

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

May 04, 1999

Mr. Odili Ojukwu
City of Oakland
Dalziel Building
250 Frank H. Ogawa Plaza, Ste 5301
Oakland, CA 94612

STID: 3675

Re: Workplan for additional investigations at the City of Oakland Corporation Yard No. 4,
located at 5921 Shepherd Canyon Road, Oakland, CA

Dear Mr. Ojukwu,

This office has reviewed Subsurface Consultants, Inc.'s (SCI) Report of Investigation Activities, dated April 27, 1999, outlining the results of soil and groundwater samples collected from the above site in February 1999 and proposing additional investigations at the site. This office finds SCI's proposal for the installation of an additional groundwater monitoring well acceptable with the following conditions:

- You are required to wait a minimum of 72 hours after installing the well before developing the well;
- You are required to wait a minimum of 48 hours after developing the well before sampling the well;
- Although SCI proposes to sample the well immediately after well installation and then 4 weeks later, this office is requiring that the two groundwater samples be collected one quarter apart from one another, i.e., one sample immediately after well installation and one sample three months later. After obtaining the results of these two monitoring events, this office will determine whether further monitoring is required or whether the site may qualify for closure certification.

The workplan shall be implemented within 45 days of the date of this letter, (i.e., by June 15, 1999). A report documenting the work shall be submitted within 45 days after completing field activities.

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

Sincerely,

Juliet Shin
Hazardous Materials Specialist

Cc: Glenn S. Young, RG, Subsurface Consultants, Inc.
171 12th Street, Ste 202, Oakland, CA 94607-4911

Alameda County Environmental Health

1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577
Telephone (510) 567-6700 FAX (510) 337-9335

FACSIMILE COVER SHEET

TO: Glenn Young, SCI Fax# 510-268-0137

FROM: Juliet Shin

DATE: 05/04/99

Total number of pages including cover sheet 2

-NOTES- _____



CITY OF OAKLAND



DALZIEL BUILDING - 250 FRANK H. OGAWA PLAZA, SUITE 5301 - OAKLAND, CALIFORNIA 94612

Public Works Agency
Environmental Services

(510) 238-6688
FAX (510) 238-7286
TDD (510) 238-7644

January 4, 1999

Sent via fax to: (510) 337-9335

Juliet Shin

Alameda County Health Care Services Agency
Environmental Health Services
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

Dear Ms. Shin:

Subject: Schedule of Work for Site Closures of Various (4) UST Sites

This letter is a follow up to the meeting held at your office on November 23, 1998 between you, Mr. Glenn Young of Subsurface Consultants, Inc. (SCI) and myself. Please find summarized below the City's proposed schedule of work relating to the regulatory closures for the four former UST sites.

1. Oakland Fire Station #14 located 3459 Champion Street, Oakland.
2. Corporation Yard #4 located at 5921 Shepherd Canyon Road, Oakland.

SCI is currently preparing work plans for investigation activities to be conducted at the above two sites. These work plans will be submitted to your office within the next two weeks. Environmental investigations at these sites are projected to be complete by end of March 1999.

3. Oakland Fire Station #25 located at 2795 Butters Drive, Oakland.

SCI has completed its review and update of information and data relating to the UST removal activities at the above site, and is currently preparing formal request for regulatory closure of the site. The request for closure will be submitted to your office within the next one week.

Ms. Juliet Shin
January 4, 1999
Page 2

4. Oakland Fire Station #6 located at 7080 Colton Boulevard, Oakland.

The City has carefully reviewed the environmental activities conducted during the removal of the former UST at this site, and the historical environmental conditions of the site since the tank removal. Based on available data on the site, the City strongly believes that the site does not pose any threat to human health or groundwater. The City therefore proposes to formally request site closure from ACEHS. A formal closure request letter will be submitted to your office within the next two weeks.

If there are any questions, please contact me at (510) 238-7371 or Andrew Clark-Clough at (510) 238-6361.

Sincerely,



Odili N. Ojukwu, P.E.
Ag. Environmental Program Specialist

Copy:

Glenn S. Young - Subsurface Consultants, Inc.

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)

February 23, 1999

Mr. Odili Ojukwu
City of Oakland
Dalziel Building
250 Frank H. Ogawa Plaza, Ste 5301
Oakland, CA 94612

STID: 3675

Re: Workplan for investigation activities at the City of Oakland Corporation Yard No. 4,
located at 5921 Shepherd Canyon Road, Oakland, CA

Dear Mr. Ojukwu,

This office has reviewed Subsurface Consultants, Inc.'s (Subsurface) workplan, dated February 17, 1999, proposing additional soil and groundwater investigations at the above site. The workplan is acceptable to this office with the following modifications and reminder:

- Subsurface has proposed that the boring be drilled down to 30- to 40-feet below ground surface (bgs), depending on the drilling conditions encountered. This office is requiring that efforts be made to drill down to a maximum of 50-feet bgs for the potential collection of groundwater samples.
- The proposed boring shall be placed in the tank pit of the former gasoline underground storage tank, where past contaminant concentrations of concern were identified.
- Per my conversation with Meg Mendoza on February 23, 1999, the boring will be screened across the water table down to 5-feet below the water table.

The work shall be implemented within 45 days of the date of this letter. A report documenting the work shall be submitted to this office within 45 days after completing field activities.

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

Sincerely,

Juliet Shin
Hazardous Materials Specialist

Cc: Meg Mendoza
Subsurface Consultants, Inc.
171 12th Street, Ste 202
Oakland, CA 94607-4911

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ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director

Post-It™ brand fax transmittal memo 7671		# of pages	2
To	Odili Ojukwu	From	Juliet Shin
Co.	City of Oakland	Co.	Alameda City
Dept.		Phone #	(510) 567-6763
Fax #	510-238-7286	Fax #	(510) 337-9335

(510) 567-6700
(510) 337-9335 (FAX)

February 23, 1999

Mr. Odili Ojukwu
City of Oakland
Dalziel Building
250 Frank H. Ogawa Plaza, Ste 5301
Oakland, CA 94612

STID: 3675

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located at 5921 Shepherd Canyon Road, Oakland, CA

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- Subsurface has proposed that the boring be drilled down to 30- to 40-feet below ground surface (bgs), depending on the drilling conditions encountered. This office is requiring that efforts be made to drill down to a maximum of 50-feet bgs for the potential collection of groundwater samples.
- The proposed boring shall be placed in the tank pit of the former gasoline underground storage tank, where past contaminant concentrations of concern were identified.
- Per my conversation with Meg Mendoza on February 23, 1999, the boring will be screened across the water table down to 5-feet below the water table.

The work shall be implemented within 45 days of the date of this letter. A report documenting the work shall be submitted to this office within 45 days after completing field activities.

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

Sincerely,

14772

STID: 3675

MEETING

3459 Champion St.; 5921 Shepherd Canyon;
2795 Butters Drive; 7080 Colton Blvd.
November 23, 1998

Attending: Glenn Young, Subsurface Consultants
Odili Ojukwu, City of Oakland
Juliet Shin, Alameda County

Met to discuss the status of the available information for the above sites and the required additional work, if any.

For 3459 Champion St., one additional boring will be placed below the former UST location and a groundwater sample shall be collected and analyzed for TPHG, TPHD, BTEX, and MTBE.

Additional information was discovered for the 5921 Shepherd Canyon site. Mr. Young found the sample analytical results for soil samples collected during the time of the tank removal. There is still no information on the two smaller tanks, that were referred to in the tank removal report. Mr. Young proposed that they conduct interviews with former operators of the Corporation yard to find out about the former locations of these two smaller tanks, whether or not they were underground storage tanks, and their contents. I also suggested that they conduct a geophysical survey to try and locate these tanks if needed. If they are still not able to obtain any additional info on these tanks and whether or not they were removed, then the soil and groundwater sampling at the site will need to include analysis for "unknown constituents" listed in the Tri-Valley Regional Guidelines. Obtained copy of the sample results for the samples collected from below the former 2,000-gallon gas UST and the 300-gallon diesel UST and placed in files. The results of these samples indicates that further investigations for both soil and groundwater will be required. A workplan, along with any new information that Mr. Young was able to obtain, will be submitted to this office for approval prior to work commencing.

2795 Butters Dr

Mr. Young has obtained additional information on the former tank removal from the former case worker at City of Oakland. Apparently, the tank pit was excavated twice and confirmatory soil samples were collected, which identified only 5.6ppm TPH. No groundwater was observed in the tank pit during the removal. I requested that the former case worker submit a signed letter relaying all this information as fact. Once this letter is submitted, the case can be closed.

7080 Colton

The City of Oakland will submit a response to the County's request for the City to address the 140,000ppb TOG that was identified in perched water from the former tank pit. Mr. Young will submit a response, possibly proposing the collection of additional soil samples to try and confirm that the residual concentrations no longer exist in soil. A workplan will be submitted.

Mr. Ojukwu will contact me within the next two weeks to give me a schedule of work for the above sites.



CITY OF OAKLAND



DALZIEL BUILDING • 250 FRANK H. OGAWA PLAZA, SUITE 5301 • OAKLAND, CALIFORNIA 94612

Public Works Agency
Environmental Services

(510) 238-6688
FAX (510) 238-7286
TDD (510) 238-7644

November 12, 1998
Sent via fax to: (510) 337-9335

Juliet Shin
Alameda County Health Care Services Agency
Environmental Health Services
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

Dear Ms. Shin:

As per our telephone discussion today, this letter is to confirm that the City of Oakland, Environmental Services is currently reviewing and evaluating the existing information and environmental conditions at the under-listed sites with a view to pursue regulatory closure for these sites.

1. Oakland Fire Station #25 located at 2795 Butters Drive, Oakland.
2. Oakland Fire Station #6 located at 7080 Colton Boulevard, Oakland.
3. Oakland Fire Station #14 located 3459 Champion Street, Oakland.
4. Corporation Yard #4 located at 5921 Shepherd Canyon Road, Oakland.

A cursory review of site documents appears to indicate that the first two sites may require no further action at those sites. We would like to meet with you to discuss the current status and data available for each of these sites, and additional requirements by your office, if any, needed to bring the sites to speedy closure. Following the proposed meeting, we anticipate that any field activities and closure reports for the four sites will be completed by the end of December 1998.

I will contact you by phone on Monday morning to schedule a meeting for a mutually convenient date and time. If there are any questions, please contact me at (510) 238-7371 or Andrew Clark-Clough at (510) 238-6361.

Sincerely,

Odili N. Ojukwu, P.E.
Ag. Environmental Program Specialist

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

printed 04/23/97

SITE INFORMATION

Corporation Yard #4
5921 Shepherd Canyon Rd
Oakland 94611
Site Contact:
Site Phone :

StID: 3675 Site#: 809
PROJECT#: 809A
PROJECT TYPE:*** R ***
INSP: Gil Wistar
ACCT. SHEET PG #: _____

PROPERTY OWNER INFORMATION

PAYOR INFORMATION

Owner Contact:
Owner Phone :

R S Eagan & Co.
1992 National Avenue
Hayward CA 94545 # 308
Payor Contact:
Payor Phone : 510/732-7300

Date	Action Taken	Insp Init	Hours Spent/ Depstd	Hour Balance	Money Spent/ Depositd	Money Balance
	Rcpt# 565609					
	Balance from Prev. Page					535.50
12/20/89	Closure plan	GW	56-	1.5	84-	
1/22/90	RECEIVED USTMA	"	56-	.6	33.6	
1/3/90	REVIEW of closure plan		56-	.5	28-	
1/19/90	CRACK REPORT		56-	.75	42-	
1/16/90	USTMA RECEIVED		56-	.5	28-	
5/5/90	" " "		60-	.5	30-	
2/21/92	COPYING FBI		71-	1	71-	
7/8/92	NOTES to file		71-	1.5	35.50	
1/5/93	MESSAGE FOR RFR		75-	1	75-	
1/27/93	SAMPLES		75-	1.5	112.50	
				TOTAL	539.60	

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : AMIR ATTACH: State Forms A, B & C
 Billing Adjustment*
DATE OF COMPLETION : 4/23/97 DATE SENT TO BILLING: 4/23/97
TOTAL COST OF PROJECT: 835.10 REFUND AMOUNT: 0 Rev. 7/96

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

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621
 PHONE NO. 415/271-4320

Project Specialist (print) ESZACK

Eszack 4/23/93

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
 470 - 27th Street, 14th Floor
 Oakland, CA 94612
 Telephone: (415) 674-2237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Citizens or your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is not subject for issuance of any permit but is subject for issuance. One copy of these reviewed plans must be available to all contractors and employees involved with the removal.

