 19, 1998

Date submitted: Nov 20, 1998

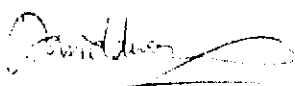
Date extracted: Nov 20-24, 1998

Date analyzed: Nov 20-24, 1998

RESULTS:

SAMPLE I.D.	Cadmium (mg/Kg)	Chromium (mg/Kg)	Lead (mg/Kg)	Nickel (mg/Kg)	Zinc (mg/Kg)
B-1	1.1	2.7	3.3	12	19
S-1	0.9	1.8	2.4	14	21
S-2	1.3	2.4	3.1	9.9	18
S-3	1.5	2.9	2.7	15	19
S-4	1.0	3.6	3.2	17	16
SP-1,2,3*	1.2	3.1	2.9	22	17
Blank	N.D.	N.D.	N.D.	N.D.	N.D.
Detection limit	0.50	1.0	1.0	1.0	1.0
Method of Analysis	7130	7190	7420	7520	7950

*composited soil sample.


David Duong
Laboratory Director

PROJ NO. 7-93-0001 NAME 2740 98th Avenue, Oakland

SAMPLERS: (Signature) *Richard Mandy*

ANALYSES REQUESTED @
 TPH, BTEX
 TCC
 MTBE
 Cd, Cr, Pb, Ni, Zn

DEMANDS

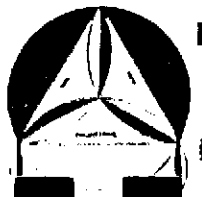
PEL # 9811023

INV # 28634

NO.	DATE	TIME	SOIL	WATER	LOCATION	CON-TAINER
1	11/19/98		✓		S-1	1
2			✓		S-2	1
3			✓		S-3	1
4			✓		S-4	1
5			✓		B-1	1
6			✓		SP-1	1
7			✓		SP-2	1
8			✓		SP-3	1

} (COMP)

Relinquished by: (Signature) <i>Richard Mandy</i>	Date / Time 11/20/98 13:56	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature) <i>Shirley Brock</i>	Date / Time 11-20-98 1:56 PM	Remarks P.E.C	



ENVIRO SOIL TECH CONSULTANTS
 Environmental & Geotechnical Consultants
 131 LULLY ROAD, SAN JOSE, CALIFORNIA 95114
 Tel: (408) 297-1500 Fax: (408) 292-2116

File No. TR184

**REMOVAL OF 1 UST
FROM THE PROPERTY
LOCATED AT 2740 98th AVENUE
OAKLAND, CALIFORNIA
DECEMBER 10, 1998**

**PREPARED FOR:
MS. MOLLY GHOFrani
2000 STRATTON ROAD
WALNUT CREEK, CALIFORNIA 94598**

**BY:
ALPHA GEO SERVICES
131 TULLY ROAD
SAN JOSE, CALIFORNIA 95111**

ALPHA GEO SERVICES

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M1

FIGURE 2 - SITE PLAN

M2

APPENDIX "B"

HEALTH AND SAFETY PLAN

HSP1-HSP4

APPENDIX "C"

UST PERMIT APPLICATION FORM A

UST PERMIT APPLICATION FORM B

CITY OF OAKLAND FIRE PREVENTION BUREAU
APPLICATION FOR REMOVE TANKS

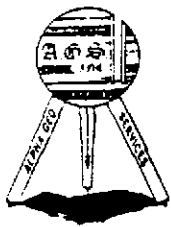
CITY OF OAKLAND FIRE SERVICES AGENCY, OFFICE OF EMERGENCY
SERVICES-HAZARDOUS MATERIALS PROGRAM
APPLICATION FOR UNDERGROUND TANK REMOVAL

BAY AREA AIR QUALITY MANAGEMENT DISTRICT NOTIFICATION FORM

APPENDIX "D"

OAKLAND FIRE SERVICES AGENCY/OFFICE OF EMERGENCY SERVICES
HAZARDOUS MATERIALS INSPECTION REPORT

UNIFORM HAZARDOUS WASTE MANIFEST PAPERS



ALPHA GEO SERVICES

GENERAL ENGINEERING CONTRACTOR LICENSE #507520

131 TULLY ROAD, SAN JOSE, CALIFORNIA 95111

Tel. (408) 292-2090 Fax: (408) 292-2116

December 10, 1998

File No. TR184

Ms. Molly Ghofrani
2000 Stratton Road
Walnut Creek, California 94598

SUBJECT: REMOVAL OF 1 UST FROM THE PROPERTY

Located at 2740 98th Avenue, in
Oakland, California

Dear Ms. Ghofrani:

Per your request and authorization, our firm has provided underground storage tank removal services for the property located at 2740 98th Avenue, in Oakland, California.

After obtaining all the necessary permits from the City of Oakland Fire Services Agency—Office of Emergency Services (COFAS-OES), Alpha Geo Services excavated and removed one 550 gallon underground storage waste oil tank on November 19, 1998. The tanks were removed and transported under a Uniform Hazardous Waste Manifest by Dexanna to ECI Inc. facility in Richmond, California.

On November 18, 1998, prior to tank removal, approximately 220 gallon of used oil and 250 gallon oily water were pumped dry by Clearwater Environmental, and the liquid waste was transported under a Uniform Hazardous Waste Manifest by Clearwater Environmental for disposal.

After removal of the tank, soil samples were taken from the base of the tank excavation by Enviro Soil Tech Consultants (ESTC) under the supervision of Mr. Steve Craford with City of Oakland Fire Services Agency-Office of Emergency Services (COFSA-OES). The results of the sampling and analysis will be submitted by ESTC in a separate report.

Enclosed, please find copies of the permits and manifest papers.

AGS recommend that a copy of this report be forwarded to the proper state and local regulatory agencies.

If you have any questions or require additional information, please feel free to contact our office at (408) 292-2090.

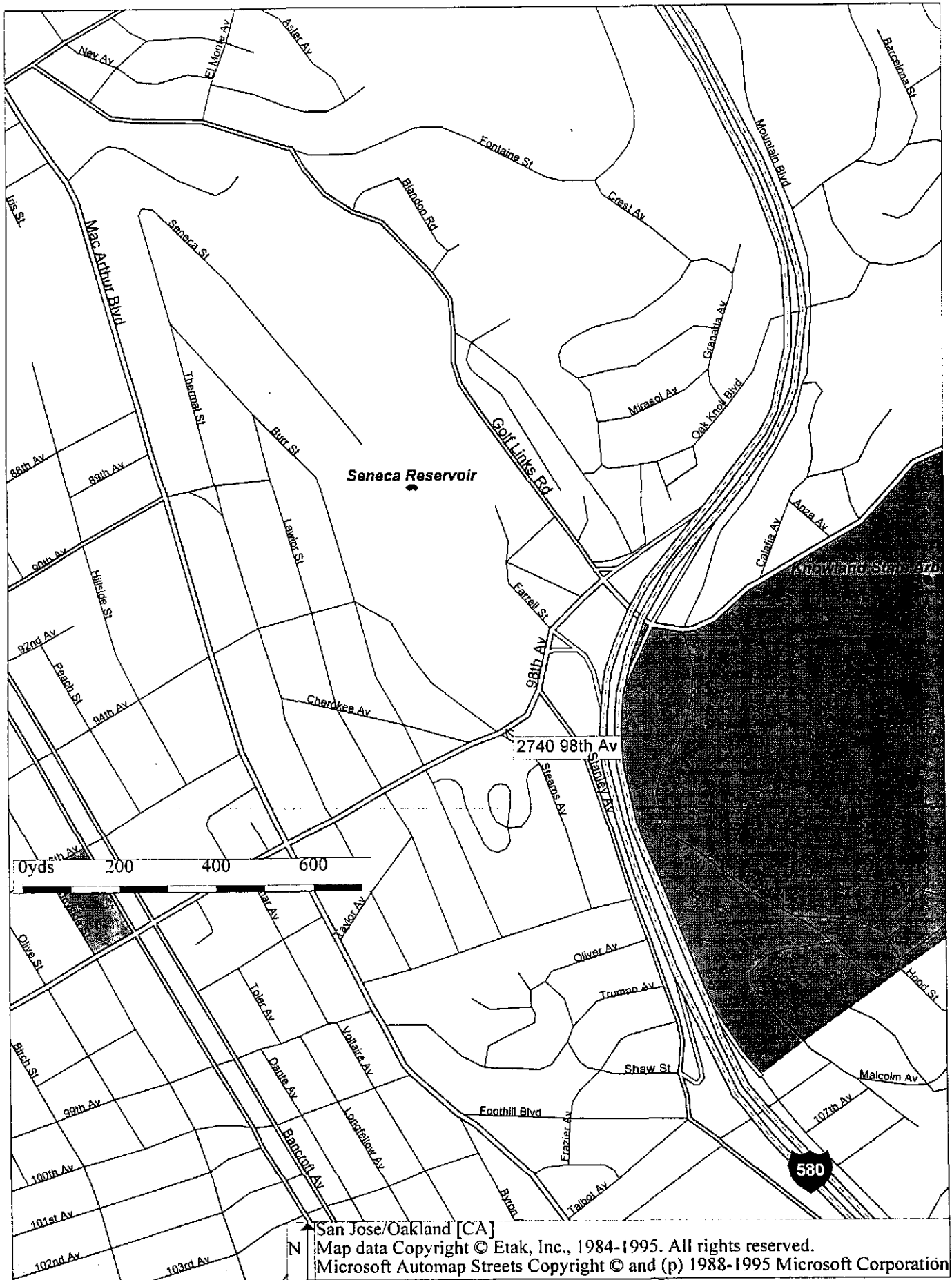
Sincerely,

ALPHA GEO SERVICES


FRANK HAMEDI-FARD
GENERAL MANAGER

A P P E N D I X "A"

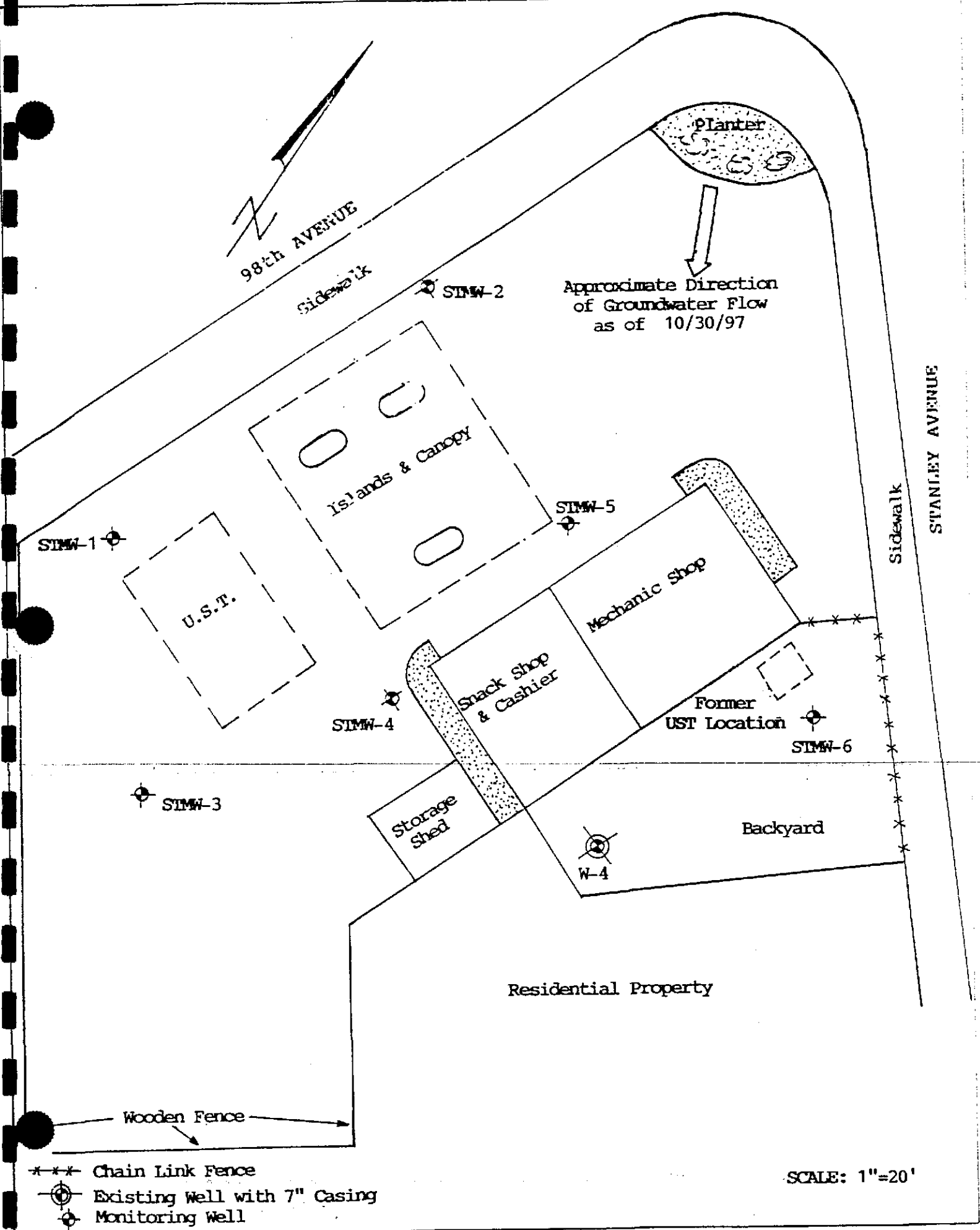
ALPHA GEO SERVICES



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Figure 1

M1



- *** Chain Link Fence
- ⊕ Existing Well with 7" Casing
- ⊙ Monitoring Well

SCALE: 1"=20'

Figure 2

A P P E N D I X "B"

ALPHA GEO SERVICES

**HEALTH AND SAFETY PLAN
FOR FREEWAY STATION & SERVICE
LOCATED AT 2740 98TH AVENUE
OAKLAND, CALIFORNIA**

GENERAL:

This Health and Safety Plan (HSP) contains the minimum requirements for the subject site, tank removal and tank installation activities. The field activities for tank removal include: removal of product, excavation, product lines, triple washing the tank, sampling rinsate, removing rinsate with vactruck, removing the tank and proper disposal. All personnel and contractors will be required to strictly adhere to these HSP requirements.

The objective of the HSP plan is to describe procedures and actions to protect the worker, as well as unauthorized person, from inhalation and ingestion of, and direct skin contact with potentially hazardous materials that may be encountered at the site. The plan described (1) personnel responsibilities and (2) protective equipment to be used as deemed when working on the site. At a minimum, all personnel working at the site must read and understand the requirements of this HSP. A copy of this HSP will be on-site, easily accessible to all staff and government field representative.

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HSP1

PERSONNEL RESPONSIBILITIES:

The key personnel directly involved in the investigation will be responsible for monitoring the implementation of safe work practices and the provisions of this plan are (1) Alpha Geo Services (AGS) supervisor, Mr. Richard Manley and (2) Enviro Soil Tech Consultants (ESTC) project manager, Mr. Frank Hamedi-Fard. These personnel are responsible for knowing the provisions of the plan, communicating plan requirements to workers under their supervision and regulatory agencies inspectors and for enforcing the plan.

The personnel-protective equipment will be selected to prevent field personnel from exposure to fuel hydrocarbons that may be present at the site. To prevent direct skin contact, the following protective clothing will be worn as appropriate while working at the site:

1. Tyvek coveralls.
2. Butyl rubber or disposable vinyl gloves.
3. Hard hat with optional face shield.
4. Steel toe boots.
5. Goggles or safety glasses.

The type of gloves used will be determined by the type of work being performed. Excavation and tank removal personnel will be required to wear butyl rubber gloves because they may have long duration contact with the subsurface materials. The triple washing (decontaminated) and vactruck crews shall wear butyl rubber gloves as they may have long duration contact with the rinsate. ESTC's sampling staff will wear disposable gloves when handling any sample. These gloves will be changed between each sample.

Tank destruction contractor and personnel will be required to wear hard hats and when appropriate, wear a protective face shield.

Personnel protective equipment shall be put on before entering the immediate work area. The sleeves of the overalls shall be outside of the cuffs of the gloves to facilitate removal of clothing with least potential contamination of personnel. If at any time protective clothing (coveralls, boots or gloves) become torn, wet or excessively soiled, it will be replaced immediately.

Total organic vapors will be monitored at the site with a portable PID and portable LEL meter. Should the total organic vapor content approach that of the threshold limit value (TLV) for any of the substances listed in Table 1, appropriate safety measures will be implemented under the supervision of the site project engineer. These precautions include, but are not limited to, the following: (1) Donning of respirators (with appropriate cartridges) by site personnel. (2) forced ventilation of the site. (3) shutdown of work until such time as appropriate safety measures sufficient to insure the health and safety of site personnel can be implemented.

**TABLE 1
THRESHOLD LIMIT VALUES
FOR
COMMON GASOLINE CONSTITUENTS**

Benzene	10 ppm
Toluene	100 ppm
Ethylbenzene	100 ppm
Total Xylenes	100 ppm

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HSP3

No eating, drinking or smoking will be allowed in the vicinity of the tank removal operations. AGS will designate a separate area on-site for eating and drinking. Smoking will not be allowed at the vicinity of the site except in designated areas. No contact lenses will be worn by field personnel.

WORK ZONES AND SECURITY MEASURES:

The project engineer will call Underground Service Alert (USA), and the utilities will be marked before any excavation is conducted on-site, and excavation will be at a safe distance from the utilities. The client will also be advised to have a representative on-site to advise us in selecting locations of piping trenches with respect to utilities, underground or above ground structures. AGS assumes no responsibility for utilities not so located. The excavation will be had dug or by using small power tools. Each of the areas where the tank or piping will be excavated will be designated as exclusion zones. Only essential personnel will be allowed into an exclusion zone. When it is practical and local topography allows, approximately 25 to 75 feet of space surrounding those exclusion zones will be designated as contamination reduction zones.

Cones, wooden barricades or a suitable alternative will be used to deny public access to these contamination reduction zones excavation area. The general public will not be allowed close to the work area under any conditions. If for any reason the safety of any member of the tank removal team or the public (e.g. motorists or pedestrians) may be endangered, work will cease until the situation is remedied. Cones and working signs will be used when necessary to redirect motorists or pedestrians.

LOCATION & PHONE NUMBERS OF EMERGENCY FACILITIES:

The fire department and hospital addresses and phone numbers are listed below:

City of Oakland Fire Department	911
Highland General Hospital 1411 East 31 st Street, Oakland, CA	(510) 634-8055

ADDITIONAL CONTINGENCY TELEPHONE NUMBERS:

Poison Control Center.....	<u>(800) 523-2222</u>
CHEMTREC.....	<u>(800) 424-9300</u>
Enviro Soil Tech Consultants Administrative Office.....	<u>(408) 297-1500</u>

NOTE:

Only call CHEMTREC which stands for Chemical Transportation Emergency Center, a public service of the Chemical Manufacture's Association. CHEMTREC can usually provide hazard information, warnings and guidance when given the identification number or the name of the product and the nature of the problem. CHEMTREC can also contact the appropriate experts.

A P P E N D I X "C"

ALPHA GEO SERVICES

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 3 RENEWAL PERMIT 5 CHANGE OF INFORMATION 7 PERMANENTLY CLOSED SITE
 2 INTERIM PERMIT 4 AMENDED PERMIT 6 TEMPORARY SITE CLOSURE

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

DBA OR FACILITY NAME Freeway Station & Service		NAME OF OPERATOR	
ADDRESS 2740 98th Avenue		NEAREST CROSS STREET Stanley Avenue	PARCEL # (OPTIONAL)
CITY NAME Oakland		STATE CA	ZIP CODE 94605
		SITE PHONE # WITH AREA CODE 510-562-4505	
<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 checked="" type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS # OF TANKS AT SITE 1	E. P. A. I. D. # (optional) CAL000019843

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Ghofrani, Molly	PHONE # WITH AREA CODE 925-939-2349	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) Ghofrani, Molly	PHONE # WITH AREA CODE 925-256-1039	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Molly Ghofrani		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS 2000 Stratton Road		<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 Walnut Creek		STATE CA	ZIP CODE 94598
		PHONE # WITH AREA CODE 925-256-1039	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Molly Ghofrani		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS 2000 Stratton Road		<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 Walnut Creek		STATE CA	ZIP CODE 94598
		PHONE # WITH AREA CODE 925-256-1039	

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

TY (TK) HQ **44-**

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

box to indicate 1 SELF-INSURED 2 GUARANTEE 3 INSURANCE 4 SURETY BOND 5 LETTER OF CREDIT 6 EXEMPTION 7 STATE FUND
 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER 9 STATE FUND & CERTIFICATE OF DEPOSIT 10 LOCAL GOVT. MECHANISM 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

TANK OWNER'S NAME (PRINTED & SIGNATURE) Molly Ghofrani	TANK OWNER'S TITLE Owner	DATE MONTH/DAY/YEAR 11/13/98
------------------------------------------------------------------	------------------------------------	----------------------------------------

LOCAL AGENCY USE ONLY

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"/>
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 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: Freeway Station & Service

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <u>1</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 checked="" type="checkbox"/> 4 OIL <input 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 checked="" 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 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"/> 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 OR COATING <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. 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 type="checkbox"/> 91 NONE <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER _____		E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) <u>Unknown</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>Unknown</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 3 GRAVITY	A U 4 FLEXIBLE PIPING	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 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 checked="" type="checkbox"/> 99 OTHER <u>Unknown</u>

V. TANK LEAK DETECTION

<input checked="" type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input 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>Unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>Unknown</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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>Molly Ghofrani</u>	DATE <u>11/13/98</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

CITY OF OAKLAND
FIRE PREVENTION BUREAU
250 Frank Ogawa Plaza, Ste. 3341
OAKLAND, CALIFORNIA 94612-2032
(510) 238-3851

APPLICATION for PERMIT to INSTALL, REMOVE or REPAIR TANKS
In the CITY OF OAKLAND

Request Submittal Date: 11/13/98

PLEASE CIRCLE APPROPRIATE ACTIONS: Application is hereby made for permit to:

(a) Remove (b) Install (c) Repair (d) Modify (e) Abandon/Close in Place **A**

(a) Gasoline (b) Fuel oil (c) Diesel (d) Waste Oil tank(s) and excavate, commencing:

(a) four feet inside the curb line*; (b) inside the property line; (c) aboveground; (d) underground tank(s)
*inside curb line, please attach copy of sidewalk/excavation permit from PLANNING AND BUILDING

on the _____ side of _____ St./Ave. _____ feet of _____ St./Ave.

Site Address: 2740 98th Avenue, Oakland Present storage Waste Oil

Owner: Molly Ghofrani Address 2000 Stratton Road, Phone 925-256-1039
Walnut Creek, CA 94598

Applicant: Molly Ghofrani Address 2000 Stratton Road, Phone 925-256-1039
Walnut Creek, CA 94598

Sidewalk surface to be disturbed X Number of Tanks 1 Capacity 500 Gallons ea.

Remarks _____

Signature _____

PLEASE ATTACH/SUBMIT: (All applicants must have a City Business License Permit)

- (2) Copies of Closure Plans for underground tank removal(s)
- (2) Sets of plans and (1) copy of specifications for above ground tank removal
- (2) Sets of plans and (2) sets of application packets for underground tank installation/modifications
- (2) Sets of plans for aboveground tank installation
- copy or prepare to show Planning and Building approval for aboveground tank removal and tank repair

NOTE: FOR TANK INSTALLATION PLEASE SUBMIT THIS APPLICATION FORM ALONG WITH A
APPLICATION FOR PERMIT TO OPERATE, MAINTAIN OR STORE

FOR OFFICE USE ONLY

Permit No. _____ Amt. Recv'd _____ Date Issued: _____
Copies to: Electrical Inspection Ck# _____ Cash _____
Receipt# _____ Recv'd by: _____ Tk

**City of Oakland, Fire Services Agency, Office of Emergency Services
Hazardous Materials Program
APPLICATION FOR UNDERGROUND TANK REMOVAL**

Project Contact & Phone # Molly Ghofrani (925) 256-1039	
Facility Name Freeway Station & Service	Phone# 510-562-4505
Address 2740 98th Avenue, Oakland, CA 94605	
Cross Street Stanley Avenue	
Owner/Operator Molly Ghofrani	Phone # 925-256-1039
Contractor Name Alpha Geo Services	Phone # 408-292-2090
Contractor Address 131 Tully Road, San Jose, CA 95111	CA License # 507520
Hazardous Waste Certified: (Qualifying license category <u>General A</u>) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Class "A" & C57 Workers Comp# N/A
City of Oakland Business Tax License #	Permit #

Does this site have a leaking UST (or did it have a leaking tank system?) Yes No

State Tank ID#	Tank Size	Material That Was Stored	Proposed Removal Date
39-	500 gallon	Waste Oil	11/19/98
39-			
39-			
39-			
39-			

APPROVED APPROVED WITH CONDITION(S) DISAPPROVED
 PLAN REVIEWER'S SIGNATURE _____ DATE OF APPROVAL _____

APPLICANT MUST PERFORM ALL WORK IN ACCORDANCE WITH CITY OF OAKLAND ORDINANCES, STATE LAWS, AND RULES AND REGULATIONS OF THE CITY OF OAKLAND FIRE SERVICES AGENCY. OWNER OR LICENSED AGENT'S SIGNATURE CERTIFIES THE FOLLOWING: I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL NOT EMPLOY ANY PERSON IS SUCH A MANNER AS TO BECOME SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA. CONTRACTOR'S SIGNING OR SUBCONTRACTING SIGNATURE CERTIFIES THE FOLLOWING: I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL EMPLOY PERSONS SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA.

APPLICANT'S SIGNATURE _____ TITLE: _____ DATE: 11/13/98

INDICATE THE RESPONSIBLE PARTY TO BE BILLED FOR ADDITIONAL FSA/OES STAFF TIME EXPENDED BEYOND THE HOURS COVERED BY THE INITIAL DEPOSIT AMOUNT. THE PARTY MUST ACKNOWLEDGE THIS RESPONSIBILITY FOR THE ADDITIONAL BILLING BY SIGNATURE AND DATE BELOW.

NAME Alpha Geo Services

MAILING ADDRESS 131 Tully Road, San Jose, CA 95111
STREET CITY, STATE, ZIP

DAY PHONE NUMBER 408-292-2090
area code phone #

SIGNATURE _____

DATE 11/13/98

CITY OF OAKLAND
Fire Services Agency
Office of Emergency Services
Hazardous Materials Program
505-14th St., Suite 702
Oakland, CA 94612

UNDERGROUND TANK CLOSURE PLAN

(Complete according to instructions)

1) Name of Business Freeway Station & Service

Business Owner or Contact Person (PRINT) Molly Ghofrani

2) Site Address 2740 98th Avenue

City Oakland Zip 94605 Phone 510-562-4505

3) Mailing Address Same as above

City _____ Zip _____ Phone _____

4) Property Owner Molly Ghofrani

Business Name (if applicable) _____

Address 2000 Stratton Road

City, State Walnut Creek, CA Zip 94598

5) Generator name under which tank will be manifested

Molly Ghofrani

EPA ID Under which tank will be manifested CA

6) Contractor Alpha Geo Services
Address 131 Tully Road
City San Jose, CA 95111 Phone 408-292-2090
License Type "A" & C57 IDS 507520

Effective January 1, 1992, Business and Professional Code Section 7058.7 require contractors to also hold Hazardous Waste certification issued by the State Contractor License Board

7) Consultant (if applicable) Enviro Soil Tech Consultants
Address 131 Tully Road
City, State San Jose, CA 95111 Phone 408-297-1500

8) Main Contact Person for Investigation (if applicable)
Name Frank Hamedi Title General Manager
Company Enviro Soil Tech Consultants
Phone 408-297-1500

9) Number of underground tanks being closed with this plan 1 (Confirmed with owner operator)

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

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

a) Product/Residual Sludge/Rinsate Transporter
Name Decanna EPA I.D. NO. CAD 982438566
Hauler License No. 2883 License Exp. Date 4/30/99
Address 3104 Athene Court
City Concord State CA Zip 94519

b) Product/Residual Sludge/Rinsate Disposal Site
Name ECI, Inc. EPA ID No. CAD 982030173
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Dexanna EPA I.D. No. CAD 982438566

c) Hauler License No. 2883 License Exp. Date 4/30/99

Address 3104 Athene Court

City Concord State CA Zip 94519

d) Tank and Piping Disposal Site

Name ECI EPA I.D. No. CAD 982030173

Address 255 Parr Boulevard

City Richmond State CA Zip 94801

11) Sample Collector

Name Frank Hamedi

Company Enviro Soil Tech Consultants

Address 131 Tully Road

City San Jose State CA Zip 95111

Phone 408-297-1500

12) Laboratory

Name Priority Environmental Labs

Address 1764 Houret Court

City Milpitas State CA Zip 95035

State Certification No. 1708

13) Have tanks or pipes leaked in the past Yes No Unknown

If yes, describe _____

14) Describe methods to be used for rendering tank (s): inert:

Dry Ice

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

The Bay Area Air Quality Management District, 415/771-6000 must also be contacted for tank removal permit. The use of a combustible gas indicator to verify tank inertness is required. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert. **Note: you may be required to recalibrate the combustible gas indicator on site, to show that it is working properly.**

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

Tank ID	Tank Capacity (See History and Sampling Information for instructions)	Material to be removed (contents, soil, etc.)	Remarks
500 gal.	Waste Oil		

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

EXCAVATED/STOCKPILED SOIL

Stockpiled Soil volume (estimated)	Sampling Plan
-------------------------------------------	----------------------

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

Will the excavated soil be returned to the excavation immediately after tank removal?

yes No unknown

If yes, explain reasoning _____

If unknown at this point in time, please be aware that excavated soil may no be returned to the excavation without prior approval from Fire Services Agency, Office of Emergency Services. This means that the contractor, consultant, or responsible party must communicate with the Hazardous Materials Inspector **IN ADVANCE** of backfilling operations.

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

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

See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPHg/BTEX TPHd TOG MTBE Cd, Cr, Pb, Ni & Zn		EPA 5030/8015, 8020 EPA 3550/8015 EPA 5520 D&F EPA 8020 EPA 6010	

18. Submit Workers Compensation Certificate copy

Name of Insurer N/A

19. Submit Plot Plan ***** (Be Instructions) *****

20. Enclose Permit fee (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery.

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

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

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

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

I understand that information, in addition to that proved above, may be needed in order to obtain approval from the Hazardous Materials Division and that no work is to begin on this project until this plan is approved.

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

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

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

CONTRACTOR INFORMATION

Name of Business Alpha Geo Services

Name of Individual Frank Hamedi

Signature _____ Date 11/13/98

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Freeway Station & Service

Name of Individual Molly Ghofrani

Signature _____ Date 11/13/98

General Instructions

- Three (3) copies of this plan plus attachments and permit must be submitted to this Department.
- Any cutting into tanks requires Fire Services Agency approval.
- One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.
- State of California Permit Application Forms A and B are to submit to this office One Form A per site, one Form B for each removed tank.

Line Item Specific Instructions

2. **SITE ADDRESS**

Address at which closure is taking place.

5. **EPA I.D. NO. - under which the tanks will be manifested**

EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781

6. **CONTRACTOR**

Prime contractor for the project.

10. **STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES**

- a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
- c) Tanks must be hauled as hazardous waste.
- d) This is the place where tanks will be taken for cleaning.

15) **TANK HISTORY AND SAMPLING INFORMATION**

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

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

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the trig) 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;

SITE HEALTH AND SAFETY PLAN

- d) For each hazard, identify the action levels (contaminant concentrations in air) 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;
 - h) Confined space entry procedures-(if applicable);
 - g) Decontamination procedures;
 - l) Measures to be taken to secure the site, excavation and stockpiled soils during and after work hour (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guard, 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 near the site;
 - k) Documentation that all site workers have received the appropriate ASIA approved training and participate medical surveillance per 29 CFR 1910.120;
- l) A page for employees to sign acknowledging that they have read and will comply with the site health and safety plan.

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

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;
- l) Depth to ground water; and
- j) All existing tank(s) and piping in addition to the tank(s) being removed.

20) PERMIT FEE

A check payable to the "City of Oakland for the amount indicated must accompany the plans.

- 21) Blank unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Regional Water Quality Control Board (510) 286-1255. Larger quantities may be directly from the State Water Resources Control Board at (916) 739-2421.



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

339 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

REGULATION 8, RULE 40
Aeration of Contaminated Soil and
Removal of Underground Storage Tanks

NOTIFICATION FORM

Removal or Replacement of Tanks
 Excavation of Contaminated Soil

SITE INFORMATION

SITE ADDRESS <u>2740 98th Avenue</u>	
CITY, STATE <u>Oakland, CA</u>	ZIP <u>94605</u>
OWNER NAME <u>Molly Ghofrani</u>	
SPECIFIC LOCATION OF PROJECT <u>southeast corner of 98th Avenue and Stanley Avenue, Oakland.</u>	
<u>TANK REMOVAL</u>	<u>CONTAMINATED SOIL EXCAVATION</u>
SCHEDULED STARTUP DATE <u>11/20/98</u>	SCHEDULED STARTUP DATE _____
VAPORS REMOVED BY:	STOCKPILES WILL BE COVERED? YES _____ NO _____
<input checked="" type="checkbox"/> WATER WASH	ALTERNATIVE METHOD OF AERATION (DESCRIBE BELOW):
<input checked="" type="checkbox"/> VAPOR FREEING (CO ²)	_____
<input type="checkbox"/> VENTILATION	(MAY REQUIRE PERMIT)

CONTRACTOR INFORMATION

NAME <u>Alpha Geo Services</u>	CONTACT <u>Frank Hamed</u>
ADDRESS <u>131 Tully Road</u>	PHONE (408) <u>292-2090</u>
CITY, STATE, ZIP <u>San Jose, CA 95111</u>	

CONSULTANT INFORMATION (IF APPLICABLE)

NAME <u>Enviro Soil Tech Consultants</u>	CONTACT <u>Frank Hamed</u>
ADDRESS <u>131 Tully Road</u>	PHONE (408) <u>297-1500</u>
CITY, STATE, ZIP <u>San Jose, CA 95111</u>	

FOR OFFICE USE ONLY

DATE RECEIVED FAX _____	BY _____	(init.)
DATE POSTMARKED _____	BY _____	(init.)
CC: INSPECTOR NO. _____	DATE _____	BY _____
UPDATE: CONTACT NAME _____	DATE _____	BY _____
BAAQMD N # _____	DATA ENTRY _____	(init.)

A P P E N D I X "D"

ALPHA GEO SERVICES

OAKLAND FIRE SERVICES AGENCY/OFFICE OF EMERGENCY SERVICES

HAZARDOUS MATERIALS UNIT

505 - 14th Street, Oakland, CA 94612 (510) 238-3938

HAZARDOUS MATERIALS INSPECTION REPORT

Site Number	Facility Name	Facility Address	Zip Code
	FREON GAS	2740 98th Ave	

Inspection Report

0.10% → PERMITS HANDLED BY ORE
 LCL 0%

SSD GROUND WASTE OFC

ODOR - PRODUCT -

TANK GAS INTRUSIONS -

MULTIPLE UNCS

WELL DIGR EXCAVATE 1 TANK

2 SOIL SAMPLES = COMPOSITE

CONTACT WITH CONTAMINATION

SOIL HAS BEEN REMOVED FOR

SAMPLES

405 299 1500

Facility Contact/ Print Name: FRANK HANCOCK	Inspected By: <input type="checkbox"/> Insp. Griffin 238-7759 <input type="checkbox"/> Insp. Johnson 238-3804 <input checked="" type="checkbox"/> Insp. Craford 238-7758 <input type="checkbox"/> Insp. Gomez 238-7253
Facility Contact/ Signature: <i>[Signature]</i>	
Date: 11/19/98	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAL00001984301467	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Molly Ghofrani 3000 Stratton Rd. Walnut Creek, Calif.			A. State Manifest Document Number 96734202		
4. Generator's Phone 925 256-1039 94598			B. State Generator's ID		
5. Transporter 1 Company Name DEXANNA		6. US EPA ID Number CAD982438566		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (925) 687-1292	
9. Designated Facility Name and Site Address ERICKSON INC. 255 PARR BLVD RICHMOND, CA 94801		10. US EPA ID Number CAD009466392		G. State Facility's ID CAD1009466392	
				H. Facility's Phone 510-235-1393	

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Val	I. Waste Number
	No.	Type			
WASTE EMPTY STORAGE TANK Non-RCRA hazardous waste solid	001	TP	0.0550	P	State 512 EPA/Other NONE
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above QTY. 1 EMPTY STORAGE TANK(S) # 24752 TANK(S) HAVE BEEN INERTED WITH 15 LBS DRY ICE PER 1000 GALLONS CAPACITY.	K. Handling Codes for Wastes Listed Above a. 01 b. c. d.
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15. Special Handling Instructions and Additional Information
Wear appropriate protective clothing when handling. SITE LOCATION: 2740 - 98th Ave, Oakland, Calif.
24 Hour Emergency Telephone Number: (925) 256-1039
24 Hour Emergency Contact: Molly Ghofrani **ERG 171**

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name Franz Hummel	Signature <i>[Signature]</i>	Month Day Year 11/19/98
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name James R. Cox	Signature <i>[Signature]</i>	Month Day Year 11/19/98
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name [Signature]	Signature <i>[Signature]</i>	Month Day Year [Signature]
19. Discrepancy Indication Space		

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name DAVID SATO	Signature DAVE SATO	Month Day Year 11/19/98
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DO NOT WRITE BELOW THIS LINE.

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IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7373.

98197941

GENERATOR FACILITY TRANSPORTER

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAL0000161743		Manifest Document No. 1 of 1		2. Page 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Freeway Station 2709th Ave. Oakland, CA						A. State Manifest Document Number 98197941							
4. Generator's Phone						B. State Generator's ID							
5. Transporter 1 Company Name CLEARWATER ENVIRONMENTAL				6. US EPA ID Number CAL000007013		C. State Transporter's ID							
7. Transporter 2 Company Name						D. Transporter's Phone 510-707-8511							
8. US EPA ID Number						E. State Transporter's ID							
9. Designated Facility Name and Site Address ALVISO INDEPENDENT OIL 2500 APODCA STREET FREMONT, CA 94538						F. Transporter's Phone							
10. US EPA ID Number CAL0000161743						G. State Facility's ID							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste Number	
a. USED OIL Non-PCPA Hazardous Waste Liquid						011 TT 00220		0				State: 221 EPA/Other: -	
b. (OILY WATER) Non-PCPA Hazardous Waste Liquid						011 TT 00350		0				State: 223 EPA/Other: -	
c.												State: - EPA/Other: -	
d.												State: - EPA/Other: -	
16. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
						a. 14-01		b. 14		c.		d.	
15. Special Handling Instructions and Additional Information CLEARWATER ENVIRONMENTAL Emergency Contact: (510) 707-8511 Alan Kirk Hayward 2500 171						CLEARWATER ENVIRONMENTAL dba ALVISO OIL HAS ALL THE NECESSARY PERMITS AND LICENSES TO STORE AND TRANSFER THE WASTE CHARACTERIZED ON THIS MANIFEST.							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name Alan Kirk Hayward				Signature <i>[Signature]</i>				Month 11		Day 11		Year 1998	
17. Transporter 1 Acknowledgement of Receipt of Materials						18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name Alan Kirk Hayward				Signature <i>[Signature]</i>				Month 11		Day 11		Year 1998	
Printed/Typed Name				Signature				Month		Day		Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Vicky Stark				Signature <i>[Signature]</i>				Month 11		Day 11		Year 1998	

DO NOT WRITE BELOW THIS LINE.