



▲ Environmental Services
▲ Hazardous Waste Transportation
▲ Hazardous Materials Management
▲ General Engineering Construction

92 SEP 11 11 58 23

September 10, 1992

ALAMEDA COUNTY HEALTH AGENCY
80 Swan Way, Room 200
Oakland, California 94621

ATTENTION: Lawrence Seto, Senior Hazardous Materials Specialist

RE: Application for Underground Tank Removal For Cox Cadillac Located at 230
Bay Street, Oakland, California (27th and Harrison Street)

Dear Larry:

Please find attached the following for your review and approval:

1. The Completed Underground Tank Closure Plan
2. ~~A Check in the amount of \$459.00~~ CUP Site # 494
3. A Site Specific Health and Safety Plan
4. A Plot Plan of the Site
5. A copy of C.K.C. Inc. Insurance coverages
6. Copies of the Safety Training as required

Should you have any questions, or need additional information, please contact me immediately at (408) 627-2595. As I mentioned to you before we would certainly like this package approved as soon as possible as our client is anxious to have the underground tank removed.

Very Truly Yours,

Steve R. Mueller
Project Manager

SRM/srm, attachments



▲ Environmental Services
▲ Hazardous Waste Transportation
▲ Hazardous Materials Management
▲ General Engineering Construction

SITE SPECIFIC HEALTH AND SAFETY PLAN

**COX CADILLAC
UNDERGROUND TANK REMOVAL
27th AND HARRISON STREET
OAKLAND, CALIFORNIA 94610**

SEPTEMBER, 1992

PREPARED BY:

**C.K.C., INC. ENVIRONMENTAL SERVICES
P.O. BOX 2327
PASO ROBLES, CALIFORNIA 93447**

COX CADILLAC
SITE SPECIFIC HEALTH AND SAFETY PLAN

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SITE SPECIFIC HEALTH AND SAFETY PLAN

COX CADILLAC
UNDERGROUND TANK REMOVAL
27th AND HARRISON STREET
OAKLAND, CALIFORNIA

INTRODUCTION

This document includes the Health and Safety Procedures that are to be applied during the removal and disposal of one (1) 1,200 gallon underground storage tank for Cox Cadillac. Controlling Agencies as Federal, State or local are expected to observe the safety rules and regulations established by their respective organization in addition to the requirements of this document. This document addresses the provisions of Title 8, CCR and 29 CFR, Part 1910.120.

PURPOSE

The purpose of this site specific Safety Plan is to provide C.K.C., Inc. field personnel and visitors with an understanding of the potential chemical and physical hazards that exist or may arise while the tasks of this closure project are performed:

1. Removal and disposal of concrete over tank.
2. Removal and disposal of tank contents.
3. Removal and disposal of tank.

To ensure the well-being of all field personnel and the community surrounding this facility, project staff and approved subcontractors must adhere to the policies and procedures established herein. Accordingly, all personnel assigned to this project must read this site safety plan and sign the Certification and Acknowledgement Statement to certify that they have read, understood and agreed to abide by its provisions. Any changes in the work scope of this project and/or site conditions must be amended in writing on the Site Safety Plan Amendment Sheet.

PROJECT SAFETY PERSONNEL

This site specific Health and Safety Plan will be enforced by the C.K.C., Inc. Project Manager. The Site Safety Officer for this project is Steve Mueller.

His responsibilities include but are not limited to:

- a. Maintaining safety equipment supplies.
- b. Performing air-liquid sampling as required or needed.
- c. Direct removal operations and emergency response operation.
- d. Setting up work zone markers and signs.
- e. Reporting any accidents, incidents, infraction of safety rules.

The site safety officer has the authority to suspend work if the provisions of the safety plan are violated or the presence of individuals(s) on the site jeopardizes the health and/or safety of others.

SITE SAFETY RECOMMENDATIONS

Hazard Determination

Serious_____ Moderate_____ Low__X__ Unknown_____

Level of Protection

Level D with provisions to upgrade to modified level C is air contaminant levels exceed 50 ppm.

The minimum acceptable level of protection is a Modified Level D.

Amendments

Any changes in the scope of work of this project and/or site conditions must be amended in writing on the Site Safety Plan Amendment Sheet and approved by the Safety Manager.

Proposed dates of site work: September 16, 1992 - September 23, 1992

Contaminants: Mineral spirits (petroleum spirits), possible unknown amounts of gasoline, diesel, or solvents.

Recommendation: On-site monitoring equipment, air purifying respirators, dust-organic vapor cartridges, goggles, Tyvek coveralls, eye wash station, portable sprayer for decontamination, contaminant tub for cleaning equipment.

Emergency equipment to include: Self contained breathing apparatus SCBA and personal harness.

HAZARD ASSESSMENT

The following contaminants and/or hazardous materials are expected to be encountered at the job site: Tank contents of mineral spirits, diesel or gasoline. The likely route of exposure to this material is through skin contact and air/vapor inhalation. The overall hazard is considered low.

Instrumentation: The following instrumentation will be at the site to monitor the air/vapor hazard exposure: a Organic Vapor Monitor (OVM). The instrumentation is certified "intrinsically safe" by the manufactures against the initiation of explosion. The components to be monitored are: hydrocarbon vapors, LEL%, and oxygen.

Monitoring Procedures: Air in and around the work site will be surveyed using the OVM. Initial surveying of the air will commence prior to the removal of the surface materials to monitor for hydrocarbon vapors, using the OVM. Additionally, the air is to be monitored upon the excavation of the surface materials, during the excavation of the tank, upon evidence of soil contamination (via visual observations or by instrumentation readings) in the excavation, and when an increase in hydrocarbon odors in the work area is noticed, during any phase of the job. In addition to the monitoring of the ambient air, specific areas are to also be monitored: the bottom excavation of any other "low lying" areas where hydrocarbon vapors can accumulate.

Action Levels:	gasoline fuel	>	300 ppm PEL
	diesel fuel	>	300 ppm PEL
	LEL	>	10%
	Oxygen	>	19.5%
	benzene	>	001 ppm PEL
	toluene	>	100 ppm PEL
	xylenes	>	100 ppm PEL

Action Procedures: The following procedures are to be taken when PEL's are approached or exceeded: all personnel in the "work area" must wear a half-face respirator. All respirators must be NIOSH approved, canister-equipped for all organic vapors up to 1000 ppm. The area is to be continuously monitored while wearing the respirators. If 1000 ppm levels are exceeded, work must stop and not commence until determined safe.

Chemical-resistant clothing (coveralls and gloves) must be worn if skin contact of these materials during the job is prevalent. Workers in the immediate work area must at all times wear safety glasses or goggles, cotton coveralls, work gloves and boots, and hard hats. If LEL% is greater than 10 in or around the tank, work must not commence until determined safe and/or LEL% is less than 10. If oxygen levels in the immediate work area are less than 19.5%, work must stop and not commence until determined safe and/or levels are greater than 19.5%.

Symptoms of Acute
Overexposure:

Gasoline fuel, diesel fuel, waste automotive oil, and associated vapors may be irritating to the skin, eyes, and respiratory tract. Diesel fuel vapors may affect the central nervous system and may cause headaches and dizziness.

First Aid Procedures: Eye Contact: Flush eye with clear water for 15 minutes or until irritation subsides. See a physician.

Skin Contact: Wash thoroughly with soap and clean water.

Inhalation: Remove from area away from vapor/exposure. Call physician and start resuscitation immediately if breathing has stopped.

Ingestion: Do not induce vomiting, call physician immediately.

Oxygen

Deficiency: Move out of oxygen deficient area into fresh air. Call physician and resuscitate immediately if breathing has stopped.

Additional Site
Hazards:

- Explosive vapors can accumulate in isolated areas of the site and within the tank and excavation. Avoid striking the tank or piping at all times.
- Tank tops and plastic sheeting can be slippery; take care when working on top of the tank or visqueen.
- Tank care in working in and around the tank excavation; beware of tripping hazards.
- Always look for unknown underground utilities during tank excavation.
- Keep a safe distance from heavy equipment/objects during the excavation activities.

- Be sure that you are in sight of equipment operators while working around heavy equipment.
- Limit exposure time to noisy equipment; such as backhoe, pavement breaker, compressor, etc.
- Inspect soil stability hazards of the tank excavation. If soil stability appears unstable or if personnel must enter an excavation greater than five feet deep, stabilize the excavation by sloping the edge of the excavation, shoring, or other equivalent methods.

**Additional Safety
Precautions and
Procedures:**

- The work is to be barricaded and posted with "caution" and "no smoking" signs. The project manager is to police the area to exclude unauthorized personnel from the work area and to control traffic. Support personnel are to stay out of the immediate work area and up wind of the work area, and, if required, help to police the area for traffic and public control.
- Tank contents are to be pumped out with less than one inch of residual liquid remaining in the tank. Fire extinguisher (20 BC rating) and first aid kits must be on site. In the event of a chemical release, all work must stop until the spill is under control, cleaned up, and/or determined safe to commence work.
- Keep product/contaminated materials from entering into sewer or waterways by constructing dikes. In the event of severe weather conditions (strong winds or rain) stop work and cover exposed excavation and soil with plastic tarp. On hot days, or while wearing chemical resistant clothing, beware of heat stress and drink plenty of liquids. Do not eat or smoke without thoroughly washing hands and face. Upon completion of work, thoroughly wash all exposed skin with soap and water and remove contaminated clothing. No smoking or eating in work area. At all times, try to stay up wind of excavation area and tank.
- Each day at the close of work, the open tank excavation will be covered with metal plates, the area barricaded with lights, caution tape placed around the excavation, and signs posted to detour pedestrian traffic.

PROTECTION

Ingestion, inhalation, dermal, explosion, and noise hazards must be considered and the appropriate precaution strictly observed.

1. Eating, drinking, chewing gum or tobacco as well as smoking will not be allowed in the working area, and personnel handling soil and liquid samples must wear skin protection (gloves).
2. Respiratory protection must be used if 80% of the exposure limits are exceeded or if the presence of dust or hazardous materials are encountered. Proper fitting of the respirator will be enforced.
3. Protective skin equipment (gloves) must be used. If contact occur, the exposed area shall be immediately washed with a large amount of water, soap and water, and rinsed thoroughly. The necessary medical care must be given. Hands and face must be washed upon leaving the work area(s).
4. Elevated vapor concentrations must be avoided at all costs. Especially if there is threat of explosion. Source of possible ignition such as cigarettes, open flame, will not be allowed in the working area(s).
5. Hearing protection must be used if the working personnel is exposed to hammering or constant noise. OSHA's standards will be enforced.
6. Electrical wiring will be tested for possible current before any handling or cutting of the same.
7. Other protective equipment and clothing required for field personnel:
 - Hard Hat
 - Safety Shoes
 - Safety Glasses
 - Tyvek Suits
 - Protective Gloves
 - Half Face Respirator (if needed) with Proper Respirator Cartridge
 - Hearing Protection if Exposed to High Frequency, Constant Noise
 - First Aid Kit on the Site with Eye Wash
 - Fire Extinguisher, Check if Charged

DECONTAMINATION

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

1. Whenever possible, field equipment should be decontaminated with a solution of Alconox or TSP soap and thoroughly rinsed with water prior to leaving the site. This must be done outside a 25-foot radius of any work area. In situations where it is not possible to decontaminate field equipment on site, double-bag each piece of

equipment and transport back to the home base for immediate decontamination in designated area.

2. Disposable equipment (for example Tyvek and inner latex gloves) must be bagged and disposed of at the site. Non-disposable equipment (such as respirators and outer gloves) must be individually bagged, transported back to the home base and properly decontaminated with a solution of Alconox or TSP soap.

MEDICAL MONITORING PROGRAM

All C.K.C., Inc. field personnel are required to have medical examinations in accordance with the Company's Health and Safety Program Policy Manual. Re-evaluation and testing shall be considered in the event chemical overexposure occurs while working on this facility.

The chemicals of toxicological concern and typical of most of C.K.C., Inc. sites affect the same organ systems and produce similar health effects. In the event of over exposure, medical examinations will focus on the liver, kidney, nervous system and skin. Laboratory testing will include: complete blood count, platelet count and applicable kidney and liver function tests.