Any change or alterations of these plans and conditions must be submitted to this Department in writing and Building Inspection Department for determination of such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- Removal of Tank and Piping
- Sampling
- Final Inspection

Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.

*** THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS. ***

*** UNDERGROUND TANK CLOSURE PLAN Complete according to attached instructions ***

1. Business Name Roy Anderson Paints
 Business Owner Ron Anderson

2. Site Address 3080 Broadway
 City Oakland, CA Zip 94611 Phone (707) 446-2262

3. Mailing Address 7215 Pleasant Valley Road
 City Vacaville, California Zip 95688 Phone (707) 446-2262

4. Land Owner Gerald Shirar
 Address 7215 Pleasant Valley Road City, State Vacaville, CA Zip 95688

5. Generator name under which tank will be manifested Gerald Shirar
 EPA I.D. No. under which tank will be manifested CAC000787936

6. Contractor Tiki Services, Inc./Erickson Tank
Address P.O. Box 191641
City San Francisco, CA Phone (415) 861-1331
License Type Eng. Contractor ID# 657698
Class "A"

7. Consultant VERSAR, INC.
Address 1255 Harbor Bay Parkway, Suite 100
City Alameda, CA Phone (510) 748-6444

8. Contact Person for Investigation
Name Anthony Mongero Title Geosciences Program Manager
Phone (510) 748-6444

9. Number of tanks being closed under this plan One
Length of piping being removed under this plan approximately 20'
Total number of tanks at facility One

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

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

a) Product/Residual Sludge/Rinsate Transporter
Name Erickson Tank EPA I.D. No. CAD 009466392
Hauler License No. 309173 License Exp. Date None
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site
Name Same as Above EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

c) Tank and Piping Transporter

Name Same as Above EPA I.D. No. _____
Hauler License No. _____ License Exp. Date _____
Address _____
City _____ State _____ Zip _____

d) Tank and Piping Disposal Site

Name Same as Above EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

11. Experienced Sample Collector

Name Michael Clancey
Company Versar, Inc.
Address 1255 Harbor Bay Parkway, Suite 100
City Alameda State CA Zip 94501 Phone (510) 748-6444

12. Laboratory

Name Trace Analysis Laboratory, Inc.
Address 3423 Investment Boulevard, No. 8
City Hayward State CA Zip 94545
State Certification No. 1199

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

If yes, describe. _____

per fire dept.

14. Describe methods to be used for rendering tank inert

Dry ice @ a rate of ²⁵ pounds per 1,000 gallons of capacity. Vapor levels continuously monitored with LEL and FID meters.

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
1,000 gallons	Unknown - tank currently not in use	<ul style="list-style-type: none"> - soil from bottom of UST excavation - ground water if present in excavation 	2 sample locations: 1 from beneath each end of tank from native soil less than 2 feet below base of backfill. Also, one (1) sample from beneath associated pipeline.

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) 10 cubic yards	Sampling Plan If detectable chemical concentrations are observed in excavation, a minimum of three samples will be obtained from the stockpiled soil for compositing into one sample.

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit (ppm)
TPH/G	DHS 5030	GC/FID	<u>soil/water</u> 1.0 / 0.05
TPH/D	DHS 3550	GC/FID	1.0 / 0.05
TOG	5520 E & F		50 / 5.0
BTEX	--	EPA 8020/602	0.005/ 0.0005
Halogenated VOCs	--	EPA 8010/601	0.005/ 0.0005
Select Semi-Volatile Organics	--	EPA 8270/625	0.005/ 0.0005
Heavy Metals	ICP/AA	6000/7000 Series	0.25 / 0.01
- Cadmium			1.20 / 0.05
- Chromium			2.50 / 0.10
- Lead			7.50 / 0.30
- Nickel			1.20 / 0.05
- Zinc			

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

18. Submit Worker's Compensation Certificate Copy

Name of Insurer Golden Eagle Insurance Company

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

Signature of Contractor

Name (please type) Peter A. Schaffer; Tiki Services, Inc.

Signature *Peter A Schaffer*

Date 3/10/83

Signature of Site Owner or Operator

Name (please type) Gerald Shirar

Signature *Gerald Shirar*

Date 15 MAR 93

HEALTH AND SAFETY SITE PLAN

FOR

**3080 BROADWAY
OAKLAND, CALIFORNIA**

Prepared for:

Mr. Gerald Shirar

Prepared by:

**Versar Inc. - San Francisco
1255 Harbor Bay Parkway, Suite 100
Alameda, California**

Versar Job No. 2082.001

April 12, 1993

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1.0 INTRODUCTION

1.1 Background

Mr. Gerald Shirar has retained Versar, Inc. (Versar) to conduct the removal of an abandoned underground storage tank (UST) located at 3080 Broadway in the City of Oakland, California. Due to the age and the disuse of this tank, it has been determined this tank removal is necessary.

Details of this tank are unknown; however, it has been assumed that this tank is of a single-walled, steel construction and has a 1,000 gallon capacity. Tank removal procedures and sampling requirements will follow regulatory criteria specific to USTs of unknown content.

1.2 Site Characterization

Client Name: Mr. Gerald Shirar

Location of Site: 3080 Broadway, Oakland,
California

Client Contact Person(s):

Mr. Gerald Shirar

Topography of site and contiguous:

Hilly ___ Flat X Hummocky ___ Marshy ___
Mountainous ___ Other ___

Area affected:

Urban ___ Rural ___ Residential ___ Industrial ___ Commercial X
Other ___

Bodies of water bordering the site, if any:

Stream ___ River ___ Pond ___ Lake ___ Bay ___
Ocean ___ Other ___ None X

Are the services being provided as a consequence of orders from local, state, or federal officials?

Yes ___ No X

1.3 Purpose

This plan provides Versar field personnel and sub-contractors with an understanding of the potential chemical and physical hazards associated with the UST removal at this site. In the event of encountering contaminants or of physical injury, the following information will define the safety precautions necessary to respond to such events, should they occur.

1.4 Objective

The primary objective is to ensure the well being of all personnel involved in the site assessment and the community surrounding the site. All personnel assigned to this project shall be familiar with the subsurface concerns, and this and other health and safety site plans. Given the potential of encountering contaminant material, all personnel directly related to the field activities shall be required to sign the Agreement Statement in Section 8.1, certifying that they have read, understood, and agreed to abide by its provisions.

1.5 Hazard Determination

Serious ____ Moderate ____ Low X Unknown ____

1.6 Level of Protection

X Modified level D

The minimum acceptable level of protection at this site is a Modified Level D, as described in the 5.0 Section entitled "Health and Safety Requirements."

1.7 Amendments

Any change in the scope of this project and/or site conditions must be amended in writing in the 8.2 Section entitled Health and Safety Site Plan Amendment Sheet and approved by the Health and Safety Manager.

Proposed time frame for the site work: April 15 through May 15, 1993.

2.0 PROJECT PERSONNEL

During the tank removal at the site, Versar personnel will be available to monitor and assist in the event that contaminated material is encountered. In the occurrence of such a circumstance, the following management structure will be instituted for the purpose of safety related to the removal of the material.

2.1 Project Manager: Anthony Mongero

The Project Manager will be responsible for implementing the project and obtaining the necessary personnel and resources for the project completion. Specific duties will include:

- providing authority and resources to ensure that the Site Safety Officer is able to implement and manage safety procedures
- preparing reports and recommendations about the project to clients and affected Versar personnel
- ensuring that all persons allowed to enter the site (i.e. contractors, state and/or federal officials, visitors) are made aware of the potential hazards associated with the substances known or suspected to be on-site and are knowledgeable of the specific health and safety site plan available on-site
- ensuring that the Site Safety Officer is aware of all of the provisions of health and safety site plan and is instructing all personnel on site about the site practices and emergency procedures defined in the plan
- ensuring that the Site Safety Officer is making an effort to monitor the site safety and has designated a Field Team Leader to assist with the responsibility when necessary.

2.2 Health and Safety Manager

The Health and Safety Manager shall be responsible for the overall coordination and oversight of the health and safety site plan. Specific duties will include:

- approving the selection of the types of personal protective equipment (PPE) to be used on-site for specific tasks

- monitoring the compliance activities and the documentation processes undertaken by the Site Safety Officer
- evaluating weather and chemical hazard information and making recommendations to the Project Manager about any modifications to work plans or personal protection levels in order to maintain personal safety
- coordinating upgrading or downgrading of PPE with Site Safety Officer, as necessary, due to changes in exposure levels, monitoring results, weather, or other site conditions
- approving all field personnel working on-site, taking into consideration their level of safety training, their physical capacity, and their eligibility to wear the protective equipment necessary for their assigned tasks (i.e. respirator fit testing results)
- overseeing the air-monitoring procedures as they are carried out by site personnel for compliance with all company health and safety policies

2.3 Site Safety Officer: Aimee Chow

The Site Safety Officer shall be responsible for the implementation of the health and safety site plan. Specific duties will include:

- monitoring the compliance of field personnel for the routing and proper use of the PPE that has been designated for each task
- routinely inspecting PPE and clothing to ensure that it is in good condition and is being stored and maintained properly
- stopping work on the site or changing work assignments or procedures if any operation threatens the health and safety of workers or the public
- monitoring personnel who enter and exit the site and all controlled access points
- reporting any signs of fatigue, work-related stress, or chemical exposures to the Project Manager and/or Health and Safety Manager within 24 hours
- dismissing field personnel from the site if their actions or negligence endangers themselves, co-workers, or the public and reporting the same to the Project Manager and/or Health and Safety Manager within 24 hours

- reporting accidents or violations of the health and safety site plan to the Project Manager and/or Health and Safety Manager within 24 hours
- knowing emergency procedures, evacuation routes, and the telephone numbers of the ambulance, local hospital, poison control center, fire and police departments
- ensuring that all project-related personnel have signed the personnel agreement and acknowledgement forms contained in this health and safety site plan
- coordinating upgrading and downgrading of PPE with the Health and Safety Manager, as necessary, due to changes in exposure levels, monitoring results, weather, or other site conditions
- performing air monitoring with approved instruments in accordance with requirements stated in this Site Safety Plan.

2.4 Field Team Leader

In the event that the Project Manager and the Site Safety Officer are not on the site, the Field Team Leader will assume all responsibility for enforcing safety procedures.

2.5 Field Personnel

All field personnel shall be responsible for acting in compliance with all safety procedures outlined in this Health and Safety Site plan. Any hazardous work situations or procedures should be reported to the Site Safety Officer so that corrective steps can be taken. The Health and Safety Manager and/or Site Safety Officer has the authority to halt any operation related to any contaminated material that does not follow the provisions of this Health and Safety Site Plan.

3.0 EMERGENCIES

In the event of an accident or emergency situation, immediate action must be taken by the first person to recognize the event. First aid equipment is located on-site inside the Versar vehicle. Immediately after emergency procedures are implemented, notify (1) the Site Safety Officer and (2) the Project Manager and the Health and Safety Manager about the situation.

3.1 Emergency Telephone Numbers

Immediate Emergencies:

Local Police:	911
Fire:	911
Ambulance:	911
Medical:	911

Medical Emergency:

Merritt Hospital
Hawthorne Avenue and Webster Street
Oakland, California
(510) 655-4000

Environmental Emergency:

Versar, Inc.	(510) 748-6444
OSHA	(510) 568-8602
Poison Control Center	(800) 523-2222
National Response Center	(800) 424-8802

3.2 Encountering Hazardous Situations (requiring evacuation)

Personnel encountering a hazardous situation shall **instruct others on site to evacuate the vicinity IMMEDIATELY** and call the (1) Site Safety Officer, (2) the Project Manager, and (3) the Health and Safety Manager for instructions.

The site must not be re-entered until the situation has been corrected (i.e. appropriate back-up help, monitoring equipment, personal protective equipment is at the site).

Usual Procedures for Injury

- A. Call for ambulance/medical assistance, if necessary. Notify the receiving hospital of the nature of the physical injury or chemical overexposure. If a telephone is not available, transport the person to the nearest hospital.
- B. Send/take this health and safety site plan to medical facility with the injured person, if applicable.
- C. If the injury is minor, proceed to administer first aid.
- D. Notify the Site Safety Officer, Project Manager, and Health and Safety Manager of all accidents, incidents, or near miss situations.

