

DETAILED REVIEW CHECKLIST

CLAIM NO.: 2192	REGION: 2	COUNTY: Alameda	CODE: 01
PRIORITY ASSIGNED: B	LEAD AGENCY AND: Alameda Health		
CURRENT RANK:	CONTACT PERSON:		
DATE REVIEWED: 8-11-93	PHONE NO.: (510) 271-4530		
REVIEWER: B. Torres			

SITE NAME: *City of Paris Cleaners*
 SITE ADDRESS: *3516 Adeline St., Oakland, CA 94608*

CLAIMANT INFORMATION	ACC.	REJ.	HOW INFORMATION WAS VERIFIED	
I. Claimant Identification				
1. Claimant is/was the owner and/or operator of the leaking UST?	✓		<i>app; o/o permit</i>	
2. Have all applicable past and current UST owners/operators been identified?	✓		<i>inherited property</i>	
3. All required tax ID numbers provided?	✓			
4. Date site/tanks acquired verified?	✓		<i>inherited</i>	
II. Statement of Costs				
1. Valid third party claim?	<i>n/a</i>			
2. Claimed corrective action costs exceed \$10,000?	✓			
III. Joint Claimant				
1. Joint Claimant is an owner and/or operator?	✓		<i>n/a.</i>	
2. Tax ID number provided?	✓			
3. Joint Claimant's priority class verified?	✓		<i>"</i>	
IV. Co-Payee				
1. Tax ID No. provided?	✓		<i>app; tax returns</i>	
2. Mailing address/phone no. provided?	✓		<i>app</i>	
V. Contamination Site/Occurrence Description*				
1. Description of tank and use verified?	✓		<i>URF</i>	
2. Registered farm tank?	<i>Yes</i>	No	<i>n/a</i>	
3. Leaking tank contained eligible substance?	✓		<i>URF</i>	
4. Is there any evidence that the UAR was the result of a spill, overfill or gross negligence?	✓		<i>none indicated in County file</i>	
5. If claimant submitted more than one claim for the site, each claim is for a separate occurrence?	<i>n/a</i>			
6. Site map provided?	✓			
VII. Priority Class Worksheet				
1. Claimant's priority verified?				
2. Claimant was both the owner and operator at time of leak discovery?	<i>Yes</i>	No		
3. Claimant is the current owner and operator?	<i>Yes</i>	No/NA	<i>Tanks removed.</i>	
4. If either question = No, other party(s) priority class was verified?	<i>n/a</i>			
VIII. Priority Class Designation				
A. Priority Class A				
Residential Motor Fuel Tanks				
1. UST located at the residence of a person and property zoned residential use only at time of leak discovery?			X	
2. UST located at property improved by an owner-occupied single family dwelling or duplex at time of leak discovery?				
3. UST was not used for agricultural purposes or for resale on or after 1/1/85?				
OR				
Residential Small Home Heating Oil Tanks				
4. UST located at the residence of a person at time of leak discovery?				
5. UST located at property improved by an owner-occupied single family dwelling or duplex at time of leak discovery?				
6. UST has a capacity of 1,100 gallons or less?				
7. UST is used only to store home heating oil for consumptive use on property?				
8. UST was not located on agricultural property on or after 1/1/85?				

DETAILED REVIEW CHECKLIST - CONT'D PAGE 2

CLAIM NO. 2192

LOCAL AGENCY NO. _____

CLAIMANT INFORMATION	ACCI/REJ.	HOW INFORMATION WAS VERIFIED
B. Priority Class B Financial Review Team has determined that the claimant qualifies for Priority Class B.		
C. Priority Class C Financial Review Team has determined that the claimant qualifies for Priority Class C.	<i>n/a</i>	
IX. Eligibility Requirements*		
1. UAR reporting requirements satisfied and date release discovered verified?	<input checked="" type="checkbox"/>	<i>signed URF</i>
2. If property acquired after 1/1/84, claimant exercised due diligence or previous owner was eligible?	<i>n/a</i>	
3. Claimant either had or applied for a permit by 1/1/90, or was able to substantiate why not obtained?	<input checked="" type="checkbox"/>	<i>1987 permit app.</i>
4. UST is not grossly out of compliance with permit requirements?	<input checked="" type="checkbox"/>	
5. Claimant was required to initiate corrective action?	<input checked="" type="checkbox"/>	<i>10/23/90 Alameda Htr.</i>
6. If claimant discovered UAR prior to 1/1/88 required corrective action was initiated on or before 6/30/88?	<i>n/a</i>	<i>10/4/90</i>
7. Corrective action is in compliance with regulatory requirements?		SEE PAGE 3 OF CHECKLIST
8. Claimant is in compliance with financial responsibility requirements?	<i>n/a</i>	<i>tanks removed</i>
X-XII. Certifications/Agreements/Statements/Verification		
1. Claim contains original signatures of all claimants and joint claimants?	<input checked="" type="checkbox"/>	
2. Required documentation was submitted for authorized representative?	<input checked="" type="checkbox"/>	

PROBLEM AREAS AND ANY ADDITIONAL COMMENTS

Blank area for problem areas and additional comments.

* Compliance with requirements for items listed in Section V. (Contamination Site/Occurrence Description) and Section IX. (Eligibility Requirements) may require lead agency confirmation. Any items that cannot be verified through the applicant and which will require lead agency review and confirmation, should be highlighted for further review. In all cases lead agency confirmation of corrective action compliance will be required.

CLAIM NO. 2192

LOCAL AGENCY NO. 819

SITE ADDRESS 3516 Adeline, Oakland

CORRECTIVE ACTION COMPLIANCE DOCUMENTATION

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DATE	ACTION REQUIRED/RESPONSE
9-7-90	Removal permit app'd by County
10-4-90	TANK removal observed by Alameda (3 tanks)
10-24-90	Lab Analysis received from SEMCO
10-23-90	Alameda ltr to James L. Quick requesting corrective action plan.
10-8-91	Alameda ltr to Leah champion approving removal permit
10-31-91	" observed removal of one 250g UST.
1-17-92	Ltr from Uriah Inc to Alameda - excavation will continue until contamination is removed.
5-19-92	Interim rept on assessment and remediation submitted by Uriah
3-31-93	Installation, Development + Sampling of 3 GWMW's rept submitted by Uriah

CONFIRMATION OF CORRECTIVE ACTION COMPLIANCE: After reviewing the lead agency site file, the claim reviewer has determined that the claimant is in substantial compliance with corrective action requirements.

Blessy Jones
REVIEWER'S SIGNATURE

8/12/93
DATE SIGNED

LEAD AGENCY CONCURRENCE: As of this date, the lead agency representative concurs with the determination that the claimant is in compliance with applicable corrective action requirements.

[Signature]
SIGNATURE

8-12-93
DATE SIGNED

STAFF RECOMMENDATION: () APPROVED / / () REFERRED TO TEAM LEADER - See Comments, Page 2.

REVIEWER'S SIGNATURE: _____ DATE SIGNED _____

Revised 10/92