SITE ACCESS/WORK ZONES

Access within a 24-foot radius of any on-site operation is prohibited to all by C.K.C., Inc. field personnel and subcontractors. Zones of prohibited entry shall be clearly marked. Space and facilities for the decontamination of personnel and equipment shall also be clearly delineated.

EMERGENCY RESPONSE

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 C.K.C., Inc. truck. Notify the Project Manager and the Site Safety Officer about the situation immediately after emergency procedures are implemented.

EMERGENCY TELEPHONE NUMBERS:

Immediate Emergencies:

Local Police	911
State Police	911
Fire	911
Ambulance	911

Medical:

Nearest Hospital	Merritt Peralta Hospital (24 Hour Emergency)
Telephone	(510) 655-4000
Address:	350 Hawthorne Street Oakland, CA

SITE SAFETY SUMMARY

Back-Up Hospital:	Providence Hospital
Telephone:	(510) 835-4500
Address:	3100 Summit Street (34th Street and Hawthorne) Oakland, CA

Poison Control Center:	(415) 476-2845 or (800) 535-0525
Chemical Treatment Center:	(800) 424-9300

Emergency Environmental:

National Response Center: (U.S. EPA 24 hour hotline)	(800) 424-8802
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Regional Office: C.K.C., Inc.	(408) 627-2595
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Alameda County - Department of Environmental Health	(415) 271-4320
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ENCOUNTERING EMERGENCY SITUATION

Personnel encountering a hazardous situation shall instruct others on-site to evacuate the vicinity immediately and call the Project Manager, the Site Safety Officer, or in their absence, the C.K.C., Inc. office for instruction.

The site must not be re-entered until the situation has been corrected.

Procedures for Injury

1. Call for ambulance/medical assistance, if necessary. Notify the receiving hospital of the nature of physical injury or chemical overexposure.
2. Notify the Project Manager and Site Safety Officer. If the injury is minor, proceed to administer first aid and notify the Site Safety Officer.

Emergency Treatment

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

1. Ingestion

CALL THE POISON CONTROL CENTER AT: 415-476-2845
or 911 FOR INSTRUCTIONS

IF VOMITING IS NOT RECOMMENDED, (often the case with chemical contaminants) dilute the poison by making the person drink one or two glasses of water or milk. Do not use carbonated beverages.

IF VOMITING IS RECOMMENDED, (vomiting must not be induced if the person is unconscious or having convulsions), give two tablespoons (one ounce) of syrup of ipecac (located in the glove compartment of the C.K.C., Inc. truck) followed by at least one cup of water. After ipecac has been administered, promptly have the person transported to the hospital. If vomiting does not occur within 20 minutes, repeat this procedure once.

2. Inhalation

Move the person from the contaminated environment. Initiate CPR if necessary. Call or have someone call for medical assistance. Refer to MSDS information. If necessary, transport the victim to the nearest hospital.

3. Skin Contact

Wash off skin with a large amount of water immediately. Remove any contaminated clothing and rewash skin using soap, if available. Transport person to a facility if necessary.

4. 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 work). Never permit the eyes to be rubbed. Transport person to a hospital.

PROJECT PERSONNEL

C.K.C., Inc. Project Manager will oversee and assume responsibility for all phases of this project. The management structure outlined below will be instituted for the purpose of safely completing this project. Specific duties are outlined in C.K.C., Inc. Health and Safety Program Policy Manual.

PROJECT MANAGER - Steve Mueller

The Project Manager will be responsible for overseeing the project and obtaining any necessary personnel or resources for its completion.

SITE SAFETY OFFICER - Steve Mueller

The Site Safety Officer shall be responsible for the implementation of this Safety Plan.

CLIENT CONTACTS

PES Environmental, Inc.
Andrew Briefer
(415) 899-1600

SITE SAFETY PLAN AMENDMENT SHEET

Project Name: _____

Project Number: _____

Location: _____

CHANGES IN FIELD ACTIVITIES OR HAZARDS:

PROPOSED AMENDMENT:

Proposed By: _____ Date: _____

Approved By: _____ Date: _____

Declined By: _____ Date: _____

Amendment Number: _____

Amendment Effective Date: _____

CERTIFICATION AND ACKNOWLEDGEMENT

SAFETY PLAN CERTIFICATION

All C.K.C., Inc. project personnel and subcontractor's personnel are required to make the following certification prior to conducting work at Cox Cadillac located at 27th and Harrison Street in Oakland, CA.

I, _____, of _____
Name

_____ certify that:
Company

1. I have read and fully understand the Health & Safety Plan and my individual responsibilities.
2. I agree to abide by the provisions of the Health & Safety Plan.

Signature

Date

TAILGATE SAFETY MEETING

Client: Cox Cadillac Job #:
Site: 27th and Harrison Street, Oakland, CA Date:
Time:

Type of Work: Underground Storage Tank Removal

REVIEW OF SITE SAFETY PLAN

Site safety plan on site available for inspection and review.

Known or suspected chemicals present on site: Mineral Spirits

Protective measures required: Air monitoring and, if necessary, respiratory protection.

Respirator required: Half-face air purifying cartridge respirator.

Unusual physical hazards: None

Emergency Procedures: Contact fire department and ambulance for injuries. For chemical release, contain and clean up.

Location of nearest phone: Cellular phone at job site.

Location of nearest medical facility: One-half mile north on Harrison Street, right on Telegraph, right on Hawthorne to Merritt Peralta Hospital, (510) 655-4000.

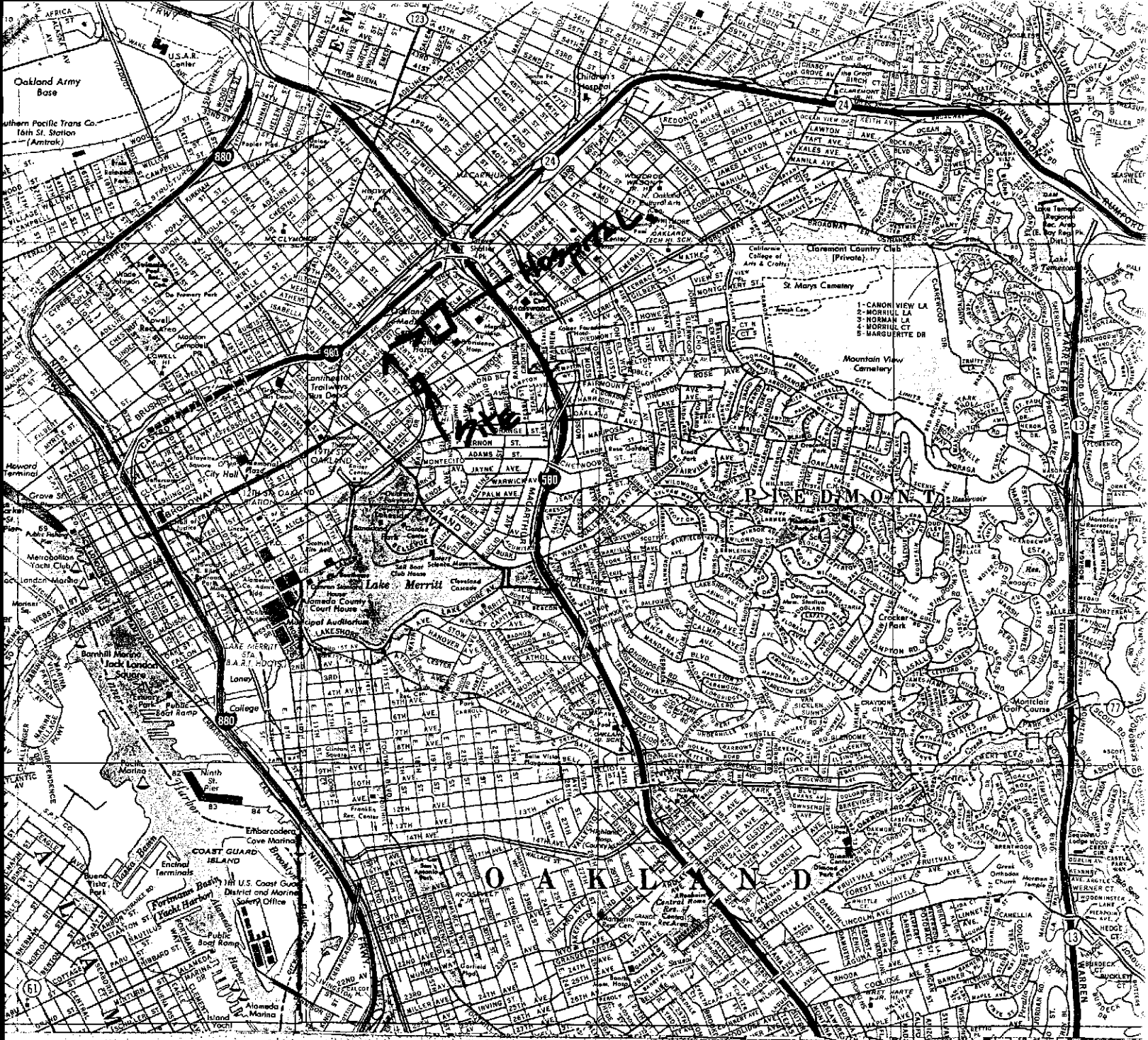
STATEMENT OF ACKNOWLEDGEMENT

I, the undersigned, have reviewed a copy of the Site Safety Plan for this job site. I have read or been instructed in the contents of the plan, understand it, and agree to comply with all of the health and safety directives. I have the necessary safety equipment with me in good operating condition.

Name

Signature

Meeting conducted by: Designated Site Safety Officer



EMERGENCY ROUTE TO HOSPITAL FROM SITE

DIRECTIONS:

- GO NORTH ON HARRISON STREET
- GO RIGHT ON TELEGRAPH STREET 1/2 MILE TO:

MERRITT PERALTA HOSPITAL
(910) 655-4000

24 HOUR EMERGENCY -

• CELLULAR PHONE
ON SITE

DILLMAN & ASSOCIATES

POST OFFICE BOX 162
SAN LUIS OBISPO, CA. 93406
(805) 549-9674 24H
(805) 549-0262 FAX

December 21, 1991

In Re: Mitch Morton

To Whom It May Concern:

This letter serves to verify that on this date, the stated employee of C.K.C. - San Ardo did receive training pursuant to the Occupational Safety and Health Standard 29 CFR 1910.120(e) specific to requirements for Hazardous Waste Operators. As the contractor providing the training, we offer this letter as verifiable proof of successful completion of the coursework; and as such, should be placed in the facility's permanent record.

The training was conducted with an emphasis on response to hazardous material releases in a transportation setting and totaled 8 hours. The training included the use and care of respiratory equipment including Self Contained Breathing Apparatus and Air Purifying Respirators. Instruction on Permissible Exposure Limits for workers handling hazardous materials was provided as well as use of reference materials to determine appropriate levels of protection. Use of personal protective clothing and proper decontamination procedures were covered.

Additionally the course covered recognition and reporting of emergency conditions, integrated Incident Command with emergency services and medical signs and symptoms of exposure to hazardous substances. Practical training was provided in identification and assessment of emergencies and spill containment techniques.

Instructors for this program, by virtue of their training, experience and certification, meet all necessary requirements for the course and utilize a curriculum approved by the Office of Emergency Services, State of California.

In total, this training prepared the employees to implement and evaluate work practices which minimize risks in the workplace, to recall and accomplish emergency procedures in response to immediate and unexpected conditions, and to direct the proper utilization of personal protective clothing and equipment.

Sincerely,



Greg M. Dillman
Program Director
State Certification #00512



CERTIFICATE OF TRAINING

PRESENTED TO

MITCHELL E. MORTON

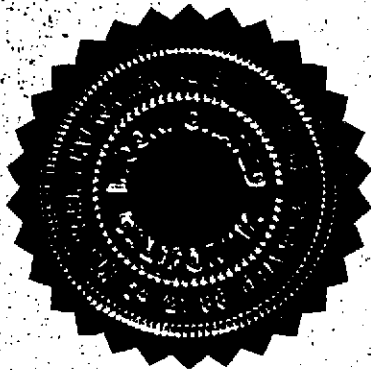
FOR HAVING SUCCESSFULLY COMPLETED

A TRAINING COURSE IN

40-Hour Hazardous Waste Operations Training

PRESENTED BY

NETWORK ENVIRONMENTAL SYSTEMS,SM INC.



David Ferguson CIH
NES Coordinating Trainer

October 1-5, 1990

Date

Jerry Bucklin CHMM

EMPLOYEE RECORD OF TRAINING

Employee Name (print): Mitch Morton Date: 10-5-90

Dept/Job Title: Transportation Driver (PKC Inc)

Course Title: 40-Hour Hazardous Waste Operations Training

Description: Initial 40 hours of instruction off site.

Presented By: Network Environmental Systems, Inc.

I have received and completed the training described below. This training included the following:

I. INTRODUCTION

- A. Course Introduction
- B. Regulatory Waste Management Overview

II. OCCUPATIONAL HAZARDS

- A. Principles of Toxicology
- B. Chemical Hazards
- C. Physical Hazards
- D. Biological Hazards
- E. Special Hazards
 - 1. Confined Space
 - 2. Trenching/Excavation
 - 3. Tank Cutting and Cleaning
 - 4. Drill Rig Safety Guidelines

III. HAZARD CONTROL

- A. Basic Safety and Accident Prevention
- B. Safe Work Practices
- C. Hazard Communication
- D. Health and Safety Program

IV. PERSONAL PROTECTION

- A. Protective Clothing and Equipment
- B. Levels of Protection
- C. Respirators

V. FIELD SAFETY AND OPERATION PROCEDURES

- A. Site Control
- B. Decontamination
- C. Fire Safety and Suppression
- D. Chemical Handling
- E. Site Emergencies/Contingency Plan

VI. PRINCIPLES OF AIR MONITORING

- A. Types of Instrument
- B. Principles of Sampling
- C. Data Collection and Interpretation

VII. HAZARD ASSESSMENT

- A. Hazard Recognition and Evaluation
- B. Hazard Assessment

VIII. EMERGENCY RESPONSE

- A. Principles of Emergency Response

IX. FIELD EXERCISE

Chuck Buller
Instructor Signature

Mitch Morton
Employee Signature

EMPLOYEE RECORD OF TRAINING

Employee Name (print): Mitchell Mason Date: 10-4-90

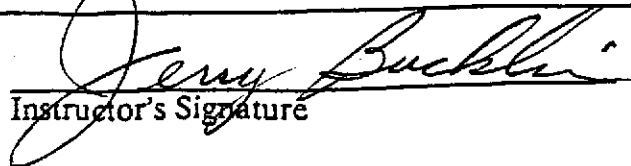
Employer: PKC Inc Dept/Job Title: Tran Driver

Course Title: 40-Hour Hazardous Waste Operations Training

Description: Initial 40 hours of instruction off site

Presented By: Network Environmental Systems, Inc. (NES)

I have been trained in and understand the following:	Air Purifying Respirator	SCBA
Importance and need for respiratory protection. Where and when to use the respirator. Proper inspection, donning, and use of respirator. Proper maintenance and storage of the respirator. Limitations and restrictions of the respirator. Requirements for a proper respirator fit. Respirator fit check, positive and negative. Respirator facepiece was fit tested for proper seal.	Size: S M L	Size: S M L
I wear corrective lenses. Y N Prescription: _____		
I have been trained in, worn (normal atmosphere), and been fit tested (test atmosphere generated by smoke) for the following Air Purifying respirators:		
Name: <u>3M</u> Model: <u>half Face</u> Size: <u>S/M</u>		
Name: <u>3M</u> Model: <u>Full Face</u> Size: <u>ALL</u>		
I have been trained in (normal atmosphere) the following respirators:		
Powered Air Purifying:	Name: _____	Model: _____ Size: _____
Air Supplied - Airline:	Name: _____	Model: _____ Size: _____
- SCBA:	Name: <u>Snot +</u>	Model: <u>2.2</u> Size: <u>25 min</u>
- Egress:	Name: _____	Model: _____ Size: _____


 Instructor's Signature

NES

CERTIFICATE OF TRAINING

PRESENTED TO

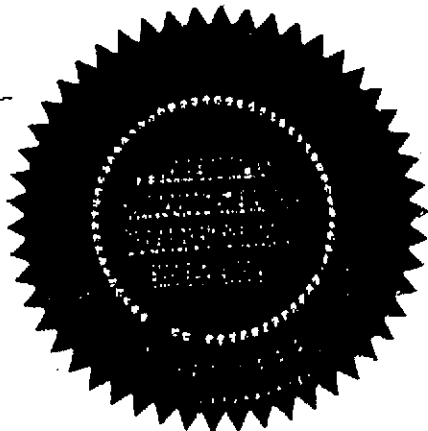
STEVE R. MUELLER

**FOR HAVING SUCCESSFULLY COMPLETED
A TRAINING COURSE IN**

OSHA 8-Hour Supervisor Training

PRESENTED BY

NETWORK ENVIRONMENTAL SYSTEMS®, INC.



Bruce Jagerub CIH
NES Coordinating Trainer

July 30, 1992

Date



NESSM

CERTIFICATE OF TRAINING

PRESENTED TO

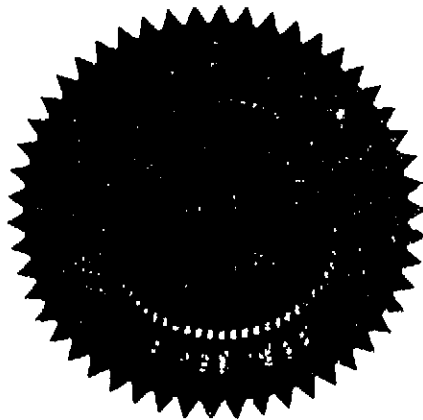
STEPHEN R. MUELLER

**FOR HAVING SUCCESSFULLY COMPLETED
A TRAINING COURSE IN**

8-Hour Hazardous Waste Refresher Training

PRESENTED BY

NETWORK ENVIRONMENTAL SYSTEMS,SM INC.



July 17, 1991

Date

David C. Leman
NES Coordinating Trainer

Chad Puller

NES

CERTIFICATE OF TRAINING

PRESENTED TO

STEPHEN R. MUELLER

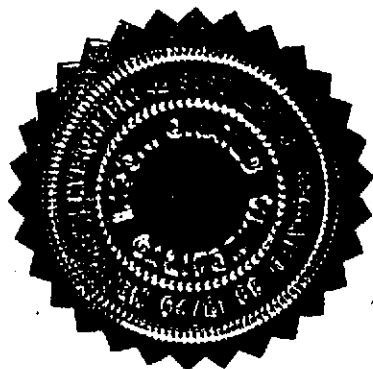
FOR HAVING SUCCESSFULLY COMPLETED

A TRAINING COURSE IN

40-Hour Hazardous Waste Operations Training

PRESENTED BY

NETWORK ENVIRONMENTAL SYSTEMS, INC.



Bruce Jorgensen CIH
NES Coordinating Trainer

January 15-19, 1990

Date

Gerri Silva

EMPLOYEE RECORD OF TRAINING

Employee Name (print): STEPHEN R. MUELLER Date: 1/19/90
 Employer: C.E.C. INC. Dept/Job Title: PROJECT MANAGER

Course Title: 40-Hour Hazardous Waste Operations Training

Description: Initial 40 hours of instruction off site

Presented By: Network Environmental Systems, Inc. (NES)

I have been trained in and understand the following:	Air Purifying Respirator	SCBA
Importance and need for respiratory protection.	h	h
Where and when to use the respirator.	h	h
Proper inspection, donning, and use of respirator.	h	h
Proper maintenance and storage of the respirator.	h	h
Limitations and restrictions of the respirator.	h	h
Requirements for a proper respirator fit.	h	h
Respirator fit check, positive and negative.	h	h
Respirator facepiece was fit tested for proper seal.	h Size: S <input checked="" type="radio"/> M L	h Size: S <input checked="" type="radio"/> M L

I wear corrective lenses. Y N Prescription: _____

I have been trained in, worn (normal atmosphere), and been fit tested (test atmosphere generated by smoke) for the following Air Purifying respirators:

Name: NOTZ 4 / HALF FACE Model: 7700-30M Size: MEDIUM
 Name: 3M / FULL FACE Model: 7800 S Size: ONE SIZE FITS ALL

I have been trained in (normal atmosphere) the following respirators:

Powered Air Purifying: Name: _____ Model: _____ Size: _____
 Air Supplied - Airline: Name: _____ Model: _____ Size: _____
 - SCBA: Name: Scott Model: _____ Size: MEDIUM
 - Egress: Name: _____ Model: _____ Size: _____

Stephen R. Mueller
 Instructor's Signature

EMPLOYEE RECORD OF TRAINING

Employee Name (print): STEPHEN R. MUELLER Date: 1/19/90

Dept/Job Title: _____

Course Title: 40-Hour Hazardous Waste Operations Training

Description: Initial 40 hours of instruction off site.

Presented By: Network Environmental Systems, Inc.

I have received and completed the training described below. This training included the following:

I. INTRODUCTION

- A. Course Introduction
- B. Regulatory Waste Management Overview

II. OCCUPATIONAL HAZARDS

- A. Principles of Toxicology
- B. Chemical Hazards
- C. Physical Hazards
- D. Biological Hazards
- E. Special Hazards
 - 1. Confined Space
 - 2. Trenching/Excavation
 - 3. Tank Cutting and Cleaning
 - 4. Drill Rig Safety Guidelines

III. HAZARD CONTROL

- A. Basic Safety and Accident Prevention
- B. Safe Work Practices
- C. Hazard Communication
- D. Health and Safety Program

IV. PERSONAL PROTECTION

- A. Protective Clothing and Equipment
- B. Levels of Protection
- C. Respirators

V. FIELD SAFETY AND OPERATION PROCEDURES

- A. Site Control
- B. Decontamination
- C. Fire Safety and Suppression
- D. Chemical Handling
- E. Site Emergencies/Contingency Plan

VI. PRINCIPLES OF AIR MONITORING

- A. Types of Instrument
- B. Principles of Sampling
- C. Data Collection and Interpretation

VII. HAZARD ASSESSMENT

- A. Hazard Recognition and Evaluation
- B. Hazard Assessment

VIII. EMERGENCY RESPONSE

- A. Principles of Emergency Response

IX. FIELD EXERCISE

Geri Silva
Instructor Signature

Stephen R. Mueller
Employee Signature



Environmental Services
Hazardous Waste Transportation
Hazardous Materials Management
General Engineering Construction

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:

C K C INC CALIF CORP



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

- A - GENERAL ENGINEERING CONTRACTOR
- C37 - WELL DRILLING (WATER)
- HAZ - HAZARDOUS SUBSTANCES REMOVAL
- ASB - ASBESTOS



Witness my hand and seal this day,
August 14, 1991

Issued July 6, 1988

C.K.C., INC.

Signature of Licensee

Signature of License Qualifier

CERTIFIED COPY

This license is the property of the Registrar of Contractors. It 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.


Registrar of Contractors

334002

License Number



- ▲ Environmental Services
- ▲ Hazardous Waste Transportation
- ▲ Hazardous Materials Management
- ▲ General Engineering Construction

	Department of California Highway Patrol NON-TRANSFERABLE LICENSE	License number	Issue date	Effective date	Expiration date
		68899	7/14/92	-----	8/31/93
		CHP Carrier number	Location		
		CA— 178		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Renewal	
LICENSEE NAME AND ADDRESS (ONLY IF DIFFERENT FROM BELOW) C.K.C., Inc. 62117 Railroad Street San Ardo, CA 93450		The person or firm named has been licensed pursuant to the California Vehicle Code for: OPERATION OF: <input type="checkbox"/> Emergency ambulances <input type="checkbox"/> Armored cars <input type="checkbox"/> (IMS) Inspection and Maintenance Station <input type="checkbox"/> School Bus Contractor's License			
CONTROL NUMBER 97181	LICENSEE NAME AND MAILING ADDRESS		HAZARDOUS MATERIALS TRANSPORTATION <input type="checkbox"/> (HMX) Explosive subject to Division 14, Vehicle Code. Materials subject to Section 31302, Vehicle Code, and other hazardous materials. <input type="checkbox"/> (HMO) Other Hazardous Materials. <input type="checkbox"/> (HMW) Hazardous materials in certified waste hauler vehicles only (fee exempt); registration number: 0381		
	C.K.C., Inc. P. O. Box 2327 Paso Robles, CA 93447				

CHP 360 (Rev 5-91) OPI 062

01 82052

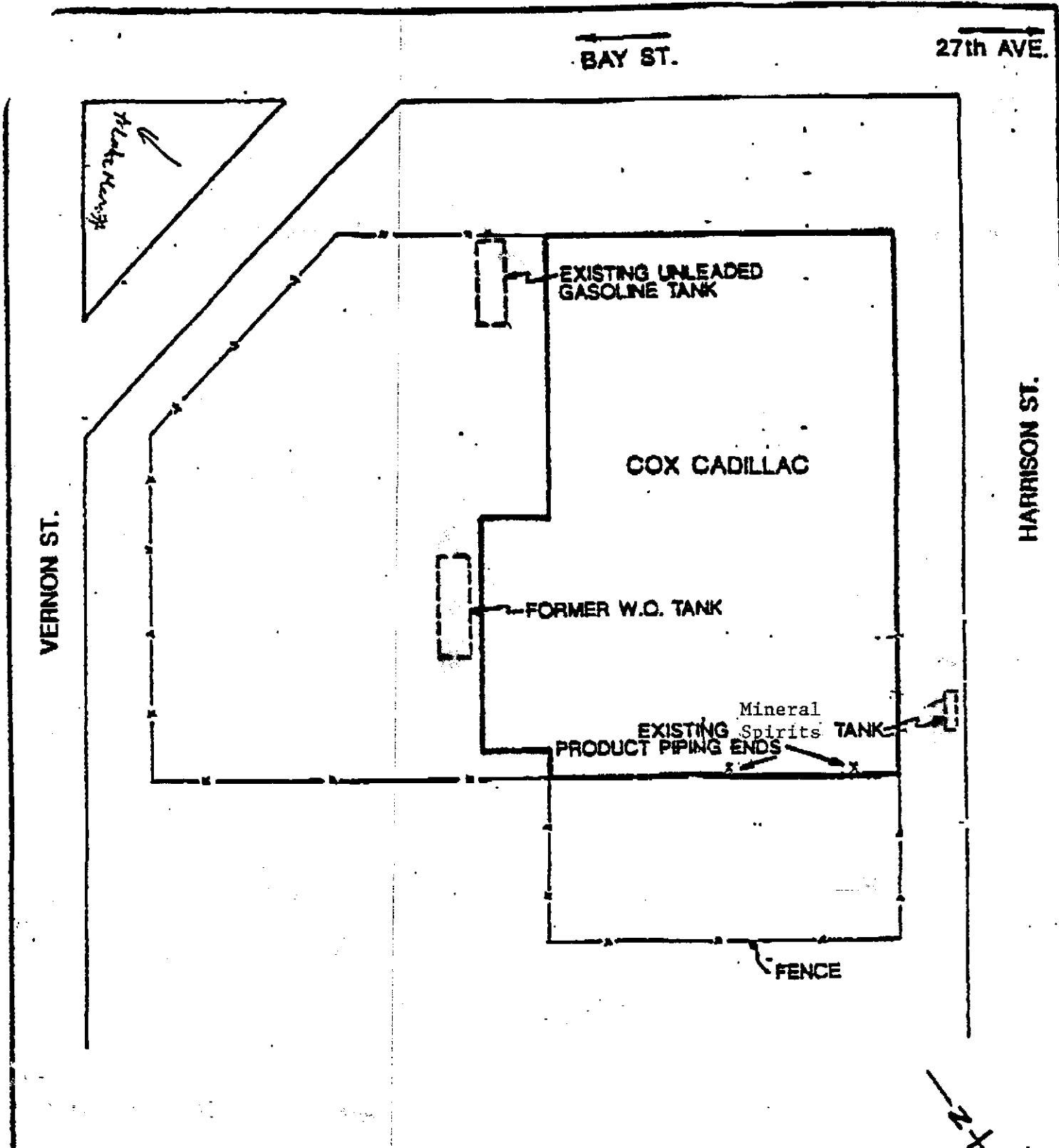


FIGURE 1

UNDERGROUND TANK REMOVAL

COX CADILLAC SITE PLAN

WELLS FARGO TRUST REAL ESTATE
 COX CADILLAC
 27th & HARRISON ST.
 OAKLAND, CALIFORNIA

BR 3/90



GROUNDWATER
 TECHNOLOGY, INC.

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
Acknowledgement of Refund Recipient for Site Account
DEPOSITOR FILLS OUT PER SITE
-- REQUIRED --

The depositor will use this form to acknowledge that the property owner or his or her designee will receive any refund due at the completion of all deposit/refund projects at the site listed below.

SITE NUMBER/ADDRESS:

REFUND RECIPIENT-PROPERTY OWNER

Site Number

Cox Cadillac

Joseph Schraeder

Company Name

Owner's Name

230 Bay Street

P.O. Box 63939

Street Address

Owner's Address

Oakland

San Francisco, CA 94163

City

Zip Code

Owner's City

State

Zip

I have read the description of the project Deposit/Refund Procedure, and have had an opportunity to ask questions about it. I understand that regardless of who deposits money into the site account, any deposit money remaining at the completion of all projects being conducted at this site will be refunded solely to the property owner or his or her designee.

Steve Mueller, C.K.C. Inc.

September 10, 1992

Signature of Depositor

Date

C.K.C. Incorporated

Depositor Name

C.K.C. INCORPORATED

Company Name

P.O. Box 2327

Street Address

Paso Robles, CA 93447

City / Zip

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
Declaration of Site Account Refund Recipient

SITE OWNER FILLS OUT PER SITE

-- OPTIONAL --

The property owner will use this form to designate someone other than him- or her- self to receive any refund due at the completion of all deposit/refund projects at the site listed below. In the absence of this form, the property owner will receive any refund. Only one person at any one time may be designated to receive any refund.

SITE NUMBER/ADDRESS:

PROPERTY OWNER

Site Number

Cox Cadillac

Joseph Schraeder

Company Name

Owner's Name

230 Bat Steet

P.O. Box 63939

Street Address

Owner's Address

Oakland, CA 94610

San Francisco, CA 94163

City

Zip Code

Owner's City

State

Zip

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

Name

Street Address

City / Zip

Property Owner Signature

Date

Property Owner Name

RETURN FORM TO: Alameda County, Hazardous Materials Div.
80 Swan Way, Rm 200
Oakland, CA 94621-1439
Phone: (510) 271-4320

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
Declaration of Site Account Refund Recipient

SITE OWNER FILLS OUT PER SITE

-- OPTIONAL --

The property owner will use this form to designate someone other than him- or her- self to receive any refund due at the completion of all deposit/refund projects at the site listed below. In the absence of this form, the property owner will receive any refund. Only one person at any one time may be designated to receive any refund.

SITE NUMBER/ADDRESS:

PROPERTY OWNER

_____		_____		
Site Number		Owner's Name		
_____		_____		
Company Name		Owner's Address		
_____		_____		
Street Address		Owner's City		
_____		State		
City	Zip Code	Owner's City	State	Zip

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

CKC, Incorporated

Name

P.O. Box 2327

Street Address

Paso Robles, California 93447

City / Zip

Property Owner Signature

7/09/92

Date

Wells Fargo Bank, N.A., as trustee of the Harold W. Shepard Trust

Property Owner Name

RETURN FORM TO: Alameda County, Hazardous Materials Div.
80 Swan Way, Rm 200
Oakland, CA 94621-1439
Phone: (510) 271-4320

CERTIFICATE OF INSURANCE

BEN A. REID & ASSOCIATES, INC.

7887 Katy Freeway, Ste. 429

Houston, TX 77024

(713) 688-0869 / (713) 688-0911 FAX

Date: August 25, 1992

This is to certify that the policies designated below are in force on the date borne by this Certificate.

To: For Information Purposes Only

Name of Insured: Allwaste, Inc. et al.
 Address: C.K.C., Inc.
 62117 Railroad Ave.
 San Ardo, CA 93450

INSURANCE COMPANY(IES) ISSUING COVERAGE:

A The American International Group

Type Of Insurance	Co	Policy #	Policy Period	Policy Limits/Values
Workers' Compensation Employers Liability	A	See Reverse Side of this Certificate	09-01-92 to 09-01-93	Statutory \$1,000,000 - Each Accident \$1,000,000 - Disease-Policy Limit \$1,000,000 - Disease-Each Employee
Maritime Employers Liability	A	See Reverse Side of this Certificate	09-01-92 to 09-01-93	\$1,000,000 - Each Accident by Accident \$1,000,000 - Each Employee by Disease
General Liability - Commercial General Liability Occurrence	A A	GL 542 2078 (TX) GL 542 2079 (O/S)	09-01-92 to 09-01-93	\$5,000,000 - General Aggregate \$1,000,000 - Products- Comp/Op Agg \$1,000,000 - Personal & Adv. Injury \$1,000,000 - Each Occurrence \$50,000 - Fire Damage (any one fire) \$5,000 - Med. Expense (any one person)
Automobile Liability - Transportation	A A A	CA 542 2080 (TX) CA 542 2081 (O/S) See Reverse Side of this Certificate	09-01-92 to 09-01-93	\$1,000,000 - Combined Single Limit Bodily Injury and Property Damage \$5,000,000 - Combined Single Limit Bodily Injury and Property Damage
Excess Liability - Umbrella Form, Occurrence, including Maritime Employers Liability	A	BE 308 4118	09-01-92 to 09-01-93	\$5,000,000 - Each Occurrence \$5,000,000 - Aggregate
Contractors Pollution Liability	A	CPL 564 8934 Add/Insd on Req.	09-01-92 to 09-01-93	\$5,000,000 - Each Loss \$5,000,000 - All Losses

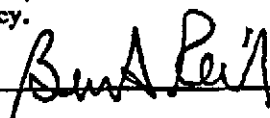
Description of Operations/Vehicles/Special Items

RE: Certificate Holder(s) is named as an additional insured and waiver of subrogation applies, as required by written contract, but only as respects operations performed by or on behalf of the Named Insured. For work done at Cox Cadillac, 230 Bay Street, Oakland, CA 94610

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by those policy(ies) which numbered above and which issued by companies listed below.

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 above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, or upon this agency.

AUTHORIZED SIGNATURE _____



ALLWASTE, INC., ET AL**SIMPLIFIED CERTIFICATE OF INSURANCE
SIDE 2**

<u>Type of Insurance</u>	<u>Company Letter</u>	<u>Policy Number</u>
Workers' Compensation	A	MA542 2072 RA (Maritime Employers Liability)
and	A	WC542 2073 RA (O/S)
Employers' Liability	A	WC542 2082 RA (O/S - DED.)
	B	WC542 2074 RA (TX)
	A	WC542 2075 RA (CA)
	C	WC542 2076 RA (AZ)
	C	WC542 2083 RA (MD - DED.)
	D	WC542 2077 RA (LA)
Automobile Liability	E	CA277 0459 (TX)
(Transportation of Hazardous/Non Hazardous Waste)	E	CA277 0460 (CAL)
	E	CA277 0461 (O/S)
Protection and Indemnity Hull & Equipment	F	MH-F 799055
	G	1820400605175
	H	342ZT507

Insurance Companies Issuing Coverage:

A National Union Fire Insurance Co.	E Commerce and Industry Insurance Co.
B American Home Insurance Company	F The Home Insurance Company
C Birmingham Fire Insurance Company	G Centennial Insurance Company
D Landmark Insurance Company	H St. Paul Mercury Insurance Co.

NOTES:

- (1) As regards Monopolistic states of Nevada, North Dakota, Ohio, Washington, West Virginia, and Wyoming, Certificates of Insurance will be issued by the appropriate government authorities.
- (2) Certificate holder is included as an Additional Insured under the General Liability, Automobile Liability and Umbrella Liability policies where required by written contract; and a Waiver of Subrogation is issued in their favor where required by written contract.

Dear Certificate Holder:

We are pleased to provide this Certificate of Insurance issued on behalf of our client, evidencing the coverage provided. If you should have any questions concerning this certificate, please contact the following:

NAME: Derek O'Gorman or Tim Kelly
AGENT: Ben A. Reid & Associates, Inc.
ADDRESS: 7887 Katy Freeway, Suite 429, Houston, TX 77024
PHONE: (713) 688-0869
FAX: (713) 688-0911