3.3 Emergency Treatment

When transporting an injured person to a hospital, bring this health and safety site plan to assist medical personnel with diagnosis and treatment. In all cases of chemical overexposure, follow standard procedures as outlined below for poison management, first aid, and if applicable, cardiopulmonary resuscitation. Four different routes of exposure and their respective first aid/poison management procedures are outlined below:

A. Ingestion:

IMMEDIATELY transport the person to the nearest medical facility, or call the poison control center at **911**

B. Inhalation/Confined Space:

DO NOT ENTER A CONFINED SPACE TO RESCUE A PERSON WHO HAS BEEN OVERCOME UNLESS PROPERLY EQUIPPED AND A STANDBY PERSON IS PRESENT.

C. Inhalation/Other:

Move the person from the containment environment. Initiate CPR, if necessary. Call, or have someone call, for medical assistance. If necessary, transport the victim to the nearest hospital as soon as possible.

D. Skin Contact:

IMMEDIATELY wash off skin with a large amount of water. Remove any contaminated clothing and rewash skin. Transport person to a medical facility, if necessary.

E. Eyes:

Hold eyelids open and rinse the eyes **IMMEDIATELY** with copious amounts of water for 15 minutes. If possible, have the person remove his/her contact lenses (if worn). Never permit the eyes to be rubbed. Transport the person to a hospital as soon as possible.

4.0 CHEMICALS OF CONCERN

Health Effects

Potential effects of any exposure are dependant on several factors such as: toxicity of substance, timeframe of exposure, concentration of substance producing the exposure, general health of person exposed, and individual use of hazardous reduction methods. Given that this site involves the removal of an UST of unknown content, we can not be certain of the presents of harmful constituents. The following lists substances that may be encountered at the site.

Benzene

Benzene can enter the body through inhalation, ingestion, and skin contact. Studies have noted that chronic exposure to benzene vapor can produce neurotoxic and hemopoietic (blood system) effects. Other effects can include headache, dizziness, nausea, convulsions, coma, and possible death if exposure is not reversed.

1,2 - Dichloroethane

1,2 - Dichloroethane (1,2 - DCA), once commonly used as a degreasing solvent, can enter the body by way of inhalation, ingestion and/or skin contact. Symptoms from exposure to 1,2 - DCA can consist of central nervous system depression, skin irritation, and/or liver and/or kidney damage.

Phenol

Phenol can enter the body through inhalation, ingestion, or through skin absorption and contact. Symptoms due to exposure to phenol can include the following: irritation of the eyes, nose, or throat; anorexia, low-weight; weakness, muscle aches, pain; dark urine; cyanosis; liver and kidney damage; skin burns; dermatitis; ochronosis; tremor, convulsions, twitches.

5.0 HEALTH AND SAFETY REQUIREMENTS

5.1 Work Zone Access

In the event of encountering significant contamination within a 30-foot radius of any on-site operation, site access will be restricted to Versar field personnel and subcontractors only. Standard work practices, such as performing field activities in the upwind position, will be observed whenever possible. Personal protective equipment indicated in Section 5.4 will be worn by all on-site field personnel, including subcontractors.

Exclusion Zones

Formal exclusion zones are not expected to be required. Unauthorized personnel will not be permitted near the work zone area.

Decontamination Zone

A formal decontamination zone may not be required. However, if it is deemed necessary, it would be located upwind from the work zone area. Decontamination procedures are covered in Section 5.5. All site personnel will be required to follow the procedures.

Support Zones

No formal requirements will be necessary for the support zone area, although the general practice of locating the zone in the upwind direction will be followed.

5.2 Air/Gas/Vapor Monitoring Procedures

The greatest potential hazards to safety and health at this site include:

- 1) Exposure to chemical vapors - through inhalation
- 2) Exposure to chemical contamination - through skin contact and ingestion

In the situation that soil and/or groundwater contamination is encountered, ongoing air monitoring during project tasks will be provide data to ensure that vapor concentrations are within acceptable ranges and will provide adequate selection criteria for respiratory and dermal protection.

- Within any area where photo-ionization detector/flame-ionization detector (PID/FID) monitoring results exceed 50 units, an air purifying respirator with organic cartridges must be worn by all on-site workers.
- If PID/FID readings exceed 500 units, Level B protection will be required. Personnel must leave the site immediately and contact the Site Safety Officer or the Health and Safety Manager for further instructions.
- Respirator cartridges will be changed once per day as a minimum. This can be accomplished at the end of the work day during respirator decontamination. If odor breakthrough is detected while wearing the respirator or breathing becomes difficult, change cartridges immediately.

5.3 Action Levels/Level of Personal Protection Equipment (PPE)

Air monitoring instrument	LEVEL D < 50 units	LEVEL C 50-500 units	LEVEL B > 500 units
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5.4 Personal Protective Equipment

Modified Level D is the minimum acceptable level for this site. Modified Level D provides minimal dermal protection. Respiratory protection is optional unless air monitoring data indicates otherwise.

Modified Level D includes:

- coveralls/work uniform
- Tyvek (optional)
- Nitrile butyl-rubber or Viton gloves (optional)
- boots/shoes, leather or chemical resistant, with steel shank and approved toe protection
- approved safety glasses or chemical splash goggles if the potential for splash exists
- hard hat
- reflective traffic vest (if traffic, construction, or other related activities are present)
- hearing protection (as appropriate)

B. Additional equipment upgrade:

1. Protocols for upgrading

Once air monitoring data are complete and results are tabulated on the initial site entry, the Site Safety Officer and/or Health and Safety Manager will determine if changes in PPE are needed.

2. Upgraded equipment

a. Respirators

Respirators with organic vapor cartridges shall be worn by all personnel if PID readings exceed 50 units.

b. Other

Tyvek suits and appropriate gloves shall be worn if potential for dermal exposure exists while performing job tasks.

C. First Aid Equipment

Vehicles used for site work will be equipped with a first aid kit and safety equipment including:

- cones and flags
- barricades
- fire extinguisher
- water, suitable for drinking
- portable eye wash
- appropriate emergency bandage material

5.5 Decontamination Procedures

All operations conducted at this site have the potential to contaminate field equipment and personal protective equipment (PPE). To prevent the transfer of any contamination to vehicles, administrative areas, and other personnel, the following procedures must be followed:

1. Whenever possible, field equipment should be decontaminated with a solution of Alconox or Liquinox and thoroughly rinsed with water prior to leaving the site. This must be done outside of any work area or the hot zone.
2. Disposable PPE (for example, Tyvek suits, respirator cartridges) must be bagged and disposed of at the site.

Personal Decontamination

Level D: Segregated Equipment Drop

- wash/rinse outer boot (as appropriate)
- wash/rinse chemical resistant outer glove, then remove as appropriate
- remove and throw out inner disposable gloves in designated, lined receptacles

Level C: Segregated Equipment Drop

- wash/rinse outer boots
- wash/rinse chemical resistant outer gloves, then remove tape and gloves
- remove chemical resistant suit (remove by rolling down suit from the inside)
- remove outer boots
- remove first pair(s) of disposable gloves
- remove respirator, hard hat/faceshield and properly dispose of cartridges; wash respirator
- remove last pair of disposable gloves

Level B: Segregated Equipment Drop

- wash/rinse outer boots
- wash/rinse chemical resistant outer gloves
- cross hotline (into clean area) and change air tanks, then redress or
- cross hotline (into clean area)
- remove boots and gloves
- remove SCBA, if worn over chemical resistant suit
- if SCBA is worn under the suit, remove the chemical resistant suit, then the SCBA
- remove hard hat

5.6 Field Procedures

A digsafe number must be obtained from appropriate agency prior to drilling, excavation or trenching. To determine presence of subsurface metal utility lines, tanks and/or drums, a metal detector should be used before excavating on a site.

During the operation, two persons (one designated as "operator" and the other as the "helper") must be present at all times. The helper (whether Versar field personnel or subcontractors) must be instructed as to the whereabouts of the emergency shut-off switch. Every attempt must be made to keep unauthorized personnel from entering the work area. If this is not possible, the operation should be shut down until the area is cleared. The Site Safety Officer or the Field Team Leader has the authority and responsibility to shut down the excavating operations whenever a hazardous situation is deemed present.

The arm of the any equipment should maintain a preferred clearance of 20 feet from any overhead electrical cables, with 10 feet being the minimum. All operations will immediately cease during any hazardous weather conditions.

Hard hats and safety boots shall be worn at all times.

5.7 Electrical Equipment and Ground Fault Circuit Interrupters

All electrical equipment and power cables used in and around wells or structures containing chemical contamination must be explosion-proof and/or intrinsically-safe and equipped with a three-wire ground lead that has been rated as explosion-proof for hazardous atmospheres (Class 1 Div 1&2). In accordance with OSHA 29 CFR 1926.404, approved ground fault circuit interrupters (GFCI) must be utilized for all 120 volt, single-phase, 15 and 20 amp receptacle outlets on the site that are in use by employees and that are not part of the permanent wiring as defined by the NEC 1987. Receptacles on the ends of the extension cords are not part of the permanent wiring and therefore, must be protected by GFCI's whether or not the extension cord is plugged into permanent wiring.

The GFCI is a fast-acting circuit breaker that senses small imbalances in the circuit caused by current leakage to ground, and in a fraction of a second, shuts off the electricity. However, the GFCI will not protect the employee from line-to-line contact hazards such as a person holding two "hot" wires or a hot and neutral wire in each hand. The GFCI does provide protection against the most common form of electrical hazard - the ground fault. It also provides protection against fires, overheating, and destruction of wire insulation.

GFCI's can be used successfully to reduce electrical hazards on construction sites. Tripping of GFCI's interruption of current flow, is sometimes caused by wet connectors and tools. It is good practice to limit exposure of connectors and tools to excessive moisture by using watertight or sealable connectors. Providing more GFCI's on shorter circuits can prevent tripping caused by the cumulative leakage from several tools or by leakages from extremely long circuits. (Adapted from OSHA 3007; Ground-Faulting Protection on Construction Sites - 1987.)

5.8 Fire Protection

Only approved metal cans will be used to transport and store flammable liquids. All gasoline and diesel-driven engines requiring refueling must be shut down and allowed to cool before filling. No open flame or spark is allowed in any area containing petroleum products or other flammable liquids.

Smoking is not allowed during any operations within the work area in which petroleum products or solvents in free-floating, dissolved or vapor forms, or other flammable liquids may be present.

5.9 General Health

Medicine and alcohol can increase the effects of exposure to toxic chemicals. Unless specifically approved by a qualified physician, prescription drugs should not be taken by personnel assigned to operations where the potential for absorption, inhalation, or ingestion of toxic substances exists.

Drinking and driving is prohibited at any time. Driving at excessive speeds is always prohibited. Skin abrasions must be thoroughly protected to prevent chemicals from penetrating the abrasion.

It is recommended that contact lenses not be worn by persons working on the site.

6.0 EMPLOYEE TRAINING

All Versar employees with the potential for hazardous exposures are required to participate in an initial minimum of 40 hours of training to recognize, evaluate, and control site hazards. Three days of supervised field-training is also included within the initial training program. Project manager level and above must also participate in an additional eight-hour supervisory training course. Once employees have received the above training, they receive a certificate of completion and are scheduled for an eight-hour refresher training session within one year of their initial training. Versar training includes specific details on the following:

- regulatory requirements
- confined space entry
- respiratory protection
- hazard communication
- decontamination procedures
- incident command system
- first aid/CPR
- air monitoring
- toxicology
- Prop. 65 (California)
- fire technology
- personal protective equipment

7.0 MEDICAL MONITORING PROGRAM

All Versar field personnel are required to have annual medical evaluations in accordance with the company's Health and Safety Program policy. Additional re-evaluation will be considered in the event of chemical over-exposure while working on this site.

The chemicals typical of this site can affect specific organ systems producing characteristic health effects. The medical evaluation will, therefore, focus on the liver, kidney, nervous system, blood systems, and skin and lung function. Laboratory testing will include complete blood count, and applicable kidney and liver function tests. Other tests include skin examination.

8.2 Health and Safety Site Plan Amendment Sheet

Project Name: _____

Project Number: _____

Location: _____

Changes in field activities or hazards:

Proposed Amendment:

Proposed By: _____ Date _____

Approved By: _____ Date _____

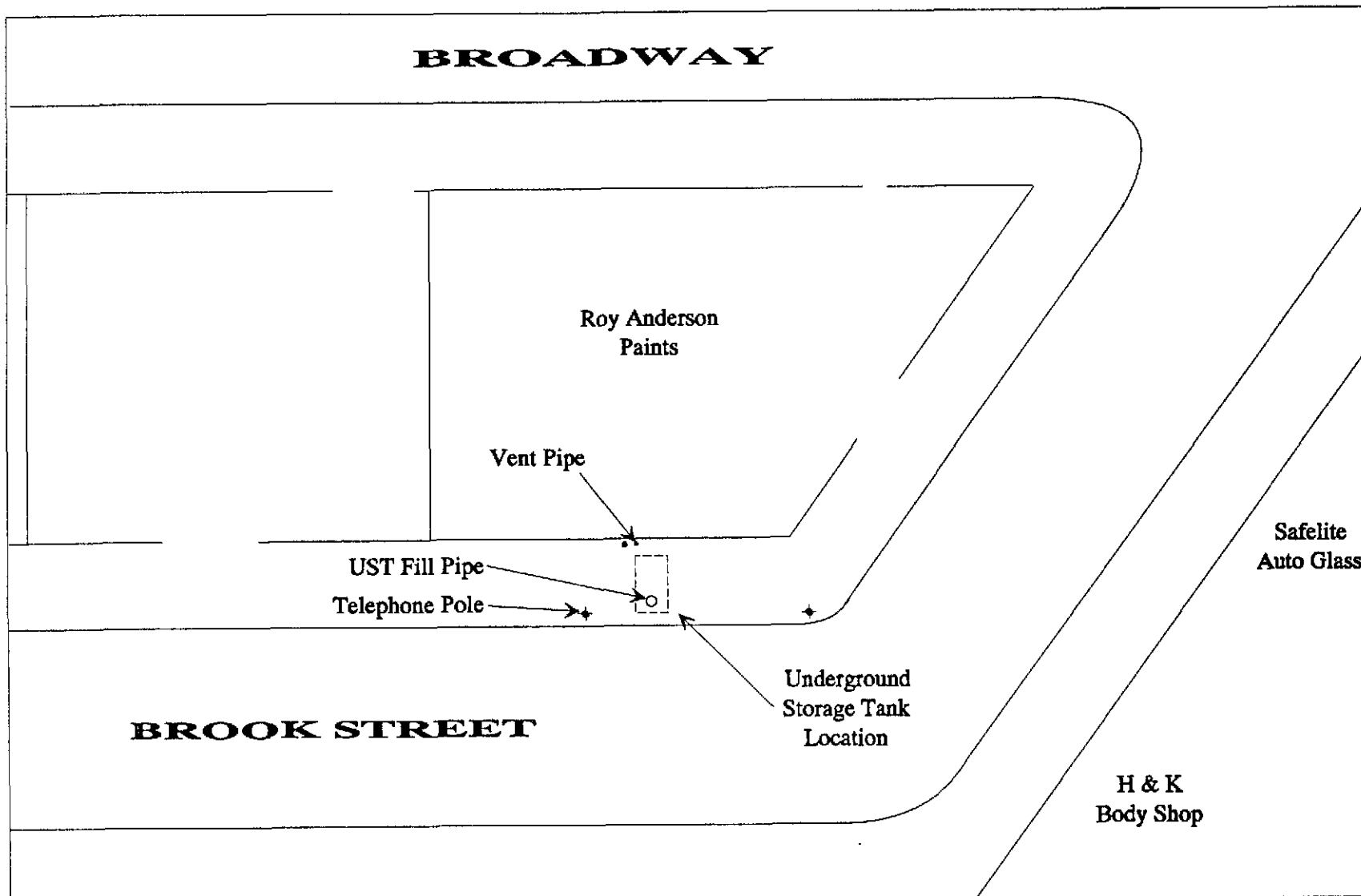
Project Manager

_____ Date _____

Health & Safety Manager

Declined By: _____ Date _____

Amendment Effective Date _____



	<p>FACILITY MAP</p>	<p>3080 Broadway Oakland, California</p>	<p>April 1993 Versar Project: 2080-002</p>		<p>FIGURE 1 Scale: 1" = 25'</p>
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State of California
Contractors State License Board

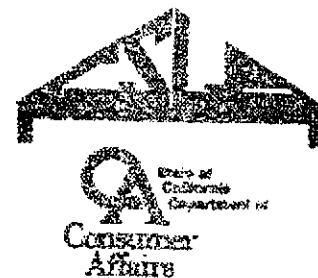
Pursuant to Chapter 9 of Division 3 of the Business and Professions Code
and the Rules and Regulations of the Contractors State License Board,
the Registrar of Contractors does hereby issue this license to:

TIKI SERVICES INC

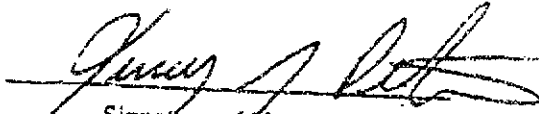


to engage in the business or act in the capacity of a contractor
in the following classification(s):

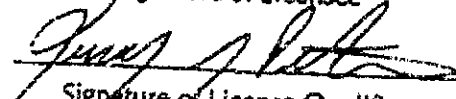
A - GENERAL ENGINEERING CONTRACTOR
HAZ - HAZARDOUS SUBSTANCES REMOVAL



Witness my hand and seal this day,
October 29, 1992


Signature of Licensee

Issued October 29, 1992


Signature of License Qualifier


Registrar of Contractors

657698

License Number

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.

CERTIFICATE OF INSURANCE

11/16/92

PRODUCER
Dibuduo and DeFendis Insurance
 5665 California Ave., St. 100
 Bakersfield, CA
 93309
 PHONE 805-322-9993

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 INSURANCE CO.**
- COMPANY LETTER B
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

INSURED
TIKI SERVICES, INC.
 P O BOX 191641
 SAN FRANCISCO, CA
 94119

COVERAGES
 THIS IS TO CERTIFY THAT 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 TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY	CCP199529-00	09/28/92	09/28/93	GENERAL AGGREGATE	1000
	<input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY				PRODS-COMP/OPS AGG.	1000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC.				PERS. & ADVG. INJURY	1000
	<input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE				EACH OCCURRENCE	1000
	<input type="checkbox"/>				FIRE DAMAGE (ANY ONE FIRE)	50
	<input type="checkbox"/>				MEDICAL EXPENSE (ANY ONE PERSON)	5
	AUTOMOBILE LIAB				CSL	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY	
	<input type="checkbox"/> HIRED AUTOS				EACH OCC	AGGREGATE
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	EXCESS LIABILITY					
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
A	WORKERS' COMP AND EMPLOYERS' LIAB	NWC183579-00	09/28/92	07/05/93	STATUTORY	
					1000	EACH ACC
					1000	DISEASE-POLICY LIMIT
					1000	DISEASE-EACH EMPLOYEE
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS AS AN ADDITIONAL INSURED AS RESPECTS WORK PERFORMED BY THE NAMED INSURED IN THEIR BEHALF
 CERTIFICATE HOLDER IS NAMED

10 DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

CERTIFICATE HOLDER
 CANCELLATION
 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.

April 12, 1993

Alameda County Health Care Services Agency
Department Of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, California 94621

Subject: Request For Closure Of The Underground Storage Tank At 3080 Broadway,
Oakland, California.

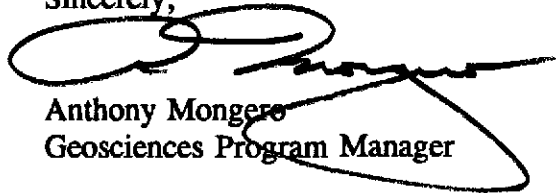
Dear Sirs:

Enclosed is a completed Underground Tank Closure Plan (UTCP) for the underground storage tank (UST) located at 3080 Broadway in Oakland, California. Pursuant to Alameda County requirements, enclosed with the UTCP are three copies of the following:

- Health and Safety Site Plan,
- Facility map,
- Contractor's (Tiki Services, Inc.) hazardous materials license, and
- Contractor's workers compensation insurance certificate.

Also enclosed is a personal check for \$483.00 for the permit removal fee. Please review and approve this closure plan as soon as possible. If you have any questions or require additional information regarding this request, please call me at (510) 748-6447.

Sincerely,



Anthony Mongero
Geosciences Program Manager

Attachments

1947-93/2082-001/APr12,93

Not listed: City of Oakland
 Real Estate Division
 1330 Broadway Suite 1001
 Oakland 94612
 Attn: Julie Carver

DATE: 2/21/92
 TO : Local Oversight Program
 FROM: Juliet Shin
 SUBJ: Transfer of Eligible Oversight Case

KLH: 238 3462
 637

Site name: City of Oakland Corporation Yard # 4
 Address: 5921 Shepherd Canyon city Oakland zip 94611
 Closure plan attached? Y N DepRef remaining \$ 464.50
 DepRef Project # 809 STID #(if any) 3675 7/1/92
 Number of Tanks: 4 removed? Y N Date of removal 5/3/90
 (see comments below)

Leak Report filed? Y N Date of Discovery 5/3/90
 Samples received? Y N Contamination: Soil
 Petroleum Y N Types: Avgas Jet leaded unleaded Diesel
 fuel oil waste oil kerosene solvents

8006619

Monitoring wells on site None Monitoring schedule? Y N
 LUFT category 1 2 3 * H S C A R W G O

Briefly describe the following:
 Preliminary Assessment NA
 Remedial Action NA
 Post Remedial Action Monitoring NA
 Enforcement Action NA

According to an Alameda County Inspection Report dated 5/3/90 and a Report of Fire Inspection on the same date, only 2 underground storage tanks, one diesel and one regular, were excavated. However, according to a letter from the RP dated 5/7/90, they applied to remove 4 tanks. The other two tanks contained unknown substances. According to the Closure Plans, soil samples were proposed to be collected and analyzed for BTEX and TPH using methods 3550, 8020/8240, 5030/E95030. However, lab analysis results could not be found in the file.

§ 66680
(p. 1800.18)

ENVIRONMENTAL HEALTH

TITLE 21

(Register 64, No. 41—10-13-04)

- 729. *Thiocarbonylchloride, Thiophosgene (T,C,R)
- 730. *Thionazin, ZINOPHOS; O,O-Tetramethylthiuram monosulfide (T)
- 731. *Thionyl chloride, Sulfur oxychloride (T,C,R)
- 732. *Thiophosphoryl chloride (T,C,R)
- 733. Thorium (powder) (F)
- 734. Tin compounds (organic) (T)
- 735. Titanium (powder) (F)
- 736. Titanium sulfate (T)
- 737. *Titanium tetrachloride, Titanic chloride (T,C,R)
- 738. Toluene, Methylbenzene (T,F)
- 739. *Toluene-2,4-dithiocyanate, TDI (T,R)
- 740A. Toluidine, Aminotoluene (ortho,meta,para) (T)
- 740B. *Toxaphene, Polychlorocamphens (T)
- 741. *TRANID, exo-3-Chloro-endo-5-cyano-2-norbornanone-O-(methylcarbamoyl) oxime (T)
- 743. 1,1,1-Trichloroethane (T)
- 744. Trichloroethylene; Trichlorethene (T)
- 745. Trichloroisocyanuric acid (T,I,F)
- 746. 2,4,5-Trichlorophenoxyacetic acid; 2,4,5-T (T)
- 747. Trichlorosilane, Silicobchloroform (T,C,F,R)
- 748. Trimethylamine, TMA (T,F)
- 749. Trinitroanisole; 2,4,6-Trinitrophenyl methyl ether (T,R)
- 750. 1,3,5-Trinitrobenzene, TNB (T,R)
- 751. 2,4,6-Trinitrobenzoic acid (T,R)
- 752. Trinitronaphthalene, Naphtite (T,R)
- 753. 2,4,6-Trinitroresorcinol, Slyphnic acid (T,R)
- 754. 2,4,6-Trinitrotoluene, TNT (T,F,R)
- 755. *tris(1-Aziridinyl) phosphine oxide, Triethylenephosphoramide, TEPA (T)
- 756. Tungstic acid and salts (T)
- 757. Turpentine (T,F)
- 758. Uranyl nitrate, Uranium nitrate (T,F,R)
- 759. Urea nitrate (T,F,R)
- 760. n-Valeraldehyde, n-Pentanal (and isomers) (T,F)
- 761. Vanadic acid salts (T)
- 762. Vanadium oxytrichloride (T,C)
- 763. *Vanadium pentoxide, Vanadic acid anhydride (T)
- 764. Vanadium tetrachloride (T,C)
- 765. Vanadium tetraoxide (T)
- 766. Vanadium trioxide, Vanadium sesquioxide (T)
- 767. Vanadyl sulfate, Vanadium sulfate (T)
- 768. Vinyl acetate (F,T)
- 769. Vinyl chloride (T,F)
- 770. Vinyl ethyl ether (F)
- 771. Vinylidene chloride, VC (T,F)
- 772. Vinyl isopropyl ether (F)
- 773. *Vinyltrichlorosilane (T,C,F,R)
- 774. VX, O-Ethyl methyl phosphoryl N,N-diisopropyl thiocholine (T)
- 775. *WEPSYN 155, WP 155, Triamphos, pure (6-Amino-3-phenyl-1H-1,2,4-triazol-1-yl)-N,N,N',N'-tetramethyl phosphonic diamide (T)

TITLE 22

ENVIRONMENTAL HEALTH

(Register 64, No. 41—10-13-04)

- 776. Xylene, Dimethylbenzene (ortho,meta,para) (T,F)
- 777. Zinc (powder) (F)
- 778. Zinc ammonium nitrate (T,F)
- 779. *Zinc arsenate (T)
- 780. *Zinc arsenite (T)
- 781. Zinc chloride (T,C)
- 782. Zinc compounds (T)
- 783. *Zinc cyanide (T)
- 784. Zinc nitrate (T,F,R)
- 785. Zinc permanganate (T,F)
- 786. Zinc peroxide, Zinc dioxide (T,F,R)
- 787. *Zinc phosphide (T,F,R)
- 788. Zinc sulfate (T)
- 789. Zirconium (powder) (F)
- 790. *Zirconium chloride, Zirconium tetrachloride (T,C,R)
- 791. Zirconium picramate (F)

§ 66680
(p. 1800.19)

5921 Shepherd Canyon Rd., Oak

As of 5/29/91 per Gil Wister

Background: 2-UGT removed on 5-3-90. One gas and one ~~test~~. One end of gas tank excavation had odor of aged gas. No soil results

Recommendation: Contact Tim Murray, City of Oakland @ 7101 Edgewater Dr. Oakland 94621 concerning the soil sampling results and disposal of U.G.T. and soil.

Am
5/19/90

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25100.7 OF THE HEALTH AND SAFETY CODE. SIGNED: <u>Richard M. Winton</u> DATE: <u>5/8/90</u>
REPORT DATE <u>0</u> M <u>5</u> M <u>0</u> D <u>4</u> D <u>9</u> Y <u>0</u> Y	CASE # _____	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>TIM MURRAY</u>	PHONE <u>238-3462</u> <u>(415) 273 3462</u>	SIGNATURE <u>Tim Murray</u>	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER _____	COMPANY OR AGENCY NAME <u>CITY OF OAKLAND / MUNICIPAL BUILDINGS</u>		
	ADDRESS <u>7101 EDGEWATER DRIVE</u> <u>OAKLAND</u> <u>CA</u> <u>94621</u> <small>STREET CITY STATE ZIP</small>			

RESPONSIBLE PARTY	NAME <u>MUNICIPAL BUILDINGS</u> <input type="checkbox"/> UNKNOWN	CONTACT PERSON <u>BUILDING SERVICES MANAGER</u>	PHONE <u>(415) 273 3462</u>
	ADDRESS <u>7101 EDGEWATER DRIVE</u> <u>OAKLAND</u> <u>CA</u> <u>94621</u> <small>STREET CITY STATE ZIP</small>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>CORPORATION YARD #4</u>	OPERATOR <u>OFFICE OF PUBLIC WORKS</u>	PHONE <u>(415) 273 3766</u>	
	ADDRESS <u>5921 SHEPHERD CANYON RD</u> <u>OAKLAND</u> <u>ALAMEDA</u> <u>94611</u> <small>STREET CITY COUNTY ZIP</small>			
	CROSS STREET <u>SNAKE ROAD</u>	TYPE OF AREA <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> OTHER <u>GOVERNMENT</u>	TYPE OF BUSINESS <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER <u>PUBLIC</u>	

IMPLEMENTING AGENCIES	LOCAL AGENCY <u>ALAMEDA COUNTY HEALTH</u>	AGENCY NAME <u>ALAMEDA COUNTY HEALTH</u>	CONTACT PERSON <u>GIL WISTAR</u>	PHONE <u>415 271-4320</u>
	REGIONAL BOARD _____ PHONE () _____			

SUBSTANCES INVOLVED	(1) NAME <u>GASOLINE</u>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) _____ <input type="checkbox"/> UNKNOWN	

DISCOVERY/ABATEMENT	DATE DISCOVERED <u>0</u> M <u>5</u> M <u>0</u> D <u>3</u> D <u>9</u> Y <u>0</u> Y	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER _____		
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER _____		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <u>0</u> M <u>5</u> M <u>0</u> D <u>3</u> D <u>9</u> Y <u>0</u> Y			

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input checked="" type="checkbox"/> OTHER (OVERFILL)	TANKS ONLY/CAPACITY <u>2000</u> GAL. AGE _____ YRS <input checked="" type="checkbox"/> UNKNOWN	MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER _____	CAUSE(S) <input checked="" type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> OTHER <u>PIPE LEAK AT DISPENSER</u>
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CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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CURRENT STATUS	CHECK ONE ONLY <input checked="" type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)			
	<input checked="" type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> TREATMENT AT HOOKUP (HU)	<input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA)	<input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> OTHER (OT) _____	<input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> REPLACE SUPPLY (RS)

CONTAMINATED SOIL FOUND DURING ROUTINE TANK REMOVAL

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 25180.7, a designated 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 and surrounding area. 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. Provide details on tank age, capacity and material if known. 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.

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 actions 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.
- 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 in tact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Water Quality, Underground Tank Program, P. O. Box 100, Sacramento, CA 95801
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party.

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25188.7 OF THE HEALTH AND SAFETY CODE.
REPORT DATE 05/04/90	CASE #	SIGNED: <i>Tim Murray</i> DATE: 5/8/90

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT TIM MURRAY	PHONE (415) 273 3462	SIGNATURE <i>Tim Murray</i>	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME CITY OF OAKLAND / MUNICIPAL BUILDINGS		
	ADDRESS 7101 EDGEWATER DRIVE STREET OAKLAND CA 94621			

RESPONSIBLE PARTY	NAME MUNICIPAL BUILDINGS <input type="checkbox"/> UNKNOWN	CONTACT PERSON BUILDING SERVICES MANAGER	PHONE (415) 273 3462
	ADDRESS 7101 EDGEWATER DRIVE STREET OAKLAND CA 94621		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) CORPORATION YARD #4	OPERATOR OFFICE OF PUBLIC WORKS	PHONE (415) 273 3766	
	ADDRESS 5921 SHEPHERD CANYON RD STREET OAKLAND ALAMEDA COUNTY CA 94611			
	CROSS STREET SNAKE ROAD	TYPE OF AREA <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> OTHER GOVERNMENT	TYPE OF BUSINESS <input type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER PUBLIC	

IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA COUNTY HEALTH	AGENCY NAME	CONTACT PERSON GIL VISTAR	PHONE (415) 271-4320
	REGIONAL BOARD			

SUBSTANCES INVOLVED	(1) NAME GASOLINE	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) <input type="checkbox"/> UNKNOWN	

DISCOVERY/ABATEMENT	DATE DISCOVERED 05/03/90	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 checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 05/03/90			

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input checked="" type="checkbox"/> OTHER (OVERFILL)	TANKS ONLY/CAPACITY 2000 GAL AGE _____ YRS <input checked="" type="checkbox"/> UNKNOWN	MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER	CAUSE(S) <input checked="" type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> OTHER (NO DISCHARGE)
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CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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COMMENTS	CONTAMINATED SOIL FOUND DURING ROUTINE TANK REMOVAL
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INSTRUCTIONS

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1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Water Quality, Underground Tank Program, P. O. Box 100, Sacramento, CA 95801
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party.

R. S. EAGAN & CO.
 150-K Mason Circle
 CONCORD, CALIFORNIA 94520
 (415) 682-3636
 FAX (415) 682-0518

LETTER OF TRANSMITTAL

DATE	JOB NO.
5-7-90	
ATTENTION	
Tim Murray	
RE:	
Corp Yard #4, FH#14 and FH#23	

TO City of Oakland
7101 Edgewater Drive
Oakland, CA 94621

Attention: Tim Murray

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

COPIES	DATE	NO.	DESCRIPTION
			Lab Results (GTEL)

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FOR BIDS DUE _____ 19 _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO _____

SIGNED: Blauer



GTEL

ENVIRONMENTAL
LABORATORIES, INC.

Western Region

4080-C Pike Ln., Concord, CA 94520

(415) 685-7852

In CA: (800) 544-3422

Outside CA: (800) 423-7143

Client: R.S. Eagan & Co.
Project Number: SFB-762-0087.72
Work Order Number: ML579001
Location: Corporate Yard #4
Oakland, CA

Table 1
TEST RESULTS

BTEX/Total Petroleum Hydrocarbons
Modified EPA Method 8015/8020/5030
Matrix: Soil

Date Sampled: May 3, 1990

Date Analyzed: May 3, 1990

Sample ID	Depth (ft)	Total Petroleum Hydrocarbons	Benzene	Toluene	Ethylbenzene	Xylenes
1A1	11	60	6	11	2.4	12
1A2	11	790	27	86	16	150
1A5	3	ND	ND	ND	ND	ND
Composite A	NA	ND	ND	ND	ND	ND
Composite C	NA	500	5.5	31	12	79

CA Certification Number: E628

MDL = Method detection limit; compound below this level would not be detected.
Results rounded to two significant figures.

Method detection limit; TPH 10ppm; Benzene 1ppm; Toluene 1ppm; Ethylbenzene 1ppm; Xylenes 1ppm.

NA = Not Applicable

ND = None Detected

Client: R.S. Eagan & Co.
Project Number: SFB-762-0087.72
Work Order Number: ML579001
Location: Corporate Yard #4
Oakland, CA

Table 2
TEST RESULTS

Total Petroleum Hydrocarbons as Diesel
Modified EPA Method 8015 (GC/FID)/5030
Matrix: Soil

Date Sampled: May 3, 1990
Date Analyzed: May 3, 1990

Sample ID	Depth (ft)	Total Petroleum Hydrocarbons as Diesel	Remarks
1A3	8	62	NA
1A4	3	<MDL	NA
Composite B	NA	920	NA

CA Certification number: E628

MDL = Method detection limit; compound below this level would not be detected.
Results rounded to two significant figures.

Method detection limit: 10 mg/Kg (ppm)

NA = Not Applicable
ND = None Detected

Client: R.S. Eagan & Co.
Project Number: SFB-762-0087.72
Work Order Number: ML579001
Location: Corporate Yard #4
Oakland, CA

Table 3
TEST RESULTS

Total Petroleum Hydrocarbons
EPA Method 3550/APHA SM 503E/IR
Matrix: Soil

Date Sampled: May 3, 1990
Date Analyzed: May 3, 1990

Sample ID	Depth (ft)	Total Petroleum Hydrocarbons	Remarks
1A3	8	190	T.P.H. as Oil and Grease
1A4	3	24	T.P.H. as Oil and Grease
Composite B	NA	2200	T.P.H. as Oil and Grease

CA Certification number: E628

MDL = Method detection limit; compound below this level would not be detected.
Results rounded to two significant figures.

Method detection limit: 10 mg/Kg (ppm)

NA = Not Applicable
ND = None Detected

Emma P. Popok / A0103
Emma P. Popok,
Laboratory Director

Client: R.S. Eagan & Co.
Project Number: SFB-762-0087.72
Location: Firestation #14

Table 1
TEST RESULTS

Total Petroleum Hydrocarbons as Diesel
Modified EPA Method 8015 (GC/FID)
Matrix: Soil

Date Sampled: May 3, 1990
Date Analyzed: May 3, 1990

Sample ID	Depth (ft)	Total Petroleum Hydrocarbons as Diesel	Remarks
1B1	7.5	1400	NA
1B2	7.5	1200	NA
1B3	9.5	560	NA
1B4	9.5	110	NA

CA Certification number: E628

MDL = Method detection limit; compound below this level would not be detected.
Results rounded to two significant figures.

Method detection limit: 10 mg/Kg (ppm)

NA = Not Applicable
ND = None Detected

Emma P. Popek /RMB

Emma P. Popek,
Laboratory Director

Client: R.S. Eagan & Co.
Project Number: SFB-762-0087.72
Location: Firestation #23

Table 1
TEST RESULTS

BTEX/Total Petroleum Hydrocarbons
Modified EPA Method 8015/8020/5030
Matrix: Soil

Date Sampled: May 3, 1990
Date Analyzed: May 3, 1990

Sample ID	Depth (ft)	Total Petroleum Hydrocarbons	Benzene	Toluene	Ethylbenzene	Xylenes
1C1	8	ND	ND	ND	ND	ND
1C2	8	<MDL	ND	ND	ND	<MDL
1C3	2	<MDL	ND	ND	ND	ND
1C4-Comp.	NA	250	ND	4.2	3.4	22

CA Certification Number: E628

MDL = Method detection limit; compound below this level would not be detected.
Results rounded to two significant figures.

Method detection limit: TPH 10ppm; Benzene 1ppm; Toluene 1ppm; Ethylbenzene 1ppm; Xylenes 1ppm.

ND = Not Detected

Client: R.S. Eagan & Co.
Project Number: SFB-762-0087.72
Location: Firestation #23

Table 1
TEST RESULTS

Total Petroleum Hydrocarbons as Diesel
Modified EPA Method 8015 (GC/FID)
Matrix: Soil

Date Sampled: May 3, 1990

Date Analyzed: May 3, 1990

Sample ID	Depth (ft)	Total Petroleum Hydrocarbons as Diesel	Remarks
1C4 Comp.	NA	200	NA

CA Certification number: E628

MDL = Method detection limit; compound below this level would not be detected.
Results rounded to two significant figures.

Method detection limit: 10 mg/Kg (ppm)

NA = Not Applicable

ND = None Detected

Emma P. Popek / RMB
Emma P. Popek,
Laboratory Director

R.S. EAGAN & CO.

General Contractors
General Engineering, Process Piping & Electrical



LIC. #476428

150-K MASON CIRCLE
CONCORD, CA 94520
(415) 682-3636

May 7, 1990

Alameda County Health Care Services Agency
Department of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, CA 94621

Attention: Accounts Receivable

Gentlemen

Re: City of Oakland, Corporation Yard #4
5921 Shepherd Canyon Road, 94611

Enclosed is a copy of our check #10050 in the amount of \$831.00 which we submitted to your office together with our application for the removal of four (4) tanks.

Also enclosed is a copy of the Report of Fire Inspection indicating only two (2) tanks were removed.

Kindly send us a refund for \$333.00. Thank you for your prompt attention to this matter.

Sincerely,

R. S. EAGAN & CO.

Robert S. Eagan
Robert S. Eagan
President

RSE/bw
enclosure

CORP#4\REFUND

Permit Application Fee for:
89/206 Corp. Yard #4, four tanks removals 831.00

R. S. EAGAN & CO.

150K MASON CIRCLE PH. 415-882-3636
CONCORD, CA 94520

MERIDIAN NATIONAL BANK
CONCORD, CA 94520
90-3760-1211

10050

EIGHT HUNDRED THIRTY-ONE DOLLARS NO CENTS

DATE

AMOUNT

December 18, 1989

\$831.00

PAY TO THE ORDER OF
ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION



⑈010050⑈ ⑆121137603⑆ 01221205⑈

RECEIVED
DEC 22 1989

COUNTY OF ALAMEDA
OFFICE OF THE AUDITOR-CONTROLLER

DATE: 12/20/89

MISCELLANEOUS RECEIPT

No 565609

EAGAN & COMPANY

\$ 831.00/100
DOLLARS

RECEIVED FROM:	R. S. EAGAN & Co. 150 K Mason Cr. Concord, CA 94520
FOR:	Corporation Yard #4
	5921 Shepherd Canyon Rd., Oakland, CA. 94611
RECEIVED BY:	Paul A. Howard
	DEPT. NO.: 430-453

CASH PERSONAL/CASHIER'S CHECK/M. O. # 10050 OTHER:

CITY OF OAKLAND
REPORT OF FIRE INSPECTION

ENGINE CO.

205

ADDRESS 5921 SHERMAN CANYON RD.

NAME CITY OF OAKLAND

GENERAL INSPECTION

PERMIT
OTHER

HAZARD NOTED

HAZARD ABATED

NOTICE LEFT LETTER

1st NOTICE

2nd NOTICE

FINAL

DATE	VIOLATION	O.F.C.	CONTACTED
5-3-90	REMOVED THIS DATE 1-2000 GAL GAS TANK 1-550 GAL DIESEL TANK.		
	TANKS HANDED BY H&H.		
	NO APPARENT HOLES IN TANKS		
	ALAMOGA CO. HEALTH ON SCENE.		
	GAS - L.E.L. 5% O ₂ - 12 1/2%		
	DIESEL - L.E.L. 3% O ₂ - 11 1/2%		
	100 GROUND WATERS IN EXHAUSTION		

A REINSPECTION WILL BE MADE WITHIN _____ DAYS.

FIRE PREVENTION BUREAU PHONE 273-3851

INSPECTOR

Steve J. Jolley

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 : 3675 LOC:
SITE NAME: City of Oakland Corp. Yard #4 DATE REPORTED : 05/03/1990
ADDRESS : 5921 Shepherd Canyon DATE CONFIRMED: 05/03/1990
CITY/ZIP : Oakland 94611 MULTIPLE RPS : N

SITE STATUS

CASE TYPE: S CONTRACT STATUS: 4 PRIOR CODE: EMERGENCY RESP:
RP SEARCH: S DATE COMPLETED: 07/09/1992
PRELIMINARY ASMNT: DATE UNDERWAY: DATE COMPLETED:
REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 07/09/1992
LUFT FIELD MANUAL CONSID:
CASE CLOSED: DATE CASE CLOSED:
DATE EXCAVATION STARTED : REMEDIAL ACTIONS TAKEN:

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Andrew Clark- Clough
COMPANY NAME: City of Oakland, Real Estate
ADDRESS: 1333 Broadway Suite 333
CITY/STATE: Oakland, California 94612

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only

Case Progress Changes

ANNPGMS _____ LOP _____ DATE _____

LOP _____ DATE _____

*Don please take over this
Case - no report of well install,
well install was approved
none same April 99.*

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Corp. Yard #4 Today's Date 5/3/90

Site Address 5921 Shepherd Canyon Rd.

City Oakland Zip 94611 Phone _____

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

Inspection Categories:

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

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

Comments:

Removal of two tanks - one 2,000-gal gasoline tank and one < 500 gal. diesel tank.

Tanks are tar-coated with no holes. Native material is a coarse-grained mixture of clay, silt and cobbles. Very deep sand backfill means that soil samples had to be collected from 3-4 feet under tanks.

Soil from one end of the gasoline tank pit is black w/ a noticeable odor of aged gas. Two samples taken from beneath this tank. No groundwater in either hole.

Diesel tank pit appears to be backfill on top of bedrock (a hole of some sort). Sample collected was mostly sand.

Pipelines pulled out and samples taken from beneath each.

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MAT'S

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

III. UNDERGROUND TANKS (Title 23)

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

Rev 6/88

II, III

Contact: _____

Title: _____
 Signature: Jim Nichol

Inspector: _____
 Signature: Gilbert M. Weston

R.S. EAGAN & CO.

General Contractors
General Engineering, Process Piping & Electrical



LIC. #476428

150-K MASON CIRCLE
CONCORD, CA 94520
(415) 682-3636

January 22, 1990

Alameda County Health Services Agency
Department of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, CA 94621

Attention: Mr. Gil Wistar, Inspector

Dear Mr. Wistar:

Re: Superior Precision Analytical

Superior Analytical has advised us that they are indeed certified to conduct all testing required for the work we do.

Enclosed you will find a Certification List showing the testing they are certified to do. They also mentioned that perhaps you have an outdated listing.

Sincerely,

R. S. EAGAN & CO.

Robert S. Eagan
Robert S. Eagan
President

RSE/bw
enclosure

ALACNTY.GIL

HAZARDOUS WASTE TESTING LABORATORY CERTIFICATION LIST

Hazardous Materials Laboratory Section, California Department of Health Services, 2151 Berkeley Way, Berkeley, CA 94704

Superior Analytical Services
 15 Arnold Drive, Suite 2
 Martinez, CA 94553

PHONE: (415)229-1512

LABORATORY CATEGORY: Commercial
 CERTIFICATE NUMBER: 319

ORGANIC CHEMICAL TESTING	METHOD NUMBER (DATE CERTIFIED)	(Y = CERTIFIED; N = NOT CERTIFIED)
1.1 Halogenated Volatile Organics		N
1.2 Non-Halogenated Volatile Organics		N
1.3 Aromatic Volatile Organics		N
1.4 Acrolein, Acrylonitrile, Acetonitrile	8020(07-06-89)	Y
1.5 Phenols		N
1.6 Phthalate Esters		N
1.7 Organochlorine Pesticides		N
1.8 Polychlorinated Biphenyls (PCBs)	8080(03-10-89)	Y
1.9 Nitroaromatics and Cyclic Ketones		N
1.10 Polynuclear Aromatic Hydrocarbons		N
1.11 Chlorinated Hydrocarbons		N
1.12 Organophosphorus Pesticides		N
1.13 Chlorinated Herbicides		N
1.14 Carbamates		N
1.15 GC/MS Method for Volatile Organics		N
1.16 GC/MS Method for Semivolatile Organics		N

INORGANIC CHEMICAL TESTING	METHOD NUMBER (DATE CERTIFIED)	(Y = CERTIFIED; N = NOT CERTIFIED)
2.1 Antimony	7040(06-27-89)	Y
2.2 Arsenic		N
2.3 Barium		N
2.4 Beryllium		N
2.5 Cadmium	7130(06-27-89)	Y
2.6 Chromium(VI)		N
2.7 Chromium(total)	7190(06-27-89)	Y
2.8 Cobalt	7200(06-27-89)	Y
2.9 Copper	7210(06-27-89)	Y
2.10 Lead	7420(06-27-89)	Y
2.11 Mercury		N
2.12 Molybdenum		N
2.13 Nickel	7520(06-27-89)	Y
2.14 Selenium		N
2.15 Silver	7760(06-27-89)	Y
2.16 Thallium	7840(06-27-89)	Y
2.17 Vanadium		N
2.18 Zinc	7950(06-27-89)	Y
2.19 Cyanide		N
2.20 Fluoride		N
2.21 Sulfide		N

OTHER		
3.0 California Waste Extraction Test		N
4.0 Physical Property Testing		N
5.0 Aquatic Toxicity Testing		N
6.0 Bulk Asbestos Testing		N
7.0 Total Organic Lead	(08-10-89)	Y
8.0 Total Petroleum Hydrocarbons	(03-10-89)	Y

HAZARDOUS WASTE TESTING LABORATORY CERTIFICATION LIST

Hazardous Materials Laboratory Section, California Department of Health Services, 2151 Berkeley Way, Berkeley, CA 94704

Superior Precision Analytical, Inc.
1385 Fairfax Street, Suite D
San Francisco, CA 94124

PHONE: (415)547-2081

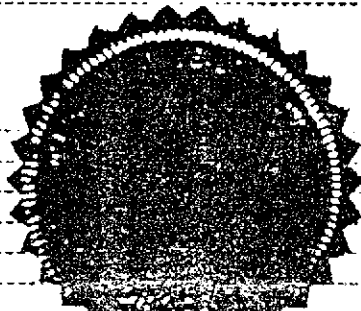
LABORATORY CATEGORY: Commercial
CERTIFICATE NUMBER: 220

ORGANIC CHEMICAL TESTING	METHOD NUMBER (DATE CERTIFIED)	(Y = CERTIFIED; N = NOT CERTIFIED)
1.1 Halogenated Volatile Organics	8010(08-09-88)	Y
1.2 Non-Halogenated Volatile Organics		N
1.3 Aromatic Volatile Organics	8020(01-04-88)	Y
1.4 Acrolein, Acrylonitrile, Acetonitrile		N
1.5 Phenols		N
1.6 Phthalate Esters		N
1.7 Organochlorine Pesticides	8080(12-21-88)	Y
1.8 Polychlorinated Biphenyls (PCBs)	8080(01-04-88)	Y
1.9 Nitroaromatics and Cyclic Ketones		N
1.10 Polynuclear Aromatic Hydrocarbons		N
1.11 Chlorinated Hydrocarbons		N
1.12 Organophosphorus Pesticides		N
1.13 Chlorinated Herbicides		N
1.14 Carbamates		N
1.15 GC/MS Method for Volatile Organics	8240(06-20-89)	Y
1.16 GC/MS Method for Semivolatile Organics		N

INORGANIC CHEMICAL TESTING	METHOD NUMBER (DATE CERTIFIED)	(Y = CERTIFIED; N = NOT CERTIFIED)
2.1 Antimony		N
2.2 Arsenic		N
2.3 Barium		N
2.4 Beryllium		N
2.5 Cadmium		N
2.6 Chromium(VI)		N
2.7 Chromium(total)		N
2.8 Cobalt		N
2.9 Copper		N
2.10 Lead		N
2.11 Mercury		N
2.12 Molybdenum		N
2.13 Nickel		N
2.14 Selenium		N
2.15 Silver		N
2.16 Thallium		N
2.17 Vanadium		N
2.18 Zinc		N
2.19 Cyanide		N
2.20 Fluoride		N
2.21 Sulfide		N

OTHER

3.0 California Waste Extraction Test		N
4.0 Physical Property Testing	(12-21-88)	Y
5.0 Aquatic Toxicity Testing		N
6.0 Bulk Asbestos Testing		N
7.0 Total Organic Lead		N
8.0 Total Petroleum Hydrocarbons	(06-10-88)	Y



ORIGINAL

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

Project # U565609

Fee Paid 831.00/100

Date 12-20-89

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name City of Oakland Corporation Yard #4
Business Owner City of Oakland
2. Site Address 5921 Shepherd Canyon Road
City Oakland Zip 94611 Phone 273-3766
3. Mailing Address 7101 Edgewater Drive
City Oakland Zip 94621 Phone 273-3462
4. Land Owner City of Oakland
Address same City, State _____ Zip _____
5. EPA I.D. No. n/a CAC000220537
6. Contractor R. S. Eagan & Co.
Address 150-K Mason Circle
City Concord Phone 682-3636
License Type A,B,C-8,C-10,C-61/D-40 ID# 476428
7. Consultant n/a
Address _____
City _____ Phone _____

- 1/3/90 - - only 1 copy sub.
- no EPA ID # for site
 - tank disposal site: Triangle -
is it legit?
 - Superior Analytical - not
fully certified
 - sample analyses are incomplete.
need to be ~~exp~~ specified
separately for each tank.

8. Contact Person for Investigation

Name Tim Murray Title Engineering Technician
Phone 273-3462

9. Total No. of Tanks at facility 4

10. Have permit applications for all tanks been submitted to this office?
Yes [] No [X]

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name GSX Services of California EPA I.D. No. CAD 089864805
Address 4501 Pacheco Blvd.,
City Martinez State CA Zip 94553

b) Rinsate Transporter

Name same as above EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

c) Tank Transporter

Name Superior California Trucking EPA I.D. No. none
Address 604 Galviston
City West Sacramento State CA Zip 95691

d) Tank Disposal Site

Name Triangle, Inc. EPA I.D. No. CAD98-144-6362
Address 3525 - 52nd Avenue
City Sacramento State CA Zip 95823

e) Contaminated Soil Transporter

Name Chemical Waste Management, Inc. EPA I.D. No. CAD003986718
Address 4227 Technology Drive
City Fremont State CA Zip 94538-6337

12. Sample Collector

Name Pierre Monette

Company Chromalab, Inc.

Address 2239 Omega Road #1

City San Ramon State CA Zip 94583 Phone 831-1788

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
2,000 gal.	regular		
300 gal.	diesel		
(two other tanks contents unknown--older and smaller)			

14. Have tanks or pipes leaked in the past? Yes [] No []

If yes, describe. unknown

15. NFPA methods used for rendering tank inert? Yes [x] No []

If yes, describe. Dry ice or air eductor (15 lbs dry ice per 1,000 gallon tank, 15 lbs minimum)

An explosion proof combustible gas meter shall be used to verify tank inertness.

16. Laboratories

Name Chromalab, Inc.

Address 2239 Omega Road, #1

City San Ramon State CA Zip 94583

State Certification No. water 955; hazardous waste 238

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
diesel tank - TPH-D - BTEX - T.O.G.		3550 8020/8240 503D/E
gasoline tank - TPH-G - BTEX		5030 8020/8240

18. Submit Site Safety Plan

19. Workman's Compensation: Yes No

Copy of Certificate enclosed? Yes No

Name of Insurer Republic Indemnity

20. Plot Plan submitted? Yes No

21. Deposit enclosed? Yes No

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

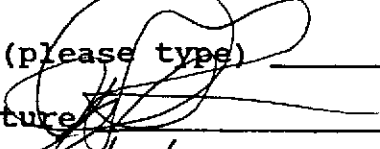
I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. 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.

Signature of Contractor

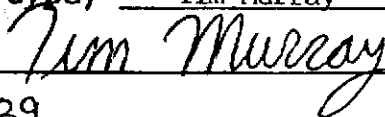
Name (please type) Robert S. Egan

Signature 

Date 12/13/89

Signature of Site Owner or Operator

Name (please type) Tim Murray

Signature 

Date 12/1/89

REVISED

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

ACCEPTED 1/19/90

DEPARTMENT OF ENVIRONMENTAL HEALTH
475 - 20th Avenue, Suite 100
Oakland, CA 94612
Telephone (415) 271-4320
Gmw

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local laws. Changes to these plans indicated by the Department are to assure compliance with State and local laws. The project proposed herein is subject to the issuance of any required permits, permits or consultation. One copy of these plans and plans must be on the job and available to all contractors and certification installers with the removal.

Any change or alterations of these plans and specifications must be submitted to the Department and to the site and Building Inspector. Penalties to contractors if such changes occur by the Department of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

Removal of Tank and Piping

All piping must be removed with tanks

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

- Business Name City of Oakland Corporation Yard #4
Business Owner City of Oakland
- Site Address 5921 Shepherd Canyon Road
City Oakland Zip 94611 Phone 273-3766
- Mailing Address 7101 Edgewater Drive
City Oakland Zip 94621 Phone 273-3462
- Land Owner City of Oakland
Address same City, State _____ Zip _____
- EPA I.D. No. CAC000220537
- Contractor R. S. Eagan & Co.
Address 150-K Mason Circle
City Concord Phone 682-3636
License Type A,B,C-8,C-10,C-61/D-40 ID# 476428
- Consultant n/a
Address _____
City _____ Phone _____

8. Contact Person for Investigation

Name Tim Murray Title Engineering Technician
Phone 273-3462

9. Total No. of Tanks at facility 4

10. Have permit applications for all tanks been submitted to this office?
Yes [] No [X]

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name GSX Services of California EPA I.D. No. CAD 089864805
Address 4501 Pacheco Blvd.,
City Martinez State CA Zip 94553

b) Rinsate Transporter

Name same as above EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

c) Tank Transporter

Name Superior California Trucking EPA I.D. No. none
Address 604 Galviston
City West Sacramento State CA Zip 95691

d) Tank Disposal Site

Name Triangle, Inc. EPA I.D. No. CAD98-144-6362
Address 3525 - 52nd Avenue
City Sacramento State CA Zip 95823

e) Contaminated Soil Transporter

Name Chemical Waste Management, Inc. EPA I.D. No. CAD003986718
Address 4227 Technology Drive
City Fremont State CA Zip 94538-6337

12. Sample Collector

Name _____
 Company Superior Analytical
 Address 825 Arnold Drive Ste #2
 City Martinez State CA Zip 94553 Phone 229-1512

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
2,000 gal.	regular		
300 gal.	diesel		
(two other tanks contents unknown--older and smaller)			

14. Have tanks or pipes leaked in the past? Yes [] No []

If yes, describe. _____ unknown

15. NFPA methods used for rendering tank inert? Yes [x] No []

If yes, describe. Dry ice or air eductor (15 lbs dry ice per 1,000 gallon tank, 15 lbs minimum)

An explosion proof combustible gas meter shall be used to verify tank inertness.

16. Laboratories

Name Superior Analytical
 Address 825 Arnold Drive, Suite #2
 City Martinez State CA Zip 94553
 State Certification No. 319

lab certified for TPH
only; not for BTEX

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
diesel BTXE		DPHd 8015 8020

18. Submit Site Safety Plan

19. Workman's Compensation: Yes No

Copy of Certificate enclosed? Yes No

Name of Insurer Republic Indemnity

20. Plot Plan submitted? Yes No

21. Deposit enclosed? Yes No

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

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

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. 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.

Signature of Contractor

Name (please type) Robert S. Eagan

Signature 

Date 12/13/89

Signature of Site Owner or Operator

Name (please type) Tim Murray

Signature 

Date 12/1/89

R.S. EAGAN & CO.

General Contractors
General Engineering, Process Piping & Electrical

LIC. # 4764

150-K MASON CIRCLE
CONCORD, CA 9452
(415) 682-363

HEALTH AND SAFETY PLAN

BACKGROUND INFORMATION

Owner: City of Oakland
7101 Edgewater Drive
Oakland, CA 94621

Project title: Underground Storage Tank Removal

Site address: 5921 Shepherd Canyon Road
Oakland, CA 94611

Owner's representative: Tim Murray
Engineering Technician
415/273-3462

Scope of work: Remove one 2,000-gallon regular; one 300-gallon diesel;
and two other tanks sizes and contents unknown.

Working hours: 7:00 A.M. to 4:00 P.M.

Site description: City of Oakland, Corporation Yard #4

Current uses: Diesel, regular

Tanks to be removed: One 2,000-gallon regular, one 300-gallon diesel, and
two other tanks sizes and contents unknown.

Disposition of tank contents: Owner will dispose of existing contents

Tank cleaning: Tanks to be triple-rinsed using a high-pressure washer,
rinsate to be contained in a vacuum tank and
transported for disposal

HAZARDS - DESCRIPTION,
PROTECTION, AND MONITORING

The following materials are known to be stored currently in the tank to be removed:

<u>Substance</u>	<u>Physical state</u>	<u>Warning concentration</u>	<u>Routes of exposure</u>
Diesel	Liquid	.25	Inhalation, ingestion, absorption

All Sites: Demolition equipment - backhoes, hydraulic breaker, dump trucks, concrete saw, air compressor, jackhammers
Removal equipment - backhoes, cranes, flatbed trucks
Backfilling equipment - backhoes, vibratory compaction equipment, dump trucks

Potential physical hazards on-site: Buried utilities; unstable soil conditions; building demolition activities

Overall hazard estimation: Low

Personal protective equipment: Work areas, during removal processes are designated no eating, drinking or smoking

Level of protection: D

Equipment to be used: Hard hats, eye protection, hearing protection, long sleeve shirts and pants, leather boots with steel toes and gloves (optional)

When to use: During all work operations

Direct Reading Monitoring Equipment

Equipment: Gas Tech 1314 Combustible Gas Meter

Location for use: Tank atmosphere/excavation

When used: Periodically throughout tank removal

Action Levels for Monitoring Results

Equipment: Combustible gas meter

Action level: If tank atmosphere exceeds 20% of L.E.L., add additional dry ice. Do not remove tank until atmosphere is less than 10% of L.E.L.

On-Site Organization and Coordination

The following personnel are designated to carry out noted job site functions:

Project superintendent: Jim Nichols
Backhoe operation: Tank Excavators
Tank hauling: Superior California Trucking
City representative: Fire Marshall's Office, Fire Prevention Department
County representative: Alameda County Health Care Services Agency,
Environmental Health Department

Site Control

Control unauthorized entry of work site by use of barricades and construction tape flagging. Utilize existing site chain link fencing.

Emergency Medical Care and Procedures

Nearest medical facility (24-hour): Merritt Hospital (547-1700)
350 Hawthorne Avenue, Oakland

Emergency telephone numbers: Fire 911
Police 911
Ambulance 911

Emergency First Aid for Materials Present

<u>Substance</u>	<u>Exposure Symptoms</u>	<u>First Aid</u>
Diesel dermal	Burning eyes, skin dehydration	Flush with water for 15 minutes
Diesel ingested	Irritation of stomach and intestines, nausea and vomiting	<u>Do not induce vomiting</u> , transport to hospital
Acetone dermal	Burning eyes Skin	Irrigate immediately Soap wash immediately
Acetone ingested	Headache, dizziness	Transport to hospital, artificial respiration for breathing difficulties

Protective Equipment On-Site
(Levels C and D)

Level C and D: Air-purifying respirator, half-face organic vapor cartridges; disposable chemical-resistant coveralls; gloves - inner and outer (chemical-resistant); boots - chemical-resistant, steel toe and shank; hard hat with face shield

First Aid Equipment On-Site

<u>Equipment</u>	<u>Location</u>
First aid kit	R.S. Eagan truck
Fire extinguisher	Within 100' of work area
Emergency eye wash	R.S. Eagan truck

On-Site Emergency Procedures

1. Personal injury or illness: administer first aid; call ambulance, if necessary; transport to Merritt Hospital
2. Fire or explosion: turn off all motorized equipment; evacuate working area; meet at designated up-wind location
3. Earthquake: turn off all motorized equipment; evacuate working area; meet at designated up-wind location
4. Hazardous material spill or release: turn off all motorized equipment; evacuate work area in an upwind direction of the spill or release; meet at designated up-wind location
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6. Other equipment failure: if any other equipment on-site fails to operate properly, the project team leader and site safety officer shall be notified and then shall determine the effect of this failure on continuing operations on-site. If the failure affects the safety of personnel or prevents completion of the work plan tasks, all personnel shall leave the Exclusion Zone until the situation is evaluated and appropriate actions taken.

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
10/27/89

XXXXXXXXXX

BROKER

RB

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

Corroon & Black
50 California Street
San Francisco, CA 94111
Tel: (415) 981-0600

CODE SUB-CODE

INSURED

R.S. Eagan & Company
150 K Mason Circle
Concord, CA 94520

COMPANY LETTER	A	National Union Fire Insurance Co. (AIG)
COMPANY LETTER	B	Republic Indemnity
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY				GENERAL AGGREGATE	\$ 2,000
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTORS PROT.	GL 5415908	9/24/89	9/24/90	PRODUCTS-COMP/OPS AGGREGATE	\$ 2,000
					PERSONAL & ADVERTISING INJURY	\$ 1,000
					EACH OCCURRENCE	\$ 1,000
					FIRE DAMAGE (Any one fire)	\$ 50
					MEDICAL EXPENSE (Any one person)	\$ 5
	AUTOMOBILE LIABILITY				CSL	\$ 1,000
A	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY	CA 5415909	9/24/89	9/24/90	BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	OTHER THAN UMBRELLA FORM				AGGREGATE	\$
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	PC 996088	9/24/89	9/24/90	STATUTORY	CA* \$ 1,000 (EACH ACCIDENT) \$ 1,000 (DISEASE-POLICY LIMIT) \$ 1,000 (DISEASE-EACH EMPLOYEE)
	OTHER	*California Employees Only				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

The term Certificate Holder, wherever used in this Certificate of Insurance, means: City of Oakland, its officers, council and employees. General Liability - The Certificate Holder is an Additional Insured solely as respects work performed by the Named Insured in connection with Fuel Tank Removal and Replacement provided, however, that a written contract requiring that the Certificate Holder be an Additional Insured exists.

CERTIFICATE HOLDER

City of Oakland
Office of Public Works
Public Information
505 14th Street, 6th Floor
Oakland, CA 94612
Attn: Bob Hreha

CANCELLATION

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AUTHORIZED REPRESENTATIVE

R.S. EAGAN & CO.

**General Contractors
General Engineering, Process Piping & Electrical**



LIC. # 476428

**150-K MASON CIRCLE
CONCORD, CA 94520
(415) 682-3636**

HEALTH AND SAFETY PLAN

BACKGROUND INFORMATION

Owner: City of Oakland
7101 Edgewater Drive
Oakland, CA 94621

Project title: Underground Storage Tank Removal

Site address: 5921 Shepherd Canyon Road
Oakland, CA 94611

Owner's representative: Tim Murray
Engineering Technician
415/273-3462

Scope of work: Remove one 2,000-gallon regular; one 300-gallon diesel; and two other tanks sizes and contents unknown.

Working hours: 7:00 A.M. to 4:00 P.M.

Site description: City of Oakland, Corporation Yard #4

Current uses: Diesel, regular

Tanks to be removed: One 2,000-gallon regular, one 300-gallon diesel, and two other tanks sizes and contents unknown.

Disposition of tank contents: Owner will dispose of existing contents

Tank cleaning: Tanks to be triple-rinsed using a high-pressure washer, rinsate to be contained in a vacuum tank and transported for disposal

HAZARDS - DESCRIPTION,
PROTECTION, AND MONITORING

The following materials are known to be stored currently in the tank to be removed:

<u>Substance</u>	<u>Physical state</u>	<u>Warning concentration</u>	<u>Routes of exposure</u>
Diesel	Liquid	.25	Inhalation, ingestion, absorption

All Sites: Demolition equipment - backhoes, hydraulic breaker, dump trucks, concrete saw, air compressor, jackhammers
Removal equipment - backhoes, cranes, flatbed trucks
Backfilling equipment - backhoes, vibratory compaction equipment, dump trucks

Potential physical hazards on-site: Buried utilities; unstable soil conditions; building demolition activities

Overall hazard estimation: Low

Personal protective equipment: Work areas, during removal processes are designated no eating, drinking or smoking

Level of protection: D

Equipment to be used: Hard hats, eye protection, hearing protection, long sleeve shirts and pants, leather boots with steel toes and gloves (optional)

When to use: During all work operations

Direct Reading Monitoring Equipment

Equipment: Gas Tech 1314 Combustible Gas Meter

Location for use: Tank atmosphere/excavation

When used: Periodically throughout tank removal

Action Levels for Monitoring Results

Equipment: Combustible gas meter

Action level: If tank atmosphere exceeds 20% of L.E.L., add additional dry ice. Do not remove tank until atmosphere is less than 10% of L.E.L.

On-Site Organization and Coordination

The following personnel are designated to carry out noted job site functions:

Project superintendent: Jim Nichols
Backhoe operation: Tank Excavators
Tank hauling: Superior California Trucking
City representative: Fire Marshall's Office, Fire Prevention Department
County representative: Alameda County Health Care Services Agency, Environmental Health Department

Site Control

Control unauthorized entry of work site by use of barricades and construction tape flagging. Utilize existing site chain link fencing.

Emergency Medical Care and Procedures

Nearest medical facility (24-hour): Merritt Hospital (547-1700)
350 Hawthorne Avenue, Oakland

Emergency telephone numbers: Fire 911
Police 911
Ambulance 911

Emergency First Aid for Materials Present

<u>Substance</u>	<u>Exposure Symptoms</u>	<u>First Aid</u>
Diesel dermal	Burning eyes, skin dehydration	Flush with water for 15 minutes
Diesel ingested	Irritation of stomach and intestines, nausea and vomiting	<u>Do not induce vomiting</u> , transport to hospital
Acetone dermal	Burning eyes Skin	Irrigate immediately Soap wash immediately
Acetone ingested	Headache, dizziness	Transport to hospital, artificial respiration for breathing difficulties

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(Levels C and D)

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	EXCESS LIABILITY				STATUTORY CA* \$ 1,000 (EACH ACCIDENT) \$ 1,000 (DISEASE-POLICY LIMIT) \$ 1,000 (DISEASE-EACH EMPLOYEE)
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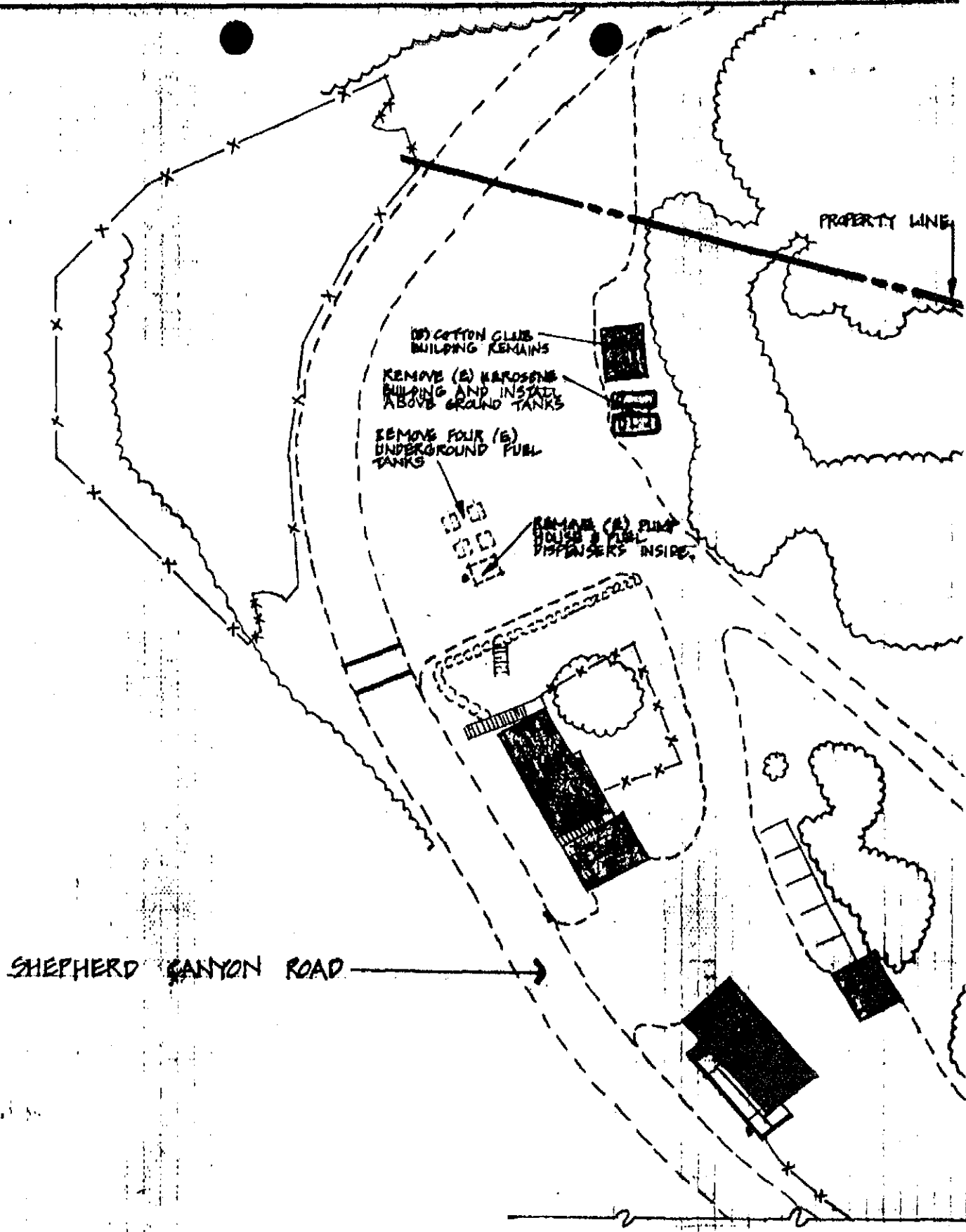
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AUTHORIZED REPRESENTATIVE



PARTIAL SITE PLAN

SCALE 1" = 50'

R. S. EAGAN & CO.
 150-K Mason Circle
 CONCORD, CALIFORNIA 94520
 (415) 682-3636
 FAX (415) 682-0518

LETTER OF TRANSMITTAL

TO Alameda County Health Care Svcs.
Dept/Env. Health - Haz/Mat. Division
80 Susan Way, Room 200
Oakland, CA 94621

DATE	<u>1/16/90</u>	JOB NO.	<u>89-206</u>
ATTENTION	<u>Gil Wistar</u>		
RE:	<u>City of Oakland</u>		
	<u>Corp. Yard #4</u>		
	<u>5921 Shepherd Canyon Road</u>		
	<u>Oakland 94611</u>		

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

COPIES	DATE	NO.	DESCRIPTION
<u>3</u>			<u>Revised sets of permit application</u>

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FOR BIDS DUE _____ 19 _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS Please note revision changes occur on Pg 3 items 12 and 16; Pg 4 we have added regular for all testing. You will find the EPA number on page 1.

We are staying with Triangle as we are planning to Eriple rinse and test rinse water.

We trust everything meets with your approval, and that you will be able to issue the permit promptly. Thank you in advance for your help.

COPY TO _____ SIGNED: Blanca for Bob Eagan