

FACSIMILIE TRANSMISSION

Kenneth Sutherland Company Fax No.: (415) 893-4063

Date: 10/26/89

Time: 4:15

SEND TO:

Name: DENNIS BYRNE

Company name: HAZMAT

Location: OAKLAND

Fax Number: 568-3706

SENT FROM:

TOM FISCHER, Kenneth Sutherland Company.

Pages sent (including this one): 2

In case of transmission error, please call (415) 893-0772

SPECIAL INSTRUCTIONS: RE: 1851 5TH ST. OAKLAND

This should finish off the file. Thanks for your help

Tom

RODGER THOMAS TRANSPORT

7200 Wells Ave.
Loomis, CA 95650
(916) 652-0145



CERTIFICATE OF DISPOSAL
UNDERGROUND FUEL TANK(S)

RECEIVED

DATE: June 22, 1988

This is to certify the receipt and acceptance of the tank(s) as specified below. All materials specified have been completely destroyed for scrap purposes only, and fully complies with all regulatory and permit requirements.

CONTRACTOR: North Coast Petroleum

JOB SITE ADDRESS: All Weather Door
1851 5th St., Oakland

TANKS RECEIVED:

	STEEL	FIBERGLASS
<u>(1) 2,000 gallon</u>	<u>X</u>	<u>_____</u>
<u>(1) 10,000 gallon</u>	<u>X</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>

R. Thomas
Authorized Representative



PETROLEUM
EQUIPMENT
COMPANY

FAX TRANSMITTAL SHEET

DATE: 10/3/89

TO: Dennis Byrne

FROM: Alain

MESSAGE:

Lance Porter's Property
on 1815 5th St.

NO. OF PAGES (INC. COVER SHEET) 3

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0099 (Expires 9-30-90)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type (Form designed for use on dot-matrix typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. KAC0000953111 Manifest Document No. 517816

2. Page 1 of 1 Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address
ALL TUXA THER LUM I / O LUM E PORTER
729 ALDRIDGE RD UACAVILLE CA

A. State Manifest Document Number
87851260

4. Generator's Phone (707) 446-7600

B. State Generator's ID

5. Transporter 1 Company Name HEAVY SHIP SERVICE 6. US EPA ID Number CA P1000177111

C. State Transporter's ID 7021164
D. Transporter's Phone 543-4431

7. Transporter 2 Company Name

E. State Transporter's ID
F. Transporter's Phone

8. Designated Facility Name and Site Address
HEAVY SHIP SERVICE
INDUSTRIAL BASIN
SAN FRANCISCO INDUSTRIAL PARK 1477111

G. State Facility's ID 318-10011718
H. Facility's Phone 543-4835

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers	13. Total Quantity	14. UNIT Wt./Vol	1. Waste No
no.	Type		
a	4 DRUMS		State 241
b	LIQUID & COMBUSTIBLE LIQUID		EPA/Other 241
c			State
d			EPA/Other
e			State
f			EPA/Other

12. Containers no. Type
13. Total Quantity
14. UNIT Wt./Vol
1. Waste No

13. Additional Descriptions for Materials Listed Above
100% PURE OIL
100% WATER
5% OIL
5% OIL

14. Handling Codes for Wastes Listed Above
a. b. c. d.

15. Special Handling Instructions and Additional Information
WATER DRUMS

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name _____ Signature _____ Month Day Year _____

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name _____ Signature _____ Month Day Year _____

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name _____ Signature _____ Month Day Year _____

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19
Printed/Typed Name _____ Signature _____ Month Day Year _____

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

State of California—Health and Welfare Agency
EPA Approved OMB No. 2050-0039 (EPA Form 354)
Use only for printing (Form designed for use on a dot-matrix printer or type writer)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No

Manifest Document No

2. Page 1 of 1

information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

all weather Dura
957 Aldridge Rd. Sacramento, CA

A. State Manifest Document Number

87725971

4. Generator's Phone

707-446-7600

B. State Generator's ID

5. Transporter 1 Company Name

PLATE TRANSCO SERVICE

US EPA ID Number

CA0011040310

C. State Transporter's ID

800599

D. Transporter's Phone

916-652-5535

7. Transporter 2 Company Name

CALIF. OIL RECYCLERS

US EPA ID Number

CA0410395761

E. State Transporter's ID

F. Transporter's Phone

800-972-5284

8. Designated Facility Name and Site Address

Calif. Oil Recyclers
100 N
Sacramento, CA 95811

US EPA ID Number

CA0410395761

G. State Facility's ID

800-972-5284

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

Hazardous Waste Liquid

12. Containers	13. Total Quantity	14. Net Wt/Vol	15. Waste No.
No.	Type		State EPA/Other
1	1	1	241
2	1	1	
3	1	1	
4	1	1	
5	1	1	
6	1	1	
7	1	1	
8	1	1	
9	1	1	
10	1	1	
11	1	1	
12	1	1	
13	1	1	
14	1	1	
15	1	1	
16	1	1	
17	1	1	
18	1	1	
19	1	1	
20	1	1	
21	1	1	
22	1	1	
23	1	1	
24	1	1	
25	1	1	
26	1	1	
27	1	1	
28	1	1	
29	1	1	
30	1	1	

2. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

WEAR GLOVES

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

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

Printed/Typed Name: [Signature] Month Day Year: 1/15/89

17. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: [Signature] Month Day Year: 1/15/89

18. Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name: [Signature] Month Day Year: 1/15/89

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: [Signature] Month Day Year: 1/15/89

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9802, WITHIN CALIFORNIA CALL 1-800-852-7550



ERICKSON
255 PARR BOULEVARD
RICHMOND, CA 94801
(415) 235-1293
FAX: 235-3700

FIXED PRICE
PROPOSAL/AGREEMENT

DATE: 1-10-89
JOB NO.: 7736
JOB START DATE: 1-10-89
CUSTOMER PO#: C.O.O.

CUSTOMER: Porter Properties
929 Aldridge Rd.
Vacaville CA 95688

JOB SITE: Warehouse (vacant)
1851 - 5th St
Oakland, CA

CONTACT: Lance Porter
PHONE: 707-446-7600
CUSTOMER EPA ID #: CAC 0000 77168

CONTACT: Lance Porter
PHONE: FAX# 707 446 7641
BOARD OF EQUALIZATION I.D.#: _____

DESCRIPTION OF WORK TO BE PERFORMED AND BASIS FOR PROPOSAL

ERICKSON, INC. will furnish all labor, supervision, equipment, materials, and supplies as required to perform the work described below (please be specific):

Transport 1 - 20 YARD End Dump Containing
15 YARDS Contaminated Soil to Casmalia
Resources, NTU Road Casmalia California.

Erickson, inc. to pay 10% County tax
and disposal costs, Casmalia # 00433 SM
Disposal scheduled with Sherr: 1-10-89 0915 HR
\$4,500.00 + 10% Tax \$450.00 Total Sum: \$4,950.00

fair c/c#
#136

Price \$4,950.00
(Four Thousand Nine hundred fifty Dollars 0/100 -)

Proposed disposal facility Casmalia Resources, NTU Road Casmalia, CA

- Disposal charges are included in the above bid. 10% County Tax also included.
- The above price excludes disposal charges. All disposal and related charges will be invoiced to the CUSTOMER by ERICKSON, INC. at our cost plus ten (10) percent.
- The above price excludes disposal charges. All disposal and related charges will be invoiced by the disposal facility(s) directly to the CUSTOMER.

This offer is good until 14 DAYS This is a blanket agreement and shall remain in effect until cancelled by either party.
Your signature is required to acknowledge receipt, understanding, and acceptance of our proposal, including those terms and conditions set forth on the reverse side.

Robert James Cox
ERICKSON, INC. SIGNATURE
Robert James Cox
PRINT NAME AND TITLE

Date: 1-10-89
Lance A Porter
CUSTOMER SIGNATURE
LANCE A PORTER
PRINT NAME AND TITLE

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-91)
Please print or type. (Form designed for use on site (12 pitch typewriter))

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA00000107711618	Manifest Document No. 04001	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Peter Trust 1976 929 Alhambra Rd.		A. State Manifest Document Number 88197047		B. State Generator's ID	
4. Generator's Phone 707 446 7600		V. State Generator's ID		C. State Transporter's ID 902801	
5. Transporter 1 Company Name DILLARD TRUCKING		6. US EPA ID Number CA D 9 B 1 6 9 2 B 0 9		D. Transporter's Phone 415 375-7882	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID	
9. Designated Facility Name and Site Address Petroleum Waste, Inc. 4140 Lokern Road SUTTERVILLE, California 95698		10. US EPA ID Number CA 0 2 0 7 4 8 1 2 5		G. State Facility's ID CA 0 2 0 7 4 8 1 2 5	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. Petroleum Hydrocarbon Liquid, nated soil California Regulated Waste only		12. Containers No. Type 001 D TOP 015 Y	13. Total Quantity	14. Unit Unit Wt/Vol	L Waste No. State 611 EPA/Other
J. Additional Descriptions for Materials Listed Above See Attached Analysis (Pace Lab Job # NC 0828-1) Bill Erickson, Inc. Casual Waste # 00433 SM From Sierra		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information PROPER PROTECTIVE CLOTHING					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name HANG PETER		Signature		Month Day Year 01 11 89	
17. Transporter 1 Acknowledgment of Receipt of Materials Printed/Typed Name Doug...		Signature		Month Day Year 11 11 89	
18. Transporter 2 Acknowledgment of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name					

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-6002; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

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 Division Inspection Form

Site ID# _____ Site Name All Weather Pool Today's Date 5/18/88
 Site Address 1851 5th St EPA ID# _____
 City Oakland Zip 94607 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month?

Inspection Categories:

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

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

I.A GENERATOR (Title 22)

- | | | |
|-------------------|--|--|
| | <input type="checkbox"/> 1. Waste ID | * 66471 |
| | <input type="checkbox"/> 2. EPA ID | 66472 |
| | <input type="checkbox"/> 3. > 90 days | 66508 |
| | <input type="checkbox"/> 4. Label dates | 66508 |
| | <input type="checkbox"/> 5. Biennial | 66493 |
| Manifest | <input type="checkbox"/> 6. Records | 66492 |
| | <input type="checkbox"/> 7. Correct | 66484 |
| | <input type="checkbox"/> 8. Copy sent | 66492 |
| | <input type="checkbox"/> 9. Exception | 66484 |
| | <input type="checkbox"/> 10. Copies Rec'd | 66492 |
| Misc. | <input type="checkbox"/> 11. Treatment | 66371 |
| | <input type="checkbox"/> 12. On-site Disp. (H.S.&C.) | 26189.5 |
| | <input type="checkbox"/> 13. Ex Haz. Waste | 66570 |
| Prevention | <input type="checkbox"/> 14. Communications | 67121 |
| | <input type="checkbox"/> 15. Aisle Space | 67124 |
| | <input type="checkbox"/> 16. Local Authority | 67126 |
| | <input type="checkbox"/> 17. Maintenance | 67120 |
| | <input type="checkbox"/> 18. Training | 67106 |
| Contin. gency | <input type="checkbox"/> 19. Prepared | 67140 |
| | <input type="checkbox"/> 20. Name List | 67141 |
| | <input type="checkbox"/> 21. Copies | 67141 |
| | <input type="checkbox"/> 22. Emg. Coord. Trng. | 67144 |
| Containers, Tanks | <input type="checkbox"/> 23. Condition | 67241 |
| | <input type="checkbox"/> 24. Compatibility | 67242 |
| | <input type="checkbox"/> 25. Maintenance | 67243 |
| | <input type="checkbox"/> 26. Inspection | 67244 |
| | <input type="checkbox"/> 27. Buffer Zone | 67246 |
| | <input type="checkbox"/> 28. Tank Inspection | 67259 |
| | <input type="checkbox"/> 29. Containment | 67245 |
| | <input type="checkbox"/> 30. Safe Storage | 67261 |
| | <input type="checkbox"/> 31. Freeboard | 67257 |
| | | <input type="checkbox"/> 32. Applic./Insurance |
| | <input type="checkbox"/> 33. Comp. Cert./CHP Insp. | 66448 |
| | <input type="checkbox"/> 34. Containers | 66465 |
| Manifest | <input type="checkbox"/> 35. Vehicles | 66465 |
| | <input type="checkbox"/> 36. EPA ID #s | 66531 |
| | <input type="checkbox"/> 37. Correct | 66541 |
| | <input type="checkbox"/> 38. HW Delivery | 66543 |
| | <input type="checkbox"/> 39. Records | 66544 |
| Cont'rs | <input type="checkbox"/> 40. Name/ Covers | 66545 |
| | <input type="checkbox"/> 41. Recyclables | 66800 |

Comments:

Observed collection of two soil samples from east end of excavation, straddling central area where highest TSP's were recorded.

requested analysis for high boiler TPH and total oil + grease

Turnaround time uncertain, may be as much as two weeks

Request soil analysis and the analysis from the operation pile be submitted to the Haz Mat office

Contact: Gene Cross
 Title: Foreman North Coast Petroleum Inspector: D Byrne
 Signature: Gene Cross Signature: Demi Byrne

WHITE — ENV. HEALTH
 YELLOW — FACILITY
 PINK — FILES

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

County Use Only
 [] Daily

Hazardous Material Inspection Form

Site ID# _____ Site Name All Weather Door Date: 6/21/88
 Site Address 1851 5th St EPA ID# CAL000085391
 City, Zip Oakland 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

The marked items represent violations of the Calif. Administrative Code (CAC) or the Health & Safety Code (HS&C)

1a.	GENERATOR	(Title 22)
	___ 1. Waste ID	66471
	___ 2. EPA ID	66472
	___ 3. > 90 days	66508
	___ 4. Labels	66493
	___ 5. Biennial	66492
Manifest	___ 6. Records	66480
	___ 7. Correct	66484
	___ 8. Copy sent	66492
	___ 9. Exception	66484
	___ 10. Copies Rec'd	66492
Misc.	___ 11. Treatment	66371
	___ 12. On-site Disp. (H.S.&C.)	25189.5
	___ 13. Ex Haz. Waste	66570
Prevention	___ 14. Communication	67121
	___ 15. Aisle Space	67124
	___ 16. Local Authority	67126
	___ 17. Maintenance	67120
	___ 18. Training	67105
Contin. Agency	___ 19. Prepared	67140
	___ 20. Name List	67141
	___ 21. Copies	67141
	___ 22. Emg. Coord. Tmg.	67144
Containers, Tanks	___ 23. Condition	67241
	___ 24. Compatibility	67242
	___ 25. Maintenance	67243
	___ 26. Inspection	67244
	___ 27. Buffer Zone	67246
	___ 28. Tank Inspection	67259
	___ 29. Containment	67245
	___ 30. Safe Storage	67261
	___ 31. Freeboard	67257
1b.	TRANSPORTER	(Title 22)
	___ 32. Application	66428
	___ 33. Insurance	66428
	___ 34. Comp. Cert.	66448
	___ 35. CHP Insp.	66448
	___ 36. Containers	66465
Manifest	___ 37. Vehicles	66465
	___ 38. EPA ID #s	66531
	___ 39. Correct	66541
	___ 40. HW Delivery	66543
	___ 41. Records	66544
Cont'rs	___ 42. Name	66545
	___ 43. Covers	66545
	___ 44. Recyclables	66800

Comments:

1) 2,000 gal diesel tank -
 LEL meter checks, soil clean though some
 product on water surface
 samples: 1 water sample
 2 soil fr below tank, 1 soil from sidewalk
 at high water mark
 High boiler TPH analysis requested

2) 10,000 gal gas - 200 lb ice, LEL checks
 faint odor of gasoline from some of the
 excavated soil, possible product on ground
 water, 1 water sample collected.
 2 soil samples from below either
 end of the tank, one soil sample
 from high water mark of sidewalk
 Excavated soil covered w/ plastic.
 Lab analysis due in 10 working days

Contact: _____ Applied Time: _____

Title: _____ Inspector: D Byrne

Signature: _____ Signature: D Byrne

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



FIVE
DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, Third Floor
Oakland, California 94612
(415) 271-4320

25 May 1988

Jotco/North Coast Petroleum
77 W. Third St.
Santa Rosa, Ca. 95401
ATTN; