

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

December 6, 2000

Ken Tran
358 El Camino Del Mar
San Francisco, CA 94121

Dear Mr. Tran:

Subject: F. G. Gasoline, 3314 San Pablo Ave., Oakland, CA 94608;
Stid 810

"Workplan to Conduct Soil and Groundwater Investigation" dated June 27, 2000 by GRIBI Associates was reviewed. The workplan is acceptable with the following changes:

- 1) Drill soil borings under each dispenser island. A review of the file did not indicate that soil samples had been collected under the dispenser islands.
- 2) Drill soil borings until groundwater is reached. The workplan states that the soil borings will be drilled to about a depth of 15 feet below surface grade. The depth to groundwater may be deeper than 15 feet below surface grade.

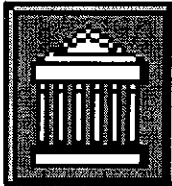
If you have any questions, please call me at (510) 567-6746.

Sincerely,

Don Hwang
Hazardous Materials Specialist

C: James Gribi, GRIBI Associates, 1350 Hayes St., Suite C-14, Benicia, CA 94510

✓ Files



Alameda County Environmental Enforcement Review Panel

Alameda County District Attorney, Alameda County Environmental Health, California Department of Fish and Game, City of Alameda, City of Albany, City of Berkeley, City of Dublin, City of Emeryville, City of Fremont, City of Hayward, City of Livermore, City of Newark, City of Oakland, City of Piedmont, City of Pleasanton, City of San Leandro, City of Union City

Hearing Sign In Sheet

Date: 5-24-2000

Case Number: FG Gasline

Site Address: 3314 San Pablo
Oakland 94608

Meeting Attendants:

1. City Representative:

Address

Phone Number

Fax Number

2. County Representative: DON HWANG

Address 1131 HARBOR BAY PARKWAY, ALAMEDA 94502

Phone Number (510) 567-6746

Fax Number (510) 337-9335

3. District Attorney's Office Representative: Jennife Krebs

Address

Phone Number 510 464.7977

Fax Number 510-464-7980

4. Site Owner/Operator: KEN TRAN

Address 358 EL CAMINO DEL MAR, SF CA 94121

Phone Number (415) 876-4313

Fax Number (415) 387-5929,

5. Site Owner/Operator:

Address

Phone Number

Fax Number

6. Site Owner/Operator:

Address

Phone Number

Fax Number

7. Site Owner/Operator:

Address

Phone Number

Fax Number

1.

Site name and address:

F. G. Gasoline, 3314 San Pablo Ave., Oakland, CA 94608;
Stid 810

Operator and address:

Ken Tran
358 El Camino Del Mar
San Francisco, CA 94121

Owner and address:

Ken Tran
358 El Camino Del Mar
San Francisco, CA 94121

Previous owners, or operators if relevant to the situation and address:

Not relevant

Why the hearing:

Numerous requests for a workplan to delineate the extent of soil and groundwater contamination at the site, none submitted.

Issues:

A soil and water investigation is required due to the contaminants found in the grab water sample collected from the excavation where the underground storage tanks were removed on March 1, 1996. Total Petroleum Hydrocarbons as Gasoline (TPH-G), benzene, toluene, ethyl benzene, and xylene (BTEX) were detected at 46 mg/L, 440 ug/L, 500 ug/L, 260 ug/L, and 650 ug/L, respectively.

History:

February 29, 1996: 1-8,000 gal. steel gasoline underground storage tank (UST), 1-6,000 gal. steel gasoline UST. Soil samples were collected.

March 1, 1996: 2-4,000 gal. steel gasoline UST were removed. Soil and groundwater samples were collected.

March 4, 1996: Sample results received. Soil samples contained TPH-G and BTEX as high as 8000000, 4000, 12000, 49000, and 87000 ug/kg. The groundwater sample contained TPH-G and BTEX at 46 mg/L, 440 ug/L, 500 ug/L, 260 ug/L, and 650 ug/L, respectively.

February 19, 1999: Letter sent to Ken Tran, property owner, requesting a workplan to delineate the extent of soil and groundwater contamination at the site.

April 21, 1999: Received letter dated April 20, 1999 from Ken Tran acknowledging receipt of February 19, 1999 letter, enclosed was a copy of a proposed contract dated May 16, 1996 for a subsurface investigation which was not implemented, and a request for guidance on how to proceed.

April 22, 1999: Letter dated April 22, 1999 sent to Ken Tran indicating that the proposal was dated May 16, 1996 which may make it invalid and additional items not included in the proposal are needed.

May 20, 1999: Phoned Ken Tran, he said he would call back next week.

May 28, 1999: Phoned Ken Tran. He stated that he has received one proposal, is awaiting two others.

June 2, 1999: Left message for Ken Tran requesting phone call regarding site.

June 3, 1999: Left message for Ken Tran requesting phone call regarding site.

June 4, 1999: Left message for Ken Tran requesting phone call regarding site.

June 10, 1999: Called Ken Tran, received message that phone number was changed. When new phone number was dialed, received message that "call can't be answered at this time".

June 11, 1999: Sent "Notice of Violation" to Ken Tran that a workplan still has not been received and is due.

July 13, 1999: Received message from Roxanne Harris of Subsurface Environmental, requesting a copy of the UST removal report. Sent copy to Ken Tran instead.

August 20, 1999: Spoke to Tracy Powell of "Subsurface Environmental", he indicated that a proposal for a workplan had been submitted to Ken Tran about 2-3 weeks before but they have not received a reply from him.

August 31, 1999: Notified Ken Tran that a workplan still has not been received from him. Ken Tran left a message for Roxanne Harris of Subsurface Environmental, authorizing the creation of a workplan.

September 1, 1999: Sent "2nd Notice of Violation" to Ken Tran that a workplan still has not been received and is due.

September 29, 1999: Received a facsimile from Ken Tran that he authorized Roxanne Harris of Subsurface Environmental, to create a workplan on September 12, 1999 and that he didn't have any knowledge of a proposal for a workplan by Tracy Powell.

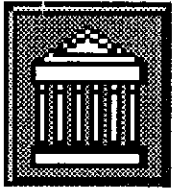
October 1, 1999: Sent "Final Notice of Violation" to Ken Tran that a workplan still has not been received and is due.

October 6, 1999: Ken Tran indicated that he would look for other contractors.

October 22, 1999: Received and reviewed proposal dated September 17, 1999.

November 22, 1999: Sent letter to Ken Tran that the proposal didn't meet the requirements expected for a workplan.

December 10, 1999: Sent letter to Ken Tran that a workplan is still required.



Alameda County Environmental Enforcement Review Panel

Alameda County District Attorney, Alameda County Environmental Health, California Department of Fish and Game, City of Alameda, City of Albany, City of Berkeley, City of Dublin, City of Emeryville, City of Fremont, City of Hayward, City of Livermore, City of Newark, City of Oakland, City of Piedmont, City of Pleasanton, City of San Leandro, City of Union City

NOTICE OF ENVIRONMENTAL ENFORCEMENT REVIEW PANEL

In Re the Property Known As 3314 San Pablo Ave., Oakland, CA 94608

Notice is hereby given that upon the motion of the City of Oakland and the Alameda County Environmental Health Services, that an Environmental Enforcement Review Panel will convene on May 24, 2000 at 3:00 p.m. in the offices of the Alameda County Environmental Protection Division located at 1131 Harbor Bay Parkway, Alameda, CA 94502.

This Environmental Enforcement Review Panel will convene for the purpose of determining whether the following actions should be taken and/or findings should be made:

1. A finding of the responsibility for the violation of Health and Safety Code Sections 25299.31 and/or Section 25299.37 and other provisions of Chapter 6.75 of the California Health and Safety Code (**The Barry Keene Underground Storage Tank Cleanup Fund Act of 1989**), in that said responsible parties failed to submit and/or maintain evidence of financial responsibility for taking corrective action and/or failed to undertake required corrective action, and a finding whether there is good cause to issue a **Directive and Legal Request for the Transmittal of Information** pursuant to Health and Safety Code Section 25299.78(b).
2. A finding of the extent of harm resulting from said violation(s), the nature and persistence of the violation, the length of time of the violation, the frequency of past violations, any action taken to mitigate the violation, and the financial burden to the responsible party, in order to recommend to the administrating agency the appropriate civil penalty of up to \$10,000 per day per storage tank which may be assessed pursuant to California Health and Safety Code section 25299.76

Alameda County Environmental Health Services Division has named and served notice of this Environmental Enforcement Review Panel on the following persons and/or entities as having proposed responsibility for current ownership and/or operation, proposed future ownership and/or operation, contemporaneous ownership and/or operation, of said property and/or business, and by this notice all parties named herein are informed of the right to appear and show cause, if any they have, for the exclusion or inclusion of any of the parties, parties in interest and properties named herein from said responsibility or obligations:

Ken Tran
358 El Camino Del Mar
San Francisco, CA 94121

Dated: 5-1-00

Thomas Peacock, Supervising Hazardous Materials Specialist
Alameda County Environmental Protection Division

cc: Jennifer Krebs, Environmental Enforcement Review Panel
Larry Blazer, Alameda County District Attorney's Office

P 143 589 347

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 KEN TRAN	
Street & Number 358 EL CAMINO DEL MAR	
Post Office, State, & ZIP Code SAN FRANCISCO, CA 94121	
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 side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to: KEN TRAN 358 EL CAMINO DEL MAR SAN FRANCISCO, CA 94121		4a. Article Number P 143 589 347
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) X <i>[Signature]</i>		7. Date of Delivery MAY 04 2000
		8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.



Alameda County Environmental Enforcement Review Panel

Alameda County District Attorney, Alameda County Environmental Health, California Department of Fish and Game,
City of Alameda, City of Albany, City of Berkeley, City of Fremont, City of Hayward, City of Livermore, City of Newark,
City of Oakland, City of Pleasanton, City of San Leandro, City of Union City

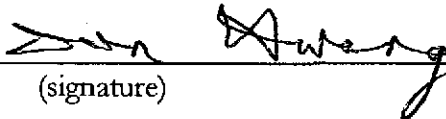
PROOF OF SERVICE BY MAIL OF ENVIRONMENTAL ENFORCEMENT REVIEW PANEL

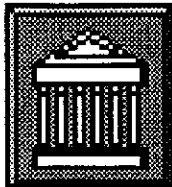
IN RE THE PROPERTY KNOWN AS: 3314 San Pablo Ave., Oakland, CA 94608

I Don Hwang, do hereby certify that I served Ken Tran with a
copy of the attached **Notice of Environmental Enforcement Review Panel** on May 2,
2000 by certified mailer

P 143 589 347

Dated: May 2, 2000


(signature)



Alameda County Environmental Enforcement Review Panel

Alameda County District Attorney, Alameda County Environmental Health, California Department of Fish and Game, City of Alameda, City of Albany, City of Berkeley, City of Dublin, City of Emeryville, City of Fremont, City of Hayward, City of Livermore, City of Newark, City of Oakland, City of Piedmont, City of Pleasanton, City of San Leandro, City of Union City

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This Environmental Enforcement Review Panel will convene for the purpose of determining whether the following actions should be taken and/or findings should be made:

1. A finding of the responsibility for the violation of Health and Safety Code Sections 25299.31 and/or Section 25299.37 and other provisions of Chapter 6.75 of the California Health and Safety Code (**The Barry Keene Underground Storage Tank Cleanup Fund Act of 1989**), in that said responsible parties failed to submit and/or maintain evidence of financial responsibility for taking corrective action and/or failed to undertake required corrective action, and a finding whether there is good cause to issue a **Directive and Legal Request for the Transmittal of Information** pursuant to Health and Safety Code Section 25299.78(b).
2. A finding of the extent of harm resulting from said violation(s), the nature and persistence of the violation, the length of time of the violation, the frequency of past violations, any action taken to mitigate the violation, and the financial burden to the responsible party, in order to recommend to the administering agency the appropriate civil penalty of up to \$10,000 per day per storage tank which may be assessed pursuant to California Health and Safety Code section 25299.76

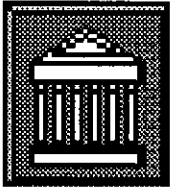
Alameda County Environmental Health Services Division has named and served notice of this Environmental Enforcement Review Panel on the following persons and/or entities as having proposed responsibility for current ownership and/or operation, proposed future ownership and/or operation, contemporaneous ownership and/or operation, of said property and/or business, and by this notice all parties named herein are informed of the right to appear and show cause, if any they have, for the exclusion or inclusion of any of the parties, parties in interest and properties named herein from said responsibility or obligations:

Ken Tran
358 El Camino Del Mar
San Francisco, CA 94121

Dated: 5-1-00

Thomas Peacock, Supervising Hazardous Materials Specialist
Alameda County Environmental Protection Division

cc: Jennifer Krebs, Environmental Enforcement Review Panel
Larry Blazer, Alameda County District Attorney's Office



Alameda County Environmental Enforcement Review Panel

Alameda County District Attorney, Alameda County Environmental Health, California Department of Fish and Game,
City of Alameda, City of Albany, City of Berkeley, City of Fremont, City of Hayward, City of Livermore, City of Newark,
City of Oakland, City of Pleasanton, City of San Leandro, City of Union City

PROOF OF SERVICE BY MAIL OF ENVIRONMENTAL ENFORCEMENT REVIEW PANEL

IN RE THE PROPERTY KNOWN AS : 3314 San Pablo Ave., Oakland, CA 94608

I Don Hwang, do hereby certify that I served Ken Tran with a

copy of the attached **Notice of Environmental Enforcement Review Panel** on

_____ by certified mailer # _____.

Dated: _____
(signature)

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



Certified Mail # Z 330 741 297

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

December 10, 1999

Ken Tran
358 El Camino Del Mar
San Francisco, CA 94121

Re: F. G. Gasoline, 3314 San Pablo Ave., Oakland, CA 94608;
Stid 810

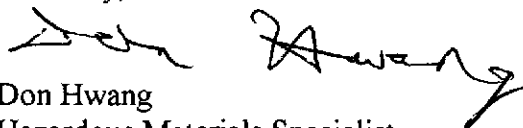
Dear Mr. Tran:

A letter sent to you dated November 22, 1999 stated that although a workplan to delineate the extent of soil and groundwater contamination at the site is required from you, we were willing in the interim to accept a workplan to do just the soil excavation and disposal (source removal). The workplan for soil excavation and disposal only was to have been submitted within two weeks. Since we have not received such a workplan from you, nor heard from you, a workplan to delineate the extent of soil and groundwater contamination at the site as well soil excavation and disposal is required from you within 30 days.

If a workplan is not submitted, then your case will be referred to the Alameda County District Attorney's Office. This letter constitutes a formal request for technical reports pursuant to California Water Code Section 13267(b) and Health and Safety Code Section 25299.37 and 25299.7. You are further advised that failure to comply may subject you to penalties of up to \$5000 per day.

If you have any questions, please call me at (510) 567-6746.

Sincerely,


Don Hwang
Hazardous Materials Specialist

C: Tracy Powell, Subsurface Environmental Corp., 1796-18th St., Suite C,
San Francisco, CA 94107

LS
Files

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):

1. Addressee's Address
 2. Restricted Delivery

3. Article Addressed to: **STID 810**
Ken Tran
358 El Camino Del Mar
San Francisco, C.A.
94121

4a. Article Number

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

7. Date of Delivery **12-17-99**

5. Received By: (Print Name)
Ken Tran

6. Signature (Addressee or Agent)

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



DH

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

November 22, 1999

Ken Tran
358 El Camino Del Mar
San Francisco, CA 94121

Re: F. G. Gasoline, 3314 San Pablo Ave., Oakland, CA 94608;
Stid 810

Dear Mr. Tran:

Your facsimile of October 19, 1999 which included a proposal by Subsurface Environmental Corp. for soil excavation and disposal, does not satisfy the requirement for a workplan to delineate the extent of soil and groundwater contamination at the site.

- 1) The document submitted is not a workplan but a proposal. A copy of "Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, Appendix A" was sent to you with the correspondence dated February 19, 1999 to be used as a guide for producing a workplan. You were also previously notified in my correspondence of April 22, 1999, that your submittal of April 20, 1999 was a proposal and not a workplan. The proposal lacks detailed descriptions of the procedures that will be used.
 - a) Scope of Work: item 9: Lacks details of soil sampling procedures, soil types and strata encountered, locations of the confirmatory samples, analyses for lead.
 - b) Scope of Work: item 10: Lacks estimate of amount of soil to be excavated (one sample may not be sufficient).
- 2) The document omitted a plan for determining the extent of groundwater contamination at the site. Only a proposal for the removal of contaminated soil and confirmatory sampling was provided.

Although a workplan to delineate the extent of soil and groundwater contamination at the site is required from you, we can accept a workplan to do just the soil excavation and disposal initially (source removal). A workplan for soil excavation and disposal only would be required within two weeks. Upon completion of the soil excavation, a workplan to delineate the extent of soil and groundwater contamination at the site (soil and groundwater investigation) will be due 30 days later.

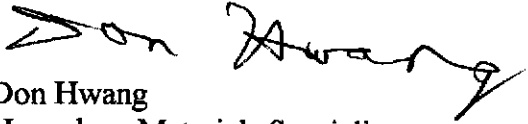
99 DEC -2 PM 3: 57

ENVIRONMENTAL
PROTECTION

If a workplan is not submitted, then your case will be referred to the Alameda County District Attorney's Office. This letter constitutes a formal request for technical reports pursuant to California Water Code Section 13267(b) and Health and Safety Code Section 25299.37 and 25299.7. You are further advised that failure to comply may subject you to penalties of up to \$5000 per day.

If you have any questions, please call me at (510) 567-6746.

Sincerely,



Don Hwang
Hazardous Materials Specialist

cc
C: Tracy Powell, Subsurface Environmental Corp., 1796-18th St., Suite C,
San Francisco, CA 94107

Files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



SENT 10-4-99
① K. TRAN (checked)
② ROXANNE HARRIS

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

October 1, 1999

Ken Tran
358 El Camino Del Mar
San Francisco, CA 94121

FINAL NOTICE OF VIOLATION

Re: F. G. Gasoline, 3314 San Pablo Ave., Oakland, CA 94608;
Stid 810

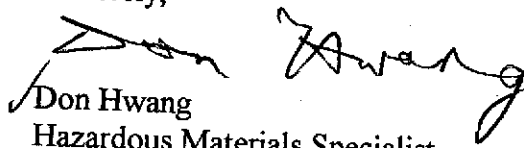
Dear Mr. Tran:

As of this date, our office still has not received a workplan from you. We have received a copy of your fax to Subsurface Environmental Corp. We will wait another 30 days for a workplan to delineate the extent of soil and groundwater contamination at the site from you. After that, your case will be referred to the Alameda County District Attorney's Office.

This letter constitutes a formal request for technical reports pursuant to California Water Code Section 13267(b) and Health and Safety Code Section 25299.37 and 25299.7. You are further advised that failure to comply may subject you to penalties of up to \$5000 per day.

If you have any questions, please call me at (510) 567-6746.

Sincerely,


Don Hwang
Hazardous Materials Specialist
C.S.

C: Roxanne Harris, Subsurface Environmental Corp., 1796 18th St., Suite C,
San Francisco, CA 94107

files

9/29/99

Mr. Don Huang

TO: Roxanne Harris @ ⁽⁴¹⁵⁾~~(510)~~ 863-8156,
 Seaburfee

RE: 3314 San Pablo Ave.

Dear Ms. Harris

My last understanding from your voice message on 9/22/99 was that you received an OK from me to prepare a workplan, and you would have it in a few weeks.

I have no knowledge of any workplan referred by Tracy Fowel on Aug. 20th, 1999. Please check your record - rectify with Mr. Huang & proceed with a work plan ASAP.

Thank you.

Ken Tsch.

~~LV 11-885-059~~

cc. Don Huang - @ FAX @ (510) 337-9335.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

CERTIFIED MAILER # P 368 729 458

September 1, 1999

Ken Tran
358 El Camino Del Mar
San Francisco, CA 94121

2 nd NOTICE OF VIOLATION

Re: F. G. Gasoline, 3314 San Pablo Ave., Oakland, CA 94608;
Stid 810

Dear Mr. Tran:

As mentioned in our telephone conversation today, I still have not received a workplan from you. You stated that you had authorized your consultant, "Subsurface" to prepare the workplan for you. However, when I last spoke to Tracy Powell of "Subsurface Environmental" on August 20, 1999, he indicated that a proposal for a workplan had been submitted to you but they have not received a reply from you. A workplan to delineate the extent of soil and groundwater contamination at the site is expected within 30 days from you.

This letter constitutes a formal request for technical reports pursuant to California Water Code Section 13267(b) and Health and Safety Code Section 25299.37 and 25299.7. Failure to comply with the request will result in referral of this case to the Alameda County District Attorney's Office. You are further advised that failure to comply may subject you to penalties of up to \$5000 per day.

If you have any questions, please call me at (510) 567-6746.

Sincerely,

Don Hwang
Hazardous Materials Specialist

C: The City of Oakland Fire Services, 1603 Martin Luther King, Fire Station 1,
Oakland CA 94612

L.S.
files

P 368 729 458

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to KEN TRAN	
Street & Number 358 EL CAMINO DEL MAR	
Post Office, State, & ZIP Code SAN FRANCISCO, CA. 94121	
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 SEP 08 1999	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

REMARKS:

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

Y HWANG

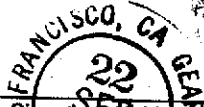
I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

KEN TRAN
358 EL CAMINO DEL MAR
SAN FRANCISCO, CA. 94121



4a. Article Number

P 368 729 458

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

9/22/99

PS Form 3811, December 1991 U.S.G.P.D.: 1992-307-630

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



Certified Mail # P 368 729 430

ENVIRONMENTAL HEALTH SERVICES

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

NOTICE OF VIOLATION

June 11, 1999

Ken Tran
5700 - 3rd St. #100
San Francisco, CA 94124

Dear Mr. Tran:

Re: F. G. Gasoline, 3314 San Pablo Ave., Oakland, CA 94608;
Stid 810

I'm writing you because when I dialed your telephone number, I was notified that your telephone number had changed. When I dialed your new telephone number, I received a message that the call couldn't be answered at this time. The last few conversations, which I had with you, you indicated that you had received a proposal for a workplan and that you were awaiting additional proposals. You also mentioned that the other consulting companies wanted copies of the tank closure report to review in order to write up a proposal for a workplan. You said that you would try to obtain the report from the contractor who was involved with the removal of the tank. To date, I still have not received a workplan from you. A workplan to delineate the extent of soil and groundwater contamination at the site is expected within 30 days from you.

This letter constitutes a formal request for technical reports pursuant to California Water Code Section 13267(b) and Health and Safety Code Section 25299.37 and 25299.7. Failure to comply with the request will result in referral of this case to the Alameda County District Attorney's Office. You are further advised that failure to comply may subject you to penalties of up to \$5000 per tank per day.

If you have any questions, please call me at (510) 567-6746.

Sincerely,

Don Hwang
Hazardous Materials Specialist

C: files

P 368 729 430

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
KEN TRAN	
Street & Number	
5700 3rd St. #100	
Post Office, State, & ZIP Code	
San Francisco, CA. 94124	
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	
6661 9 1 APR	

PS Form 3800, April 1995

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

April 22, 1999

Ken Tran
5700 - 3rd St. #100
San Francisco, CA 94124

Dear Mr. Tran:

Re: F. G. Gasoline, 3314 San Pablo Ave., Oakland, CA 94608;
Stid 810

Your letter of April 20, 1999 which included the proposal for subsurface investigation work was reviewed. The procedure is to submit a workplan for approval. Please note that what you included with your letter was a proposal and not a workplan. Acceptance of the proposal will allow a workplan to be written.

Items for consideration regarding this proposal:

- 1) The proposal was dated May 16, 1996 which may make it invalid.
- 2) Soil and groundwater samples also need to be analyzed for methyl- tert-butyl ether (MTBE).
- 3) Rationale for the number and locations of the borings.
- 4) The site safety plan need not be submitted.

I am looking forward to receiving your workplan for review within 30 days of the date of this letter.

If you have any questions, please call me at (510) 567-6746.

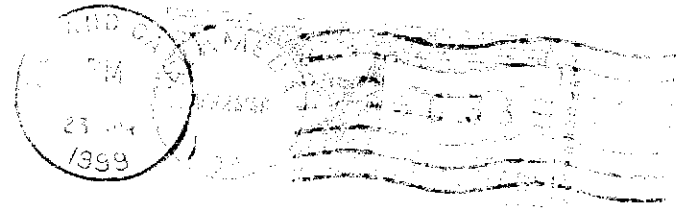
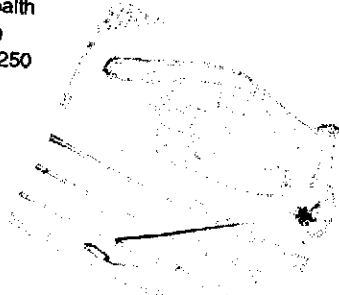
Sincerely,

Don Hwang
Hazardous Materials Specialist

C: Stanley Klemetson, SEMCO/HK2, Inc., 1751 Leslie St., San Mateo, CA 94402
files



CE 4580
 ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY
 Department Of Environmental Health
 Environmental Protection Division
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577



Handwritten signature

Stanley Klemetson
 SEMCO/HK2, Inc.
 1751 Leslie St.
 San Mateo, CA. 94402

94402-6577



Roxanne Harris
 1796 18th Street, Suite C
 San Francisco, CA 94107
 (415) 863-8100
 (415) 863-8156

**SUBSURFACE
 ENVIRONMENTAL CORP.**

Facsimile Transmittal

To: Mr. Don Hwang	Co: Alameda County Health Care Services
Fax: (510) 337-9335	Pages: 2
Phone: (510) 567-6700	Date: July 12, 1999
Re: Soil/Groundwater Investigation	Cc: Mr. Ken Tran

You have requested that Mr. Nguyen Nam submit a workplan to delineate the extent of soil and groundwater contamination at the above referenced site. Mr. Nam would like us to review his case and make some recommendations for a workplan. However, he does not have a copy of the tank removal report prepared by SEMCO. Would you please fax, if possible, or mail a copy of the report to us. Also, we would like to know in an unauthorized leak release form was filed with your office. If it has, please send a copy for our files.

If you have any questions, please call. Thank you for your assistance.

Post-it® Fax Note	7671	Date	7-12-99	# of pages	2
To	Mr. Tran	From	Roxanne Harris		
Co./Dept.		Co.			
Phone #	876-4313	Phone #	863-8100		
Fax #	387-5929	Fax #	863-8156		

358- El Capino Del Mar
 SF 94121

FROM : KLAND/SF

PHONE NO. : 415 387 5929

Jun. 11 1999 01:26PM P2

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 94502-8577
(510) 567-6700
FAX (510) 337-8335

February 19, 1999

Nguyen Nam
c/o Ken Tran
5700 - 3rd St.
San Francisco, CA 94124

Dear Mr. Nam:

Re: F. G. Gasoline, 3314 San Pablo Ave., Oakland, CA 94608;
Stid 810

The "Leaking Underground Storage Tank Oversight Program" file for the subject site was reviewed. A soil and water investigation is required due to the contaminants found in the grab water sample collected from the excavation where the underground storage tanks were removed on March 1, 1996. Total Petroleum Hydrocarbons as Gasoline (TPH-G), benzene, toluene, ethyl benzene, and xylene (BTEX) were detected at 46 mg/L, 440 ug/L, 500 ug/L, 260 ug/L, and 650 ug/L, respectively.

Please provide a workplan for the additional work required to delineate the extent of soil and groundwater contamination at the site. The workplan is due within 60 days of the date of this letter. Enclosed is a copy of "Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, Appendix A" to be used as a guide for producing the workplan. Additionally, soil and groundwater samples need to be analyzed for methyl-tert-butyl ether (MTBE). Please be advised that this is a formal request for technical reports pursuant to Title 23, CCR, Section 2722(c). Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by this agency.

For your information, the brochure, "Underground Storage Tank Cleanup Fund", is enclosed.

If you have any questions, please call me at (510) 567-6746.

Sincerely,

Don Hwang

Don Hwang
Hazardous Materials Specialist

C: files
Enclosure

*State Panel
Registered Engineer
Gardner*

Soil & Ground Sampling

*Community Consultant
Revised*

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
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February 19, 1999

Nguyen Nam
c/o Ken Tran
5700 - 3rd St.
San Francisco, CA 94124

Dear Mr. Nam:

Re: F. G. Gasoline, 3314 San Pablo Ave., Oakland, CA 94608;
Stid 810

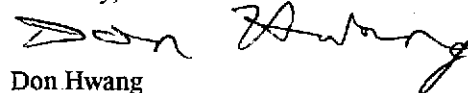
The "Leaking Underground Storage Tank Oversight Program" file for the subject site was reviewed. A soil and water investigation is required due to the contaminants found in the grab water sample collected from the excavation where the underground storage tanks were removed on March 1, 1996. Total Petroleum Hydrocarbons as Gasoline (TPH-G), benzene, toluene, ethyl benzene, and xylene (BTEX) were detected at 46 ug/L, 440 ug/L, 500 ug/L, 260 ug/L, and 650 ug/L, respectively.

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For your information, the brochure, "Underground Storage Tank Cleanup Fund", is enclosed.

If you have any questions, please call me at (510) 567-6746.

Sincerely,



Don Hwang
Hazardous Materials Specialist

C: files
Enclosure

NGUYEN NAM
5700 Mid St. SF 94124

ALAMEDA COUNTY - ENVIRONMENTAL HEALTH

Transfer of Eligible Local Oversight Case

STID 815 Date of input/By: NA 3/5/96

Date: 3/5/96 From: SUSAN HUGO

Site Name: FG Parcel

Address: 3314 San Pablo Ave City: OAKLAND Zip: 94608

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

1. Y N Tanks Removed? # of removed? 4 Date removed: 2/29/96
2. Y N Samples received? Contamination level: _____ ppm
Type of test _____
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: _____
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.

TANKS REMOVED
2/29/96
STATE OF CALIFORNIA

Transfer to LOR


#810

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 checked="" type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

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

DBA OR FACILITY NAME FG Gasoline / Nam Nguyen		NAME OF OPERATOR NAM NGUYEN		
ADDRESS 3314 SAN PABLO AVE		NEAREST CROSS STREET 33RD ST	PARCEL # (OPTIONAL)	
CITY NAME OAKLAND		STATE CA	ZIP CODE	SITE PHONE # WITH AREA CODE
<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 40	E. P. A. I. D. # (optional) CAL001057224
<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

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) KEN TRAN	PHONE # WITH AREA CODE (415) 822-6706	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 NAM NGUYEN	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 90 KEN TRAN 5700 3RD ST.	<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME SF, CA 94124	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
STATE CA	ZIP CODE 94124	PHONE # WITH AREA CODE (415) 822-6706	<input type="checkbox"/> COUNTY-AGENCY
			<input type="checkbox"/> FEDERAL-AGENCY

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER NAM NGUYEN	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 90 KEN TRAN 5700 3RD ST	<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME SF	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
STATE CA	ZIP CODE 94124	PHONE # WITH AREA CODE (415) 822-6706	<input type="checkbox"/> COUNTY-AGENCY
			<input type="checkbox"/> FEDERAL-AGENCY

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

TY (TK) HQ 44- [] [] [] [] [] []

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

<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> 1 SELF-INSURED	<input checked="" 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) JACK McLAIN	OWNER'S TITLE AGENT FOR OWNER	DATE MONTH/DAY/YEAR 12/18/94
--	----------------------------------	---------------------------------

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 30018110	DATE 3/5/96
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 type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 3314 SAN PABLO AVE. OAKLAND

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

A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>8,000</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 checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

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

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

A. TYPE OF SYSTEM	B. TANK MATERIAL (Primary Tank)	C. INTERIOR LINING
<input type="checkbox"/> 1 DOUBLE WALL	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 1 RUBBER LINED
<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 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 SECONDARY CONTAINMENT (VAULTED TANK)	<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 GLASS LINING
	<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

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. CORROSION PROTECTION	E. SPILL AND OVERFILL
<input type="checkbox"/> 1 POLYETHYLENE WRAP	SPILL CONTAINMENT INSTALLED (YEAR) _____
<input type="checkbox"/> 2 COATING	OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____
<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 type="checkbox"/> 95 UNKNOWN	
<input type="checkbox"/> 99 OTHER <u>NONE</u>	

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>SEVERAL YEARS - AT LEAST 6</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>UNK</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>JACK McLAIR</u>	DATE <u>11/18/95</u>
--	-------------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>011</u>	<u>000</u>	<u>300810</u>	<u>000001</u>
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 type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 3314 SAN PABLO AVE, OAKLAND

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>8,000</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 checked="" type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input checked="" type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED

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

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

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

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

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

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

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

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
----------------	---------------	----------------	---------------	--------------

B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
-----------------	-------------------	-------------------	--------------------	----------------	--------------

C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNK - AT LEAST 6 YRS</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>UNK</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>JACK McLAIN</u>	DATE <u>12/18/95</u>
---	----------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>300810</u>	<u>0100102</u>

PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE
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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 type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 3314 SAN PABLO AVE. OAKLAND

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

A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>8,000</u>

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

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

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

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

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

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

C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 8 UNLINED	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

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

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>AT LEAST 6 YRS</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>UNK</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) JACK McLAINE DATE 12/18/95

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>300810</u>	<u>000003</u>

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 type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 3314 SAN PABLO AVE. OAKLAND

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>8,000 GAL</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 checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 90 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

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

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

A. TYPE OF SYSTEM	B. TANK MATERIAL (Primary Tank)	C. INTERIOR LINING
<input type="checkbox"/> 1 DOUBLE WALL	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 1 RUBBER LINED
<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 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 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/> 4 PHENOLIC LINING
<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 5 GLASS LINING
<input type="checkbox"/> 99 OTHER	<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"/> 99 OTHER
	<input type="checkbox"/> 10 GALVANIZED STEEL	
	<input type="checkbox"/> 95 UNKNOWN	
	<input type="checkbox"/> 99 OTHER	

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. CORROSION PROTECTION	E. SPILL AND OVERFILL
<input type="checkbox"/> 1 POLYETHYLENE WRAP	SPILL CONTAINMENT INSTALLED (YEAR) _____
<input type="checkbox"/> 2 COATING	OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____
<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 type="checkbox"/> 95 UNKNOWN	
<input type="checkbox"/> 99 OTHER <u>NONE</u>	

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>AT LEAST 6 YRS</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>UNK</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) JACK McLAIR DATE 12/18/95

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>300810</u>	<u>00004</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

printed 01/22/96

SITE INFORMATION

F. G. Gasoline
3314 San Pablo Ave.
Oakland 94608
Site Contact: Ken Tran
Site Phone : (415)822-6706

StID: 810 Site#: 4007
PROJECT#: 4007A
PROJECT TYPE:*** R ***
INSP: Susan Hugo
ACCT. SHEET PG #: _____

PROPERTY OWNER INFORMATION

Owner Contact:
Owner Phone :

PAYOR INFORMATION

Semco
1217 S - 7th St
Modesto CA 95351 #725
Payor Contact:
Payor Phone : 209-524-9653
(415) 572-8033

Date	Action Taken	Time		Hours	Hour	Money	Money
		In	Out	Spent/ Depstd	Balnce	Spent/ Depositd	Balance
01/22/96	Rcpt# 783107 Deposit of \$1,494.00 @ \$90/hour			+16.6	+16.61	1,494.00	1,494.00
01/22/96	Admin. Charge: 1 hour			1.00	15.61	1,404.00	1,404.00
1/25/96	Plan Review - approval		1.0		14.61		
2/26/96	on phone / copies		1.0		13.61		
2/29/96	U.S.T.s removed						
	Transfer to LOP						

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : Susan F. Hugo ATTACH: State Forms A, B & C
 Billing Adjustment*
 DATE OF COMPLETION : 3/5/96 DATE SENT TO BILLING: _____
 TOTAL COST OF PROJECT: _____ REFUND AMOUNT: _____ Rev. 5/95

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

white - env. health
 yellow - facility
 pink - files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name FG Gasoline Today's Date 3/1/96

Site Address 3314 San Pablo

City Oakland Zip 94608 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.

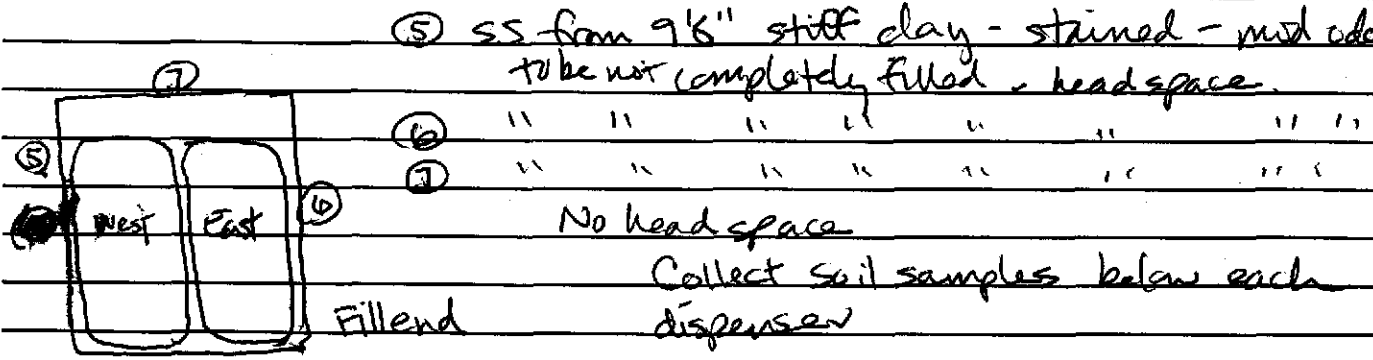
III. Under ground Storage Tanks Removal

Manifest No. 95590574
 Handed by H+H

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

Comments: East UST O%LEL 3% O₂
2nd Pit contained two .4K fuel tanks west UST O%LEL 3% O₂
 East tank in good condition - No through-holes noted
 West tank " " " " " " " "

Bottom of tanks at ~ 9.5' bgs - ~~no~~ groundwater evident at 9'
 3 VOAs GW collected - No purging



Analyze soil and groundwater samples for TPH-G and BTEX. Analyze sample w/ highest TPH/BTEX concent. for total lead.

Complete UIC and return to this office.

Contact STAN KLEMEIS II, III

Title _____ Inspector eva chip

Signature _____ Signature [Signature]

20131

LOP - RECORD CHANGE REQUEST FORM

printed:
10/22/98

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

Insp: TP

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 810 LOC:
 SITE NAME: F. G. Gasoline DATE REPORTED : 02/29/96
 ADDRESS : 3314 San Pablo Ave DATE CONFIRMED: 03/04/96
 CITY/ZIP : Oakland 94608 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: S CONTRACT STATUS: 2 PRIOR CODE:2B4 EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 03/06/96
 PRELIMINARY ASMNT: U 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: 02/29/96
 LUFT FIELD MANUAL CONSID: 2HSCA
 CASE CLOSED: DATE CASE CLOSED:
 DATE EXCAVATION STARTED : 02/29/96 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Mr. Nguyen Nam &
 COMPANY NAME: Mr. Ken Tran - F G Gasoline
 ADDRESS: 5700 Third Street
 CITY/STATE: San Francisco, Ca 94124

INSPECTOR VERIFICATION:					
NAME _____	SIGNATURE _____			DATE _____	
DATA ENTRY INPUT:					
Name/Address Changes Only			Case Progress Changes		
ANNP GMS _____	LOP _____	DATE _____	LOP _____	DATE _____	

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

Insp: DH

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 810 LOC: -0-
 SITE NAME: F. G. Gasoline DATE REPORTED : 02/29/96
 ADDRESS : 3314 -0 San Pablo Ave DATE CONFIRMED: 03/04/96
 CITY/ZIP : Oakland 94608 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: S CONTRACT STATUS: 2 PRIOR CODE:2B4 EMERGENCY RESP: -0-
 RP SEARCH: S DATE COMPLETED: 03/06/96
 PRELIMINARY ASMNT: U DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REM INVESTIGATION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REMEDIAL ACTION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 POST REMED ACT MON:- DATE UNDERWAY: -0- DATE COMPLETED: -0-
 ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 02/29/96
 LUFT FIELD MANUAL CONSID: 2HSCA
 CASE CLOSED: - DATE CASE CLOSED: -0-
 DATE EXCAVATION STARTED : 02/29/96 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: Mr. Nguyen Nam &
 COMPANY NAME: Mr. Ken Tran - F G Gasoline
 ADDRESS: 5700 Third Street
 CITY/STATE: San Francisco, Ca 94124

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

1131 Harbor Bay Pkwy.
 Suite 250
 Alameda, CA 94502-6577
 (510) 567-6700

II, III

Site ID # 810 Site Name FG Gasoline Today's Date 2/29/96

II.A BUSINESS PLANS (Title 19)

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

Site Address 3314 San Pablo Ave

City Oakland Zip 94608 Phone _____

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

Inspection Categories:

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

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

II.B ACUTELY HAZ. MATS

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

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|---|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2651 |
| | <input type="checkbox"/> 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual groundwater
One time soils |
| | 3) Daily Vadose
One time soils
Annual tank test |
| | 4) Monthly Gndwater
One time soils |
| | 5) Daily inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon. |
| | 6) Daily inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily inventory |
| | 9) Other |

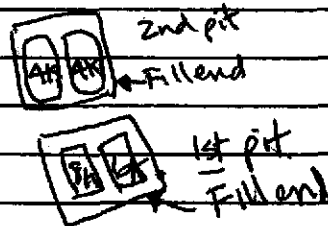
- 7. Precs Tank Test Date: 2643
- 8. Inventory Rec. 2644
- 9. Soil Testing. 2646
- 10. Ground Water. 2647

- | | |
|-----------|--|
| New Tanks | <input type="checkbox"/> 11. Monitor Plan 2632 |
| | <input type="checkbox"/> 12. Access. Secure 2634 |
| | <input type="checkbox"/> 13. Plans Submit 2711 |
| | <input type="checkbox"/> 14. As Built 2635 |

Comments: and 1-6K
Onsite at 11:00 AM. 21-8K steel USTs uncovered
(nearest 33rd St). It is planned to remove
these two USTs, collect sidewall samples in pit,
collect samples of stockpiled soil, place stock soil
back into pit so there is enough working room to
uncover and remove other two USTs

Stockpiled soil from first pit exhibited mod. fuel
odor
Tank bottom at approximately 12' depth -
(4' fill, 8' diameter USTs)
Groundwater, with slight sheen, in pit ~.10' bgs

Hauled by H+H



Contact: 3314 St.

Title: _____

Signature: [Signature]

Inspector: [Signature]

Signature: [Signature]

II, III

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

1131 Harbor Bay Pkwy.
 Suite 250
 Alameda, CA 94502-6577
 (510) 567-6700

II, III

Site ID # 810 Site Name FG Gasoline Today's Date 2/29/96

Site Address 3314 San Pablo Ave

City Oakland Zip 94608 Phone _____

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

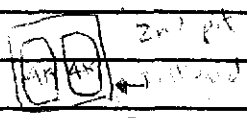
Inspection Categories:

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

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

Comments:

at 11:00 AM 1-6K
 located at 11:00 AM 1 SK steel UST uncovered
 (located 27' S of pt). It is planned to remove
 these two USTs, collect subsurface samples in pit,
 collect samples of sludged soil, place steel soil
 back into pit as there is enough working room to
 remove and remove other two USTs
 sludged soil from first pit exhibited mod. Vol
 lab
 Tank bottom at approximately 12' depth -
 (4' PU, 8" diameter USTs)
 Gray water, with slight sheen, in pit ~10' high
 Hatched by H&E



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. Off-Site Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

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

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

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

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

Rev 6/88

Contact: _____

Title: _____

Signature: Stan Kline

Inspector: _____

Signature: _____

II, III

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.	
REPORT DATE 03/01/96		CASE #		SIGNED: <i>Stanley Klemetson</i> DATE: 3/29/96	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT STANLEY KLEMETSON		PHONE (415) 572-8033		SIGNATURE <i>Stanley Klemetson</i>
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input checked="" type="checkbox"/> OTHER CONTRACTOR		COMPANY OR AGENCY NAME SEMCO		
	ADDRESS 1751 LESLIE STREET SAN MATEO CA 94402				
RESPONSIBLE PARTY	NAME KEN TRAN <input type="checkbox"/> UNKNOWN		CONTACT PERSON KEN TRAN		PHONE (415) 387-5929
	ADDRESS 5700 3RD STREET SAN FRANCISCO CA 94124				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) W B DETAILING		OPERATOR		PHONE ()
	ADDRESS 3314 SAN PABLO AVENUE, OAKLAND, ALAMEDA				
	CROSS STREET 33RD STREET				
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA COUNTY ENV. HEALTH		AGENCY NAME		CONTACT PERSON EVA CHU
	REGIONAL BOARD				PHONE (510) 567-6762
SUBSTANCES INVOLVED	(1) NAME				QUANTITY LOST (GALLONS)
	GASOLINE, UNLEADED				<input checked="" type="checkbox"/> UNKNOWN
DISCOVERY/ABATEMENT	DATE DISCOVERED 02/29/96		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 03/01/96				
	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER				
CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)				
	COMMENTS CONTAMINATED SOIL PLACED BACK IN EXCAVATION. LATERAL AND VERTICAL EXTENT HAVE NOT BEEN DETERMINED. REMEDIATION ALTERNATIVES HAVE NOT BEEN SELECTED YET				

95 MAR 21 11:21 AM
 ENVIRONMENTAL PROTECTION AGENCY

INSTRUCTIONS

EMERGENCY

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

LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY

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

RESPONSIBLE PARTY

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

SITE LOCATION

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

IMPLEMENTING AGENCIES

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

SUBSTANCES INVOLVED

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

DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

SOURCE/CAUSE

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

CASE TYPE

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

CURRENT STATUS

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

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

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

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

Preliminary Site Assessment Underway - implementation of workplan.

Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.

Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.

Cleanup Underway - implementation of remediation plan.

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

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

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

REMEDIAL ACTION

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

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

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

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

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

Remove Free Product - remove floating product from water table.

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

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

Replace Supply - provide alternative water supply to affected parties.

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

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

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

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

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

SIGNATURE - Sign the form in the space provided.

DISTRIBUTION

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

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

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

II, III

white -env. health
yellow -facility
pink -files

Site ID # _____ Site Name F+G Gasoline Today's Date 2/29/96

II.A BUSINESS PLANS (Title 19)

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

Site Address 3314 San Pablo

City Oakland Zip 94608 Phone _____

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

Inspection Categories:

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

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

Comments:

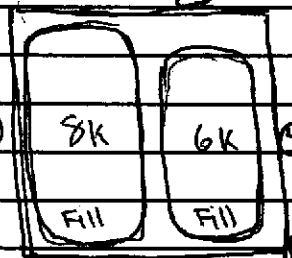
1st pt

6K OLEL 496 Oz

8K OLEL 596 Oz

6K - Bare steel - in good condition - no through-holes noted

8K - Bare steel - in good condition, no through-holes noted



1 SS from 9.5' w/ mod odor sandy gravel w/ staining

2 SS from 9.5' w/ mod odor

3 SS from 9.5' w/ mod odor

4 SS from 9.5' w/ mod odor

stiff clay - green stain

stiff clay - green stain

stiff clay - green stain

Analyze soil samples for PH-G, BTEX and total lead

II.B ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N)
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
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- ___ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

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

- ___ 7. Precs Tank Test 2643
- ___ 8. Inventory Rec. 2644
- ___ 9. Soil Testing 2646
- ___ 10. Ground Water. 2647

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

Contact: STAN KLEMETZ

Title: _____

Signature: _____

Inspector: eva chuy

Signature: [Signature]

II, III

4629 msk

Project Specialist

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

ACCEPTED

Underground Storage Tank Closure Permit Application
Alameda County Division of Hazardous Materials
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to ensure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits by construction/contractor.

One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws.

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

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

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Contact Specialist

Special Construction
D Health Dept Spclt Plan must adhere to Title 8 (OSHA)
2 Property Impact Negotiation for Contractors Section 142 (H)
3 See Corrections Page 4

Brian P. Old
1/25/96

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business _____
Business Owner or Contact Person (PRINT) KEN TRAN
2. Site Address 3314 SAN PABLO AVE
City OAKLAND Zip _____ Phone (415) 822-6706
3. Mailing Address 5700 3RD ST.
City SAN FRANCISCO, CA Zip 94124 Phone (415) 822-6706
4. Property Owner NAM NGUYEN
Business Name (if applicable) _____
Address 5700 3RD ST.
City, State SAN FRANCISCO, CA Zip 94124
5. Generator name under which tank will be manifested
NAM NGUYEN

EPA ID# under which tank will be manifested CAC001057224

6. Contractor SEMCO
Address 1217 S. 7th St.
City MODESTO, CA Phone (209) 524-9654
License Type* A, B, C61/D40 ID# 449864

*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.

7. Consultant (if applicable) _____
Address _____
City, State _____ Phone _____

8. Main Contact Person for Investigation (if applicable)
Name CHUCK KIPER Title PROJ. MGR
Company SEMCO
Phone (415) 572-8033

9. Number of underground tanks being closed with this plan 4
Length of piping being removed under this plan 3
Total number of underground tanks at this facility (**confirmed with owner or operator) 4

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 EVERGREEN VACUUM SER. EPA I.D. No. CA0980695761
Hauler License No. 0620950070120 License Exp. Date 6/30/96
Address 6880 SMITH AVE
City NEWARK State CA Zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site
Name SAME EPA ID# _____
Address _____
City _____ State _____ Zip _____

c) Tank and Piping Transporter

Name ERICKSON, INC. EPA I.D. No. CAD009466392
Hauler License No. 0019 License Exp. Date 7/31/96
Address 255 PARR BLVD.
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name SAME AS ABOVE EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

11. Sample Collector

Name CHUCK KIPER
Company SEMCO
Address 1741 LESLIE ST
City SAN MATEO State CA Zip 94402 Phone (415) 572-8033

12. Laboratory

Name NORTH STATE ENVIRONMENTAL
Address 90 WEST SOUTH SPRUCE ST.
City SSF State CA Zip 94080
State Certification No. 1753

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

If yes, describe. _____

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

HIGH PRESSURE HOT WATER DETERGENT WASH
20 LBS. DRY ICE PER 1000 GAL TANK CAPACITY

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
8000 Gal	Gasoline	SOIL WATER (IF ENCOUNTERED)	2 FT BELOW TANK IN NATIVE SOIL

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

Excavated/Stockpiled Soil

<p>Stockpiled Soil Volume (estimated)</p>	<p align="center">Sampling Plan</p> <p>SOIL SAMPLES TAKEN FROM THE TANK EXCAV. WILL BE COLLECTED, PLACED IN BRASS TUBES, SEALED WITH FOIL, TEFLON CAPS, APPROVED TAPE, PLACED ON ICE, TRANSPORTED TO STATE CERTIFIED LAB UNDER CHAIN OF CUSTODY + ANALYZED FOR CONSTITUENTS OF TANK.</p>
---	--

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

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

If yes, explain reasoning _____

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

16. Chemical methods and associated detection limits to be used for analyzing samples:
 The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed.
 See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
<p>GASOLINE MTBE LEAD</p>	<p>TPH-6 BTEX MTBE LEAD</p>	<p>5030 8220 OR 8240 6010</p>	<p>10PPM 5PPB (XYLENE 10 PPB)</p>

- 18. Submit Worker's Compensation Certificate copy
Name of Insurer GOLDEN EAGLE INS.

- 19. Submit Plot Plan ***** (See Instructions) *****
- 20. Enclose Deposit (See Instructions)
- 21. Report any leaks or contamination to this office within 5 days of discovery.
The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.
- 22. Submit a closure report to this office within 60 days of the tank removal. The report must contain all information listed in item 22 of the instructions.
- 23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business SEMCO

Name of Individual JACK McLAIN

Signature *J. McLain* Date 12/18/95

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business _____

Name of Individual KEN TRAN - AGENT FOR OWNER

Signature *Ken Tran* Date 12/18/95

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

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

SITE INFORMATION:

Site ID Number
(if known)

Name of Site

3314 SAN PABLO AVE.

Street Address

OAKLAND, CA

City, State & Zip Code

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

SEMCO

Name

1741 LESLIE ST

Street Address

SAN MATEO, CA 94402

City, State & Zip Code



Signature of Payor

JACK McLAIN

Name of Payor

(PLEASE PRINT CLEARLY)

12/18/95

Date

SEMCO

Company Name of Payor

RETURN FORM TO:

County of Alameda, Environmental Protection
1131 Harbor Bay Parkway, Rm 250
Alameda CA 94502-6577
Phone#(510) 567-6700

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

04/11/94

PRODUCER
 Insurance Center of Merced
 2908 North G Street
 P. O. Box 2268
 Merced, CA 95344

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Golden Eagle Ins. Co

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED
 Semco, Inc.
 1217 South 7th Street
 Modesto, CA 95351

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	Include Alameda County Permit App.			COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	PWC254163	04/05/94	04/05/95	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 All California Operations

CERTIFICATE HOLDER
 County of Alameda
 80 Swan Way, Room 200
 Oakland, CA 94621

CANCELLATION: 10 DAY FOR NON-PAY
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Wayne Migliore

CONTRACTORS STATE LICENSE BOARD

Building Quality

ISSUED 12-15-83
CERTIFIED COPY

No. 445864

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

Contractor's License

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

SEMCO*JAMES C BATEMAN PETROLEUM SERVICES INC

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

- C61 SERVICE STATION EQUIPMENT & MAINTENANCE
- B GENERAL BUILDING CONTRACTOR
- A GENERAL ENGINEERING CONTRACTOR

*Include in
Alameda County
APP*

WITNESS my hand and sealed this
7TH day of AUGUST 1984.



J. K. Maloney
Registrar of Contractors

James Hamilton
Signature of Licensee

James Hamilton
Signature of person who qualified
on behalf of the licensee

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **449864** **Corp**

Business Name **JAMES C BATEMAN PETROLEUM
SERVICES INC DBA SERCO**

Classification **C61/D40 B A HAZ**

Expiration Date **12/31/95**



*Include in
Alameda County
APP*

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



Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

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



Qualifier: TERRY D. HAMILTON

License No.: 449864

Namestyle: SEMCO * JAMES C. BATEMAN PETROLEUM SERVICES INC.

WITNESS my hand and official seal this
25 day of JULY, 1988

[Signature]

131-36 (1/88)

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

A1548

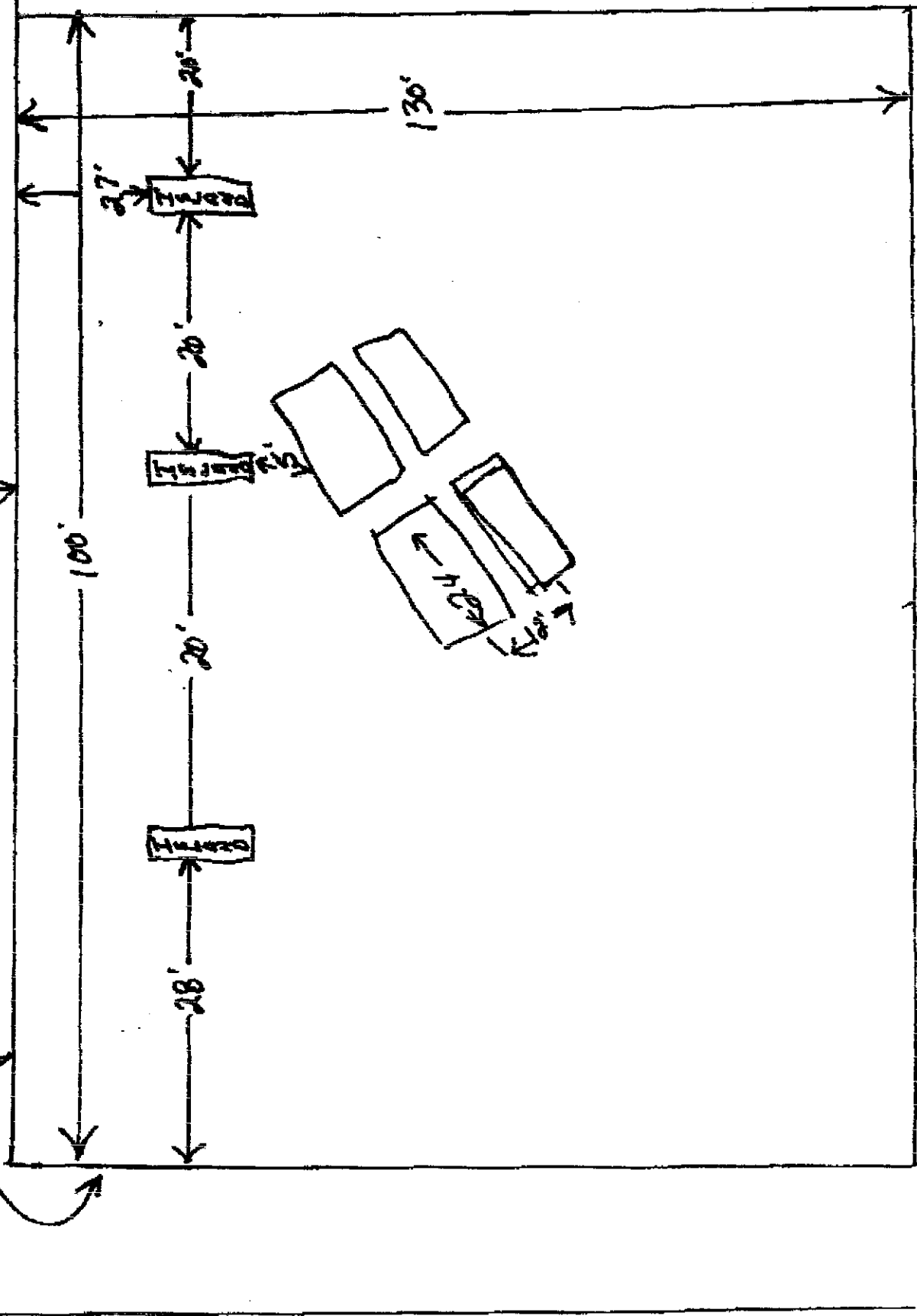
*Include in
Alameda County
APP.*

SAN PABLO AV. → North

Sidewalk

10'

Cyclone Fence



13354

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 type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 3314 SAN PABLO AVE, OAKLAND

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>8,000 GAL</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	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 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 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 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. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER <u>NONE</u>
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____		

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

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

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>AT LEAST 6 YRS</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>UNK</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>JACK McLAIR</u>	DATE <u>12/18/95</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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 type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 3314 SAN PABLO AVE. OAKLAND

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>8,000</u>

II. TANK CONTENTS IFA-1 IS MARKED, COMPLETE ITEM C.			
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 90 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
			<input type="checkbox"/> 3 DIESEL
			<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<input type="checkbox"/> 6 AVIATION GAS
			<input type="checkbox"/> 7 METHANOL
			<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			C. A. S. #:

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

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

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

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>AT LEAST 6 YRS</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>UNK</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>JACK McLAIR</u>	DATE <u>12/18/95</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 type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 3314 SAN PABLO AVE, OAKLAND

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>8,000</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
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN	

C. 1a REGULAR UNLEADED 3 DIESEL 6 AVIATION GAS
 1b PREMIUM UNLEADED 4 GASAHOL 7 METHANOL
 2 LEADED 5 JET FUEL 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	1 DOUBLE WALL	3 SINGLE WALL WITH EXTERIOR LINER	95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER

B. TANK MATERIAL (Primary Tank)	1 BARE STEEL	2 STAINLESS STEEL	3 FIBERGLASS	4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 8 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	1 RUBBER LINED	2 ALKYD LINING	3 EPOXY LINING	4 PHENOLIC LINING
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 8 UNLINED	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

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

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 5 ALUMINUM	<input type="checkbox"/> 8 CONCRETE	<input type="checkbox"/> 7 STEEL W/ COATING	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 GALVANIZED STEEL	<input type="checkbox"/> 10 CATHODIC PROTECTION	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNK AT LEAST 6 YRS</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>UNK</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>JACK McLAIN</u>	DATE <u>12/18/95</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 type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED
DBA OR FACILITY NAME WHERE TANK IS INSTALLED: <u>3314 SAN PABLO AVE. OAKLAND</u>				

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>8,000</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	B. <input type="checkbox"/> 4 OIL <input type="checkbox"/> 90 EMPTY <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 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 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER <u>NONE</u>
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____		

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

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

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>SEVERAL YEARS - AT LEAST 6</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>UNK</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>JACK MELAIN</u>	DATE <u>11/18/95</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 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 checked="" type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

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

DBA OR FACILITY NAME		NAME OF OPERATOR NAM NGUYEN		
ADDRESS 3314 SAN PABLO AVE		NEAREST CROSS STREET 33RD ST	PARCEL # (OPTIONAL)	
CITY NAME OAKLAND		STATE CA	ZIP CODE	SITE PHONE # WITH AREA CODE
<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 4	E. P. A. I. D. # (optional) CA001057224

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) KEAN TRAN	PHONE # WITH AREA CODE (415) 822-6706	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 NAM NGUYEN		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 40 KEN TRAN 5700 3RD ST.		<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME SF, CA 94124		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE AGENCY
		<input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> FEDERAL AGENCY	
STATE CA	ZIP CODE 94124	PHONE # WITH AREA CODE (415) 822-6706		

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER NAM NGUYEN		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 40 KEN TRAN 5700 3RD ST		<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME SF		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE AGENCY
		<input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> FEDERAL AGENCY	
STATE CA	ZIP CODE 94124	PHONE # WITH AREA CODE (415) 822-6706		

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

TY (TK) HQ **44-**

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

<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> 1 SELF-INSURED	<input checked="" 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) JACK McLAIN	OWNER'S TITLE AGENT FOR OWNER	DATE MONTH/DAY/YEAR 12/18/94
---	---	--

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

S E M C O

SITE SAFETY PLAN

FOR

**UNDERGROUND STORAGE TANK
REMOVAL/CLOSURE**

**JOB SITE ADDRESS:
3314 San Pablo Avenue
Oakland, CA**

JOB NUMBER: 95-4513

Prepared By: Jack McLain

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1.0 Scope of work	4
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8.0 Contingency Plan	13
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10.0 Signatures & Acknowledgments	15

INTRODUCTION

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All personnel involved with the tank removal or associated activities will have an assigned responsibility. The outlined responsibilities will establish standards for personnel protective wear and safety procedures, and will provide for emergency actions which could arise during project operations.

All personnel involved in tank removal or associated activities have received appropriate OSHA Hazwoper training and participate in a SEMCO medical surveillance program per 29 CFR 1910.120.

1.0. SCOPE OF WORK:

Excavation and removal of (4) 8,000 gallon underground fuel storage tanks.

Tank will be purged of all remaining residues, and these residues will be stored on site in 55 gallon D.O.T. approved drums until they are hauled away for disposal by a certified hazardous materials hauler.

The tank will be inerted with a minimum of 30 lbs. of dry ice per 1,000 gallons of tank capacity. More ice will be added if necessary to displace the oxygen in the tank to a concentration level below the OSHA approved lower explosive limit. When this level is obtained the tank will be removed and samples will be collected per the approved work plan.

1.1. Responsibilities of Other Agencies Present:

- 1.1.1. The Environmental Health Department is responsible for approval and inspection of procedures, including excavation, sample procurement and integrity of work plan.
- 1.1.2. The Fire Department is responsible for inspection relative to safe procedures and condition of tank prior to removal.

2.0. HAZARDS, SPECIAL PRECAUTIONS

2.1. Special Precautions:

During the course of excavation, workers could be exposed to petroleum hydrocarbon vapors, liquids, or other wastes. The following precautions will be observed by all individuals engaged in the tank removal activity.

2.1.1. Toxicity considerations, Petroleum Substances:

All individuals should be aware of appropriate health precautions. When high concentrations of petroleum hydrocarbon vapors are inhaled, symptoms of intoxication may result. These symptoms range from simple dizziness to unconsciousness. Care will be exercised to minimize exposure to these substances when they are present. Avoid skin contact with petroleum substances whenever possible. Use soap and water to remove any petroleum product that contacts skin.

2.1.2. Flammability and Combustibility Consideration:

Flammable and combustible vapors are likely to be present in the work area. Precautions will be taken to eliminate all potential sources of ignition, to prevent the discharge of static electricity during venting, and to prevent the accumulation of vapors.

2.1.3. Physical Considerations:

During the excavation some physical hazards can be present, in the form of large holes, exposed piping, debris piles, and excavation equipment. All workers will be aware of these hazards and take all necessary actions to eliminate accidents, when left unattended the excavated area will be appropriately marked and barricaded at all times.

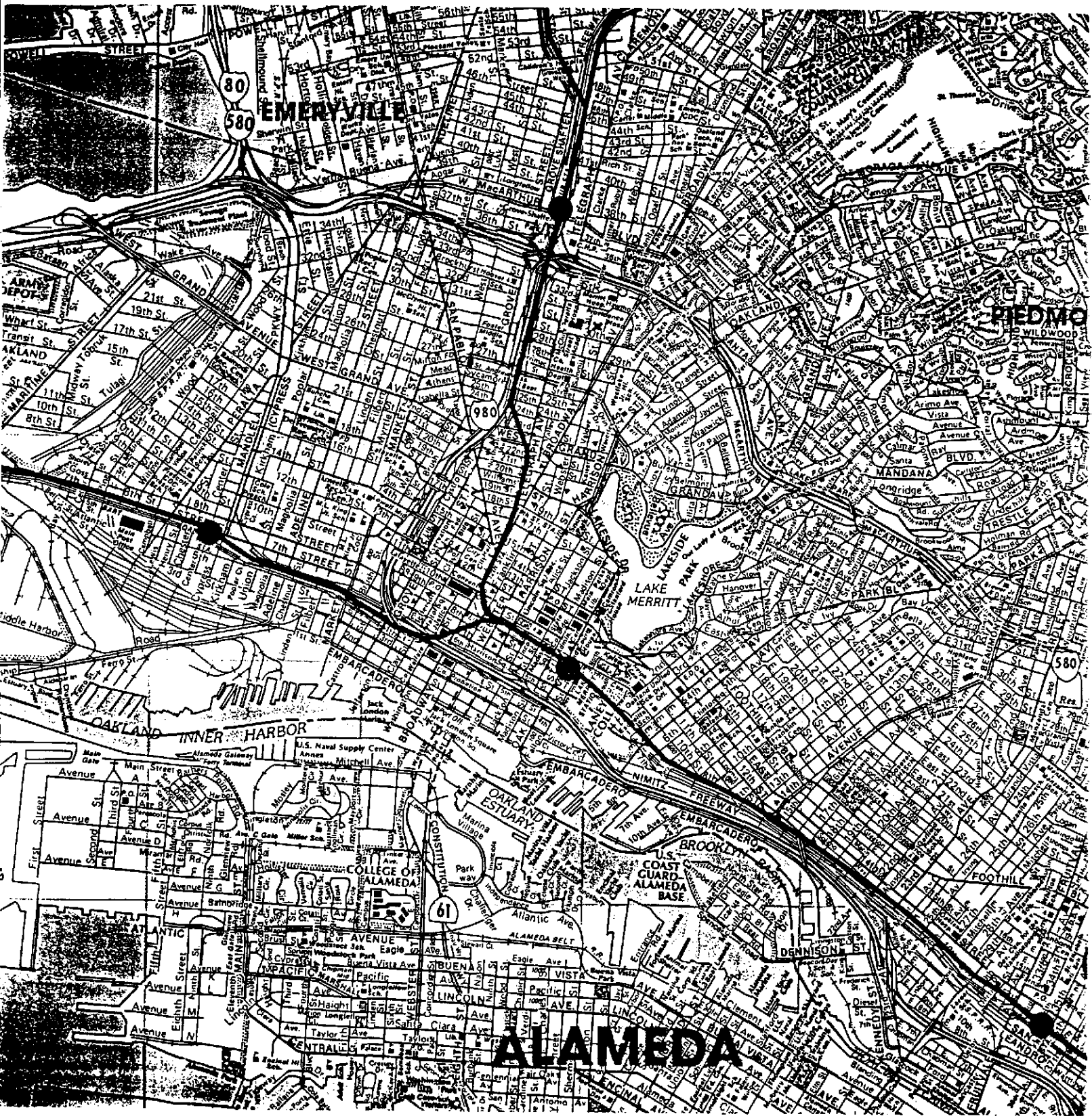
2.1.4. Action Levels for Contaminant Concentrations in Air:

If workers detect "Nuisance Odors" at their work areas, Level C protection will be implemented and monitoring will then be conducted. The readings will be taken at the worker's "Breathing Zone" utilizing an organic vapor analyzer (OVA), and using the following guidelines:

<150ppm	Level D protection
150-250 ppm	Level C protection
>250ppm	Level B protection

If "Hot Spots" are encountered Level C protection will be worn at all times and periodic monitoring will be conducted no less than once every half hour or when areas of significant concentration is noted. The OVA is calibrated to 100 ppm Isobutylene and serviced by Environmental Instruments Company at regular intervals.

3.0. JOBSITE VICINITY MAP

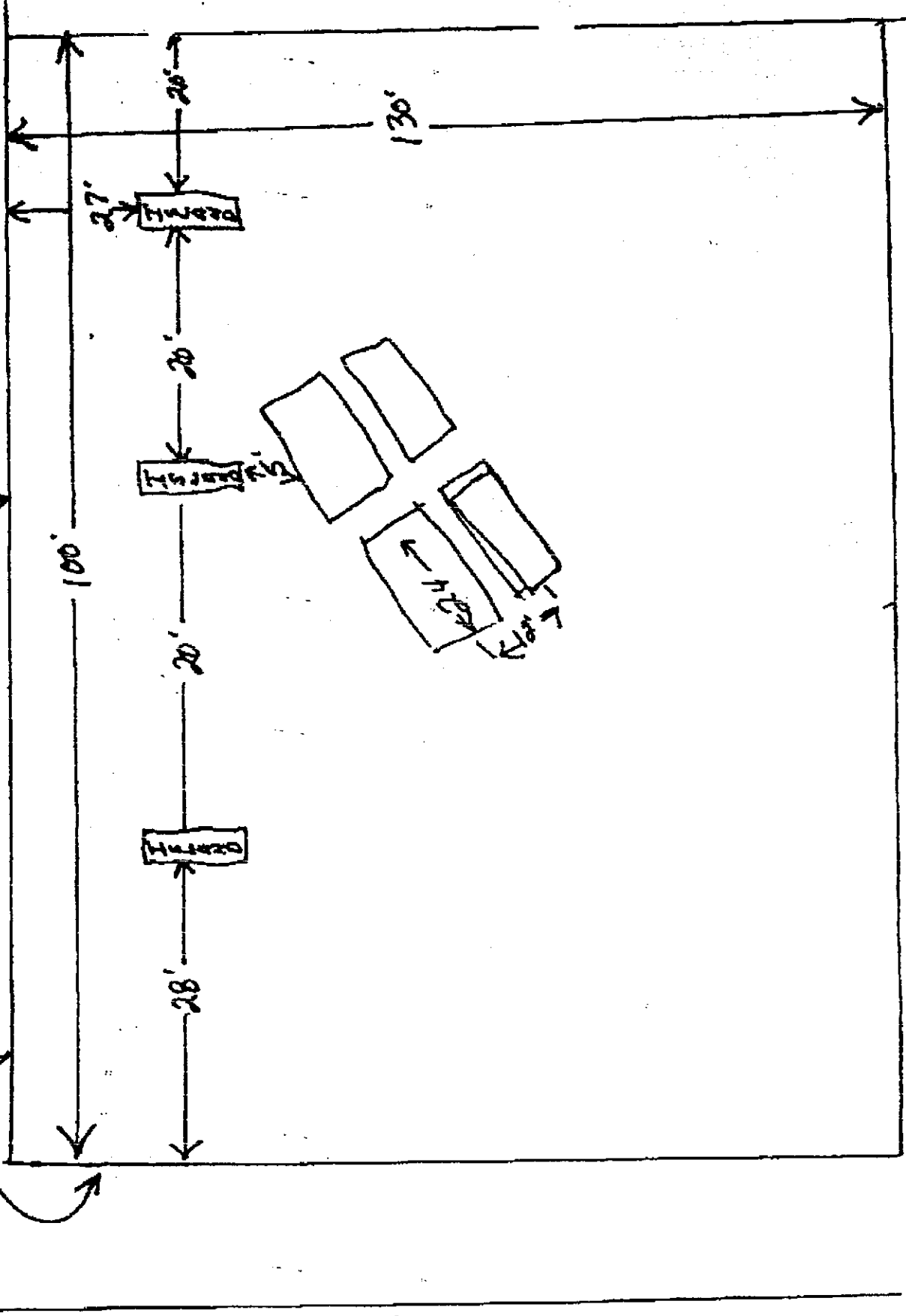


SAN PABLO AV. → North

Sidewalk

10'

Cyclone Fence



1334

5.0. PERSONNEL:

5.1. Project Manager

- Manages field operations.
- Ensures the Work Plan is completed on schedule.
- Briefs the field teams on their specific assignments.
- Participates in the preparation of the Site Safety Plan.
- Serves as a liaison with public officials.

5.2. Site Safety Officer

- Implements and enforces the SSP.
- Assures that all on-site personnel have received a copy of the SSP, have read it, and understand it.
- Conducts frequent inspections of site conditions, facilities, equipment, and activities to determine if the SSP is adequate and being followed.
- Conducts daily "tailgate" meetings to explain the plan of work for the day, mention potential hazards of the site.
- Ensures that protective clothing and equipment are properly stored and maintained. Knows emergency procedures, excavations routes, and notifies local emergency services when necessary.
- Notifies the health and Safety Manager of all accidents and injuries that occur on site.

5.3. On-Site Personnel

- Are required to document their full understanding of the SSP before starting work by signing that they have read the SSP and understand it.
- Complies with the SSP.
- Notifies the SSO of unsafe conditions.

- On-site employees are held responsible to perform only those tasks for which they believe they are qualified and in their opinion are safe.

LEVEL D: Safety Glasses
Steel Toe Shoes
Hard Hats
Uniform shirt/pants

LEVEL C: Safety Glasses Or Goggles w/Side Shields
Hard Hats
Steel Toe Safety Shoes
Half of Full Face Respirator With Organic Vapor/Acid Gas
HEPA Cartridges
Tyvek or Poly-Coated Tyvek

6.0. EMERGENCY SERVICES:

6.1. Persons to contact in case of emergency:

- a. **PROJECT MANAGER**
Name: Chuck Kiper
Phone: (415) 572-8033
- b. **CLIENT CONTACT**
Name: Ken Tran
Phone: (415) 822-6706
- c. **SITE CONTACT**
Name: Chuck Kiper
Phone: (415) 572-8033
- d. **SITE SAFETY OFFICER**
Name: Chuck Kiper or _____
Phone: (415) 572-8033
- e. **ALTERNATE SITE SAFETY OFFICER**
Name: Randy McManus
Phone: (415) 572-8033
- f. **HEALTH & SAFETY COORDINATOR**
Name: Richard Downs
Phone: (209) 524-9653
- g. **GOVERNMENT CONTACTS**
Name:
Department: Alameda County Health Care Services
Phone: (510) 667-6700

6.2. **Hospitals In Area: Peralta Hospital**
Phone: (510) 541-4900

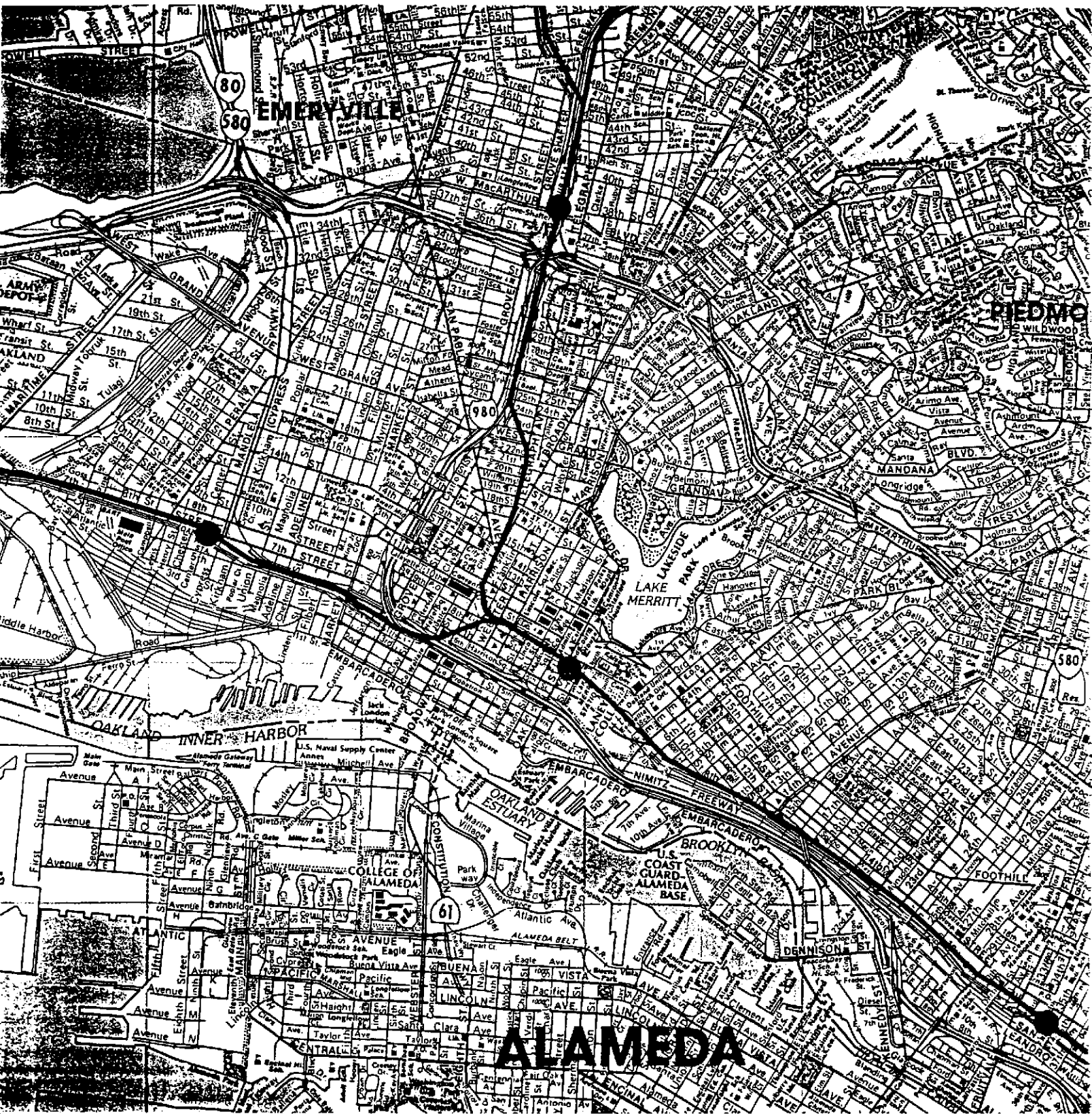
6.3. **Emergency Routes:**
See Hospital Route Map, Page 12

6.4. **Ambulance Service:**
Dial 911

6.5. **Fire Prevention:**
Phone: 911

PERALTA HOSP.
450 30th St.
OAKLAND

7.0. HOSPITAL ROUTE MAP



8.0. CONTINGENCY PLAN:

If an injury occurs, the following action will be taken:

- **If Possible, remove injured or exposed person(s) from immediate danger.**
- **Medical attention for the injured person immediately.**
- **Notify the Site Safety Officer.**
- **Depending on the type and severity of the injury, the occupational physician will be notified.**
- **The injured person's personnel office will be notified.**
- **An incident report will be prepared. The Site Safety Officer will be responsible for it's preparation and submittal to the Health and Safety Direction and corporate personnel office within 24 hours.**
- **The site Safety Officer will assume charge during a medical emergency.**
- **EMERGENCY ROUTES -- See Hospital Route Map, Page 12.**
- **EMERGENCY PHONE NUMBERS -- See page 11.**
Cellular phones will be available on site at all times.

If the emergency involves release of hazardous liquids, immediate steps will be taken to contain the liquids utilizing absorbant or diking material and proper clean-up procedures will be implemented.

9.0. SAFETY EQUIPMENT:

9.1. As a minimum, the following equipment will be on site:

LEL meter

OSHA-Approved First Aid Kit

40BC Fire Extinguisher

Half Face Respirator with Organic Vapor/Acid Gas HEPA Cartridges

10.0. SIGNATURES & ACKNOWLEDGMENTS:

I acknowledge having read and understood the preceding Health & Safety Plan:

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

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S E M C O

SITE SAFETY PLAN

FOR

**UNDERGROUND STORAGE TANK
REMOVAL/CLOSURE**

**JOBSITE ADDRESS:
3314 San Pablo Avenue
Oakland, CA**

JOB NUMBER: 95-4513

Prepared By: Jack McLain

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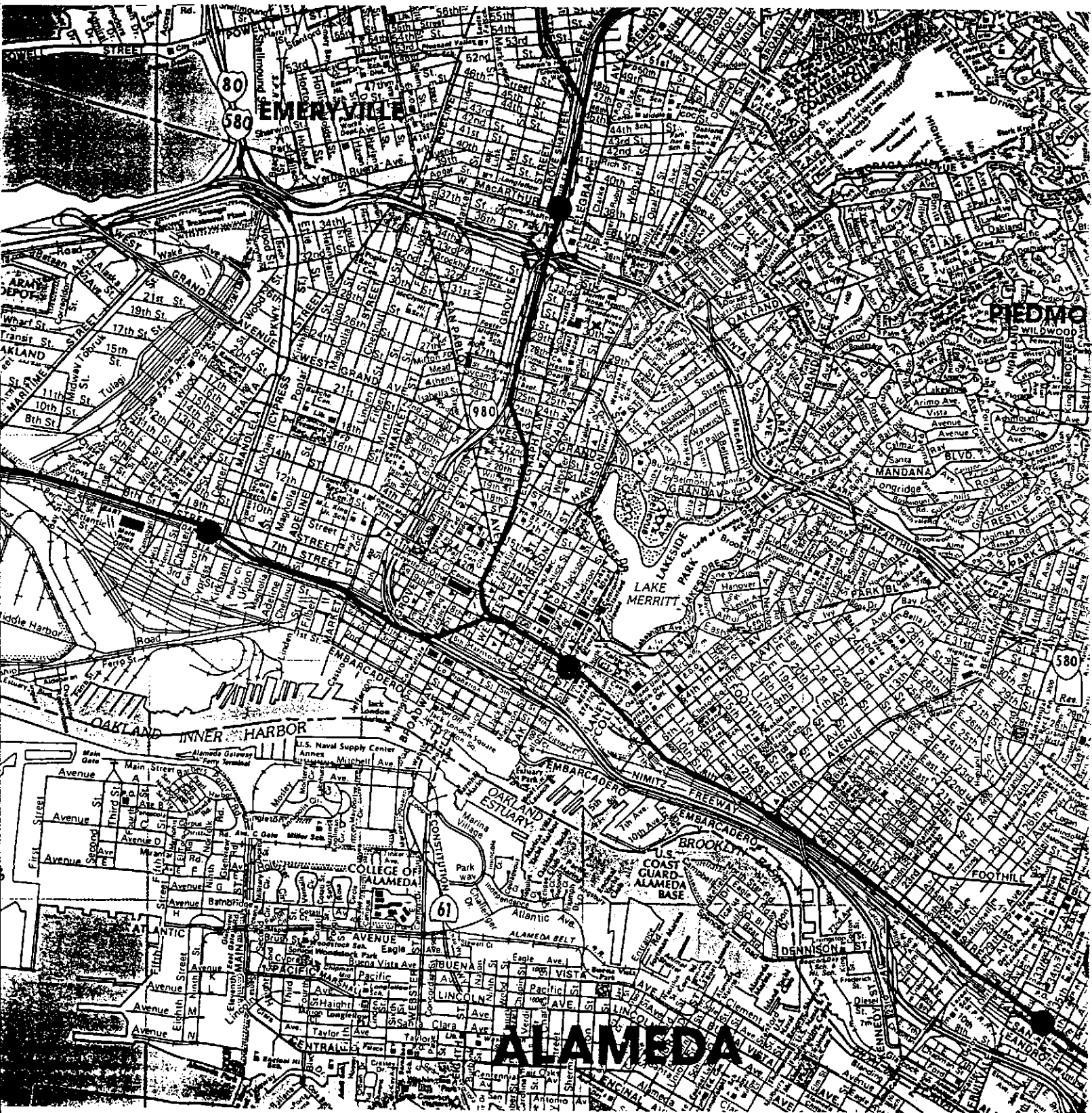
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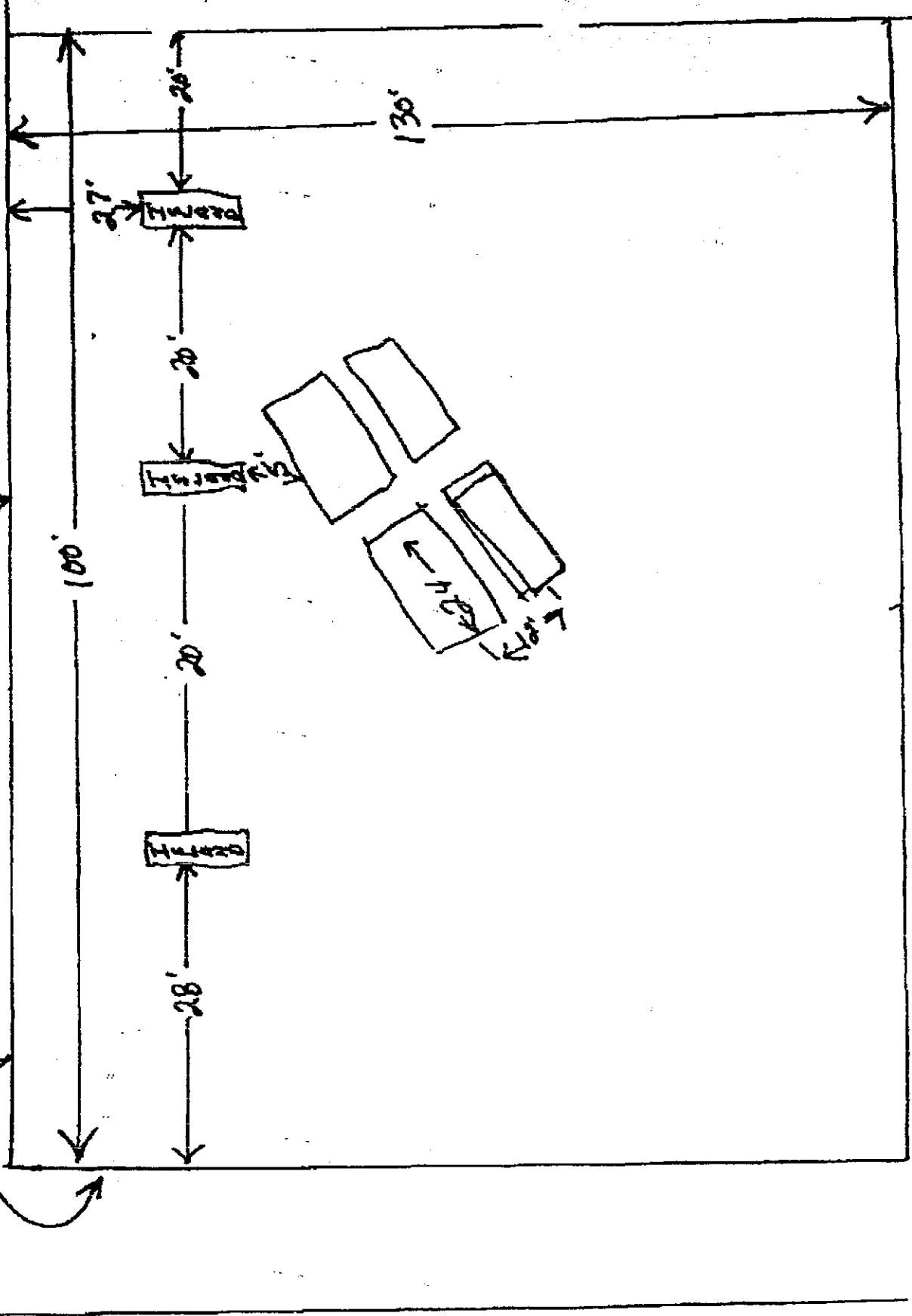


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1325

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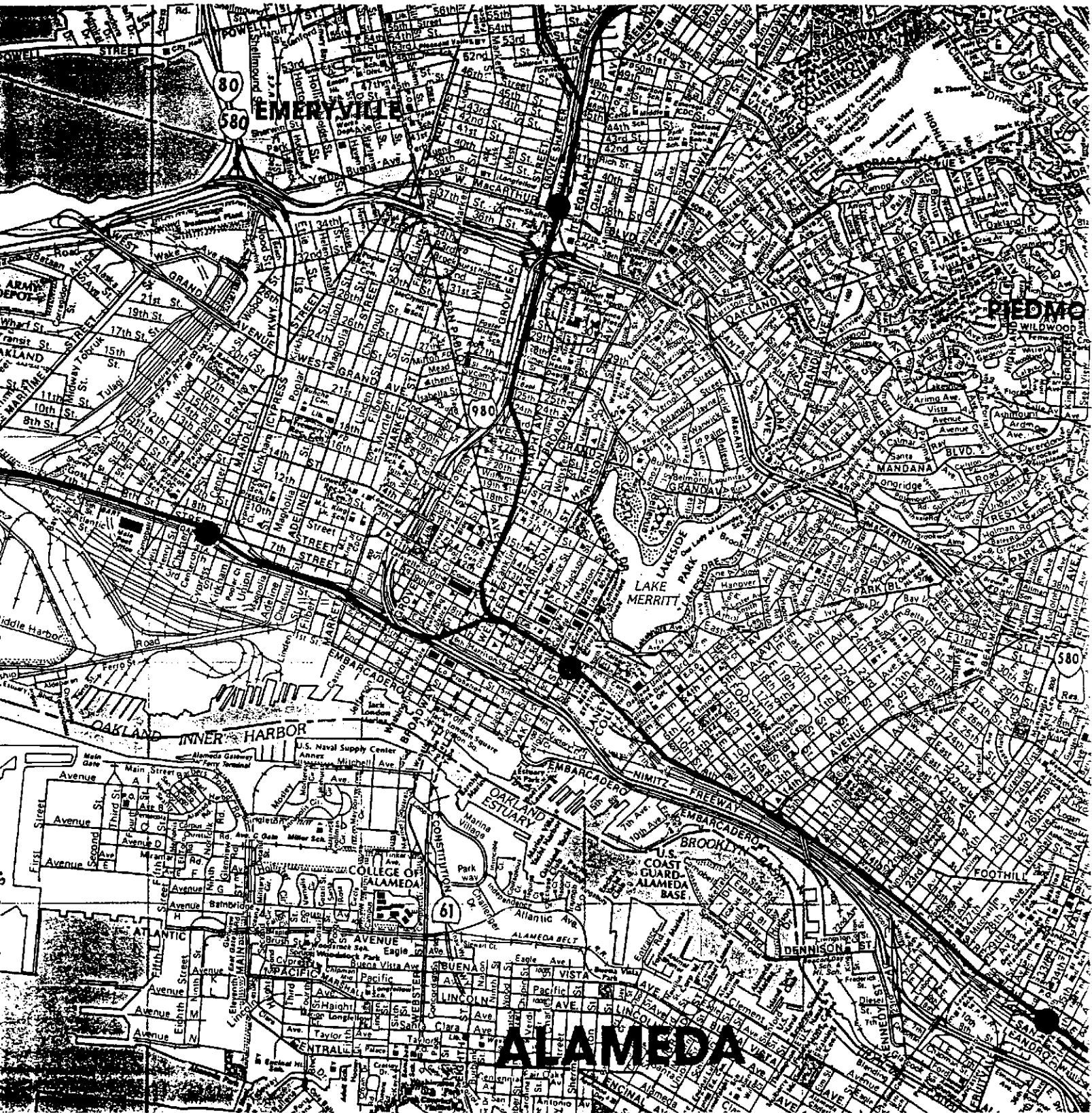
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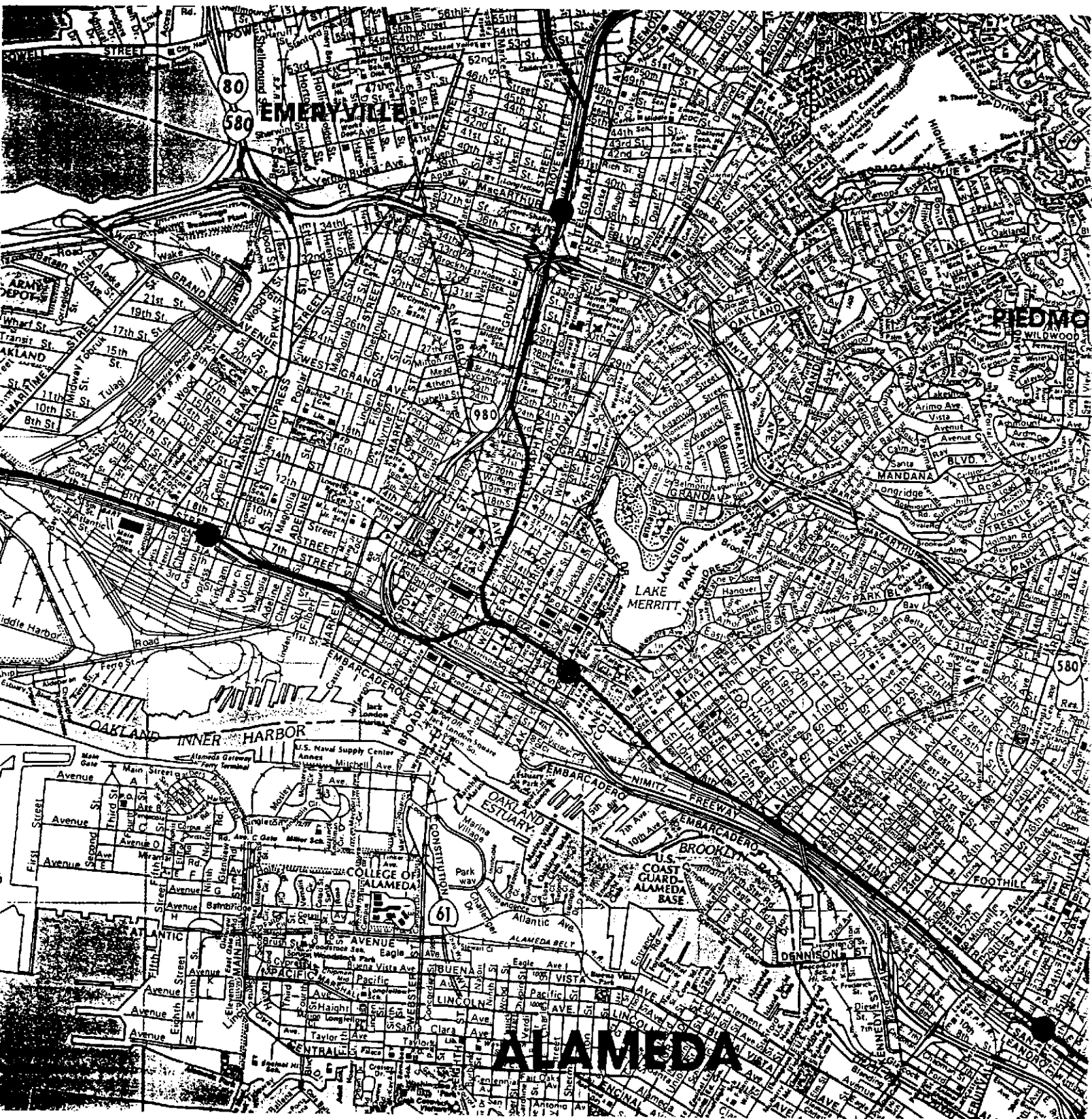
2.1.4. Action Levels for Contaminant Concentrations in Air:

If workers detect "Nuisance Odors" at their work areas, Level C protection will be implemented and monitoring will then be conducted. The readings will be taken at the worker's "Breathing Zone" utilizing an organic vapor analyzer (OVA), and using the following guidelines:

<150ppm	Level D protection
150-250 ppm	Level C protection
>250ppm	Level B protection

If "Hot Spots" are encountered Level C protection will be worn at all times and periodic monitoring will be conducted no less than once every half hour or when areas of significant concentration is noted. The OVA is calibrated to 100 ppm Isobutylene and serviced by Environmental Instruments Company at regular intervals.

3.0. JOBSITE VICINITY MAP

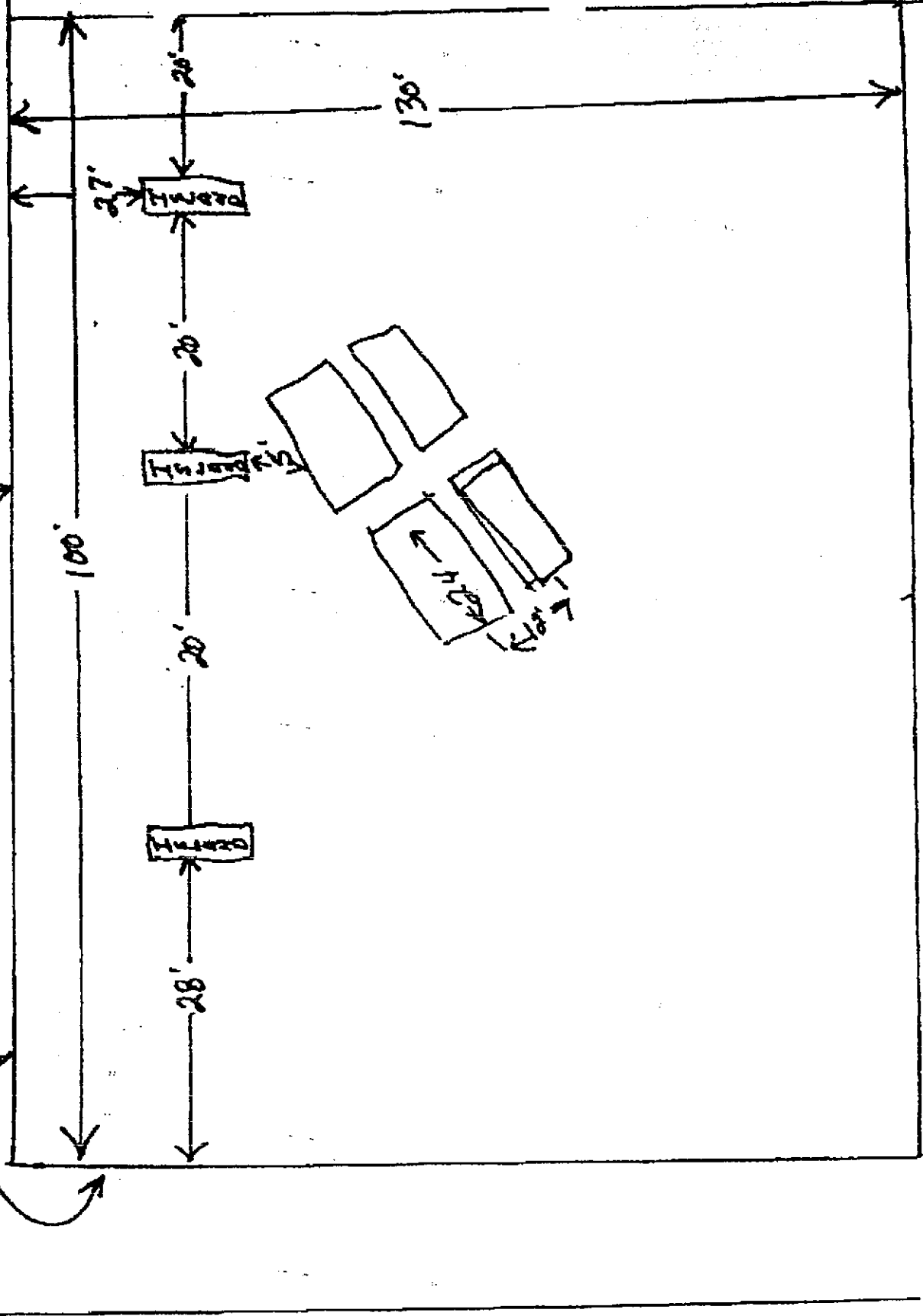


SAN PABLO AV. → North

Sidewalk

10'

Cyclone Fence



15
12/18/95

5.0. PERSONNEL:

5.1. Project Manager

- Manages field operations.
- Ensures the Work Plan is completed on schedule.
- Briefs the field teams on their specific assignments.
- Participates in the preparation of the Site Safety Plan.
- Serves as a liaison with public officials.

5.2. Site Safety Officer

- Implements and enforces the SSP.
- Assures that all on-site personnel have received a copy of the SSP, have read it, and understand it.
- Conducts frequent inspections of site conditions, facilities, equipment, and activities to determine if the SSP is adequate and being followed.
- Conducts daily "tailgate" meetings to explain the plan of work for the day, mention potential hazards of the site.
- Ensures that protective clothing and equipment are properly stored and maintained. Knows emergency procedures, excavations routes, and notifies local emergency services when necessary.
- Notifies the health and Safety Manager of all accidents and injuries that occur on site.

5.3. On-Site Personnel

- Are required to document their full understanding of the SSP before starting work by signing that they have read the SSP and understand it.
- Complies with the SSP.
- Notifies the SSO of unsafe conditions.

- On-site employees are held responsible to perform only those tasks for which they believe they are qualified and in their opinion are safe.

**LEVEL D: Safety Glasses
 Steel Toe Shoes
 Hard Hats
 Uniform shirt/pants**

**LEVEL C: Safety Glasses Or Goggles w/Side Shields
 Hard Hats
 Steel Toe Safety Shoes
 Half of Full Face Respirator With Organic Vapor/Acid Gas
 HEPA Cartridges
 Tyvek or Poly-Coated Tyvek**

6.0. EMERGENCY SERVICES:

6.1. Persons to contact in case of emergency:

- a. **PROJECT MANAGER**
Name: Chuck Kiper
Phone: (415) 572-8033
- b. **CLIENT CONTACT**
Name: Ken Tran
Phone: (415) 822-6706
- c. **SITE CONTACT**
Name: Chuck Kiper
Phone: (415) 572-8033
- d. **SITE SAFETY OFFICER**
Name: Chuck Kiper or _____
Phone: (415) 572-8033
- e. **ALTERNATE SITE SAFETY OFFICER**
Name: Randy McManus
Phone: (415) 572-8033
- f. **HEALTH & SAFETY COORDINATOR**
Name: Richard Downs
Phone: (209) 524-9653
- g. **GOVERNMENT CONTACTS**
Name:
Department: Alameda County Health Care Services
Phone: (510) 667-6700

6.2. Hospitals In Area: Peralta Hospital
Phone: (510) 541-4900

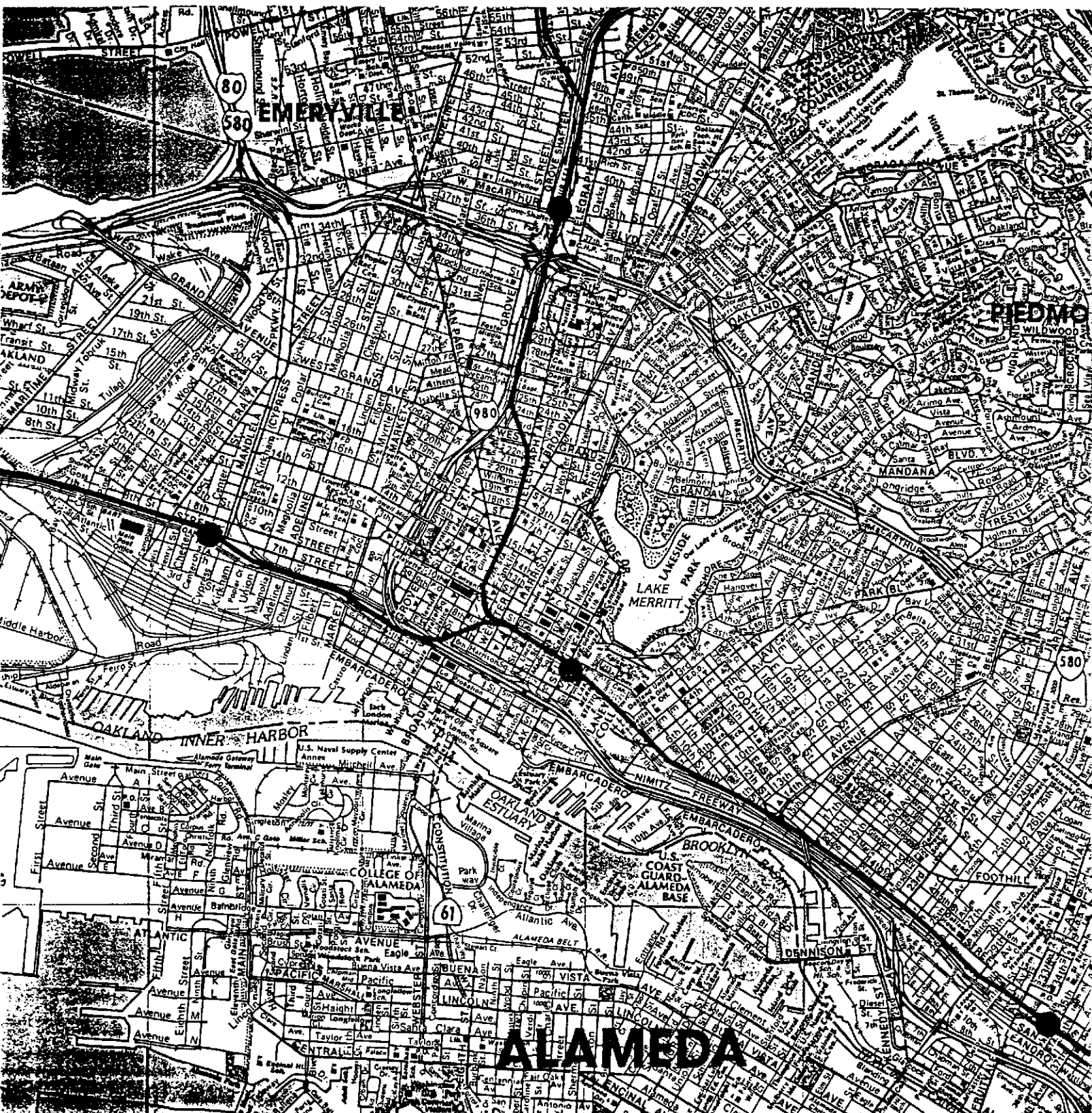
6.3. Emergency Routes:
See Hospital Route Map, Page 12

6.4. Ambulance Service:
Dial 911

6.5. Fire Prevention:
Phone: 911

PERALTA Hosp.
450 30th St.
OAKLAND

7.0. HOSPITAL ROUTE MAP



8.0. CONTINGENCY PLAN:

If an injury occurs, the following action will be taken:

- If Possible, remove injured or exposed person(s) from immediate danger.
- Medical attention for the injured person immediately.
- Notify the Site Safety Officer.
- Depending on the type and severity of the injury, the occupational physician will be notified.
- The injured person's personnel office will be notified.
- An incident report will be prepared. The Site Safety Officer will be responsible for it's preparation and submittal to the Health and Safety Direction and corporate personnel office within 24 hours.
- The site Safety Officer will assume charge during a medical emergency.
- EMERGENCY ROUTES -- See Hospital Route Map, Page 12.
- EMERGENCY PHONE NUMBERS -- See page 11.
Cellular phones will be available on site at all times.

If the emergency involves release of hazardous liquids, immediate steps will be taken to contain the liquids utilizing absorbant or diking material and proper clean-up procedures will be implemented.

9.0. SAFETY EQUIPMENT:

9.1. As a minimum, the following equipment will be on site:

LEL meter

OSHA-Approved First Aid Kit

40BC Fire Extinguisher

Half Face Respirator with Organic Vapor/Acid Gas HEPA Cartridges

10.0. SIGNATURES & ACKNOWLEDGMENTS:

I acknowledge having read and understood the preceding Health & Safety Plan:

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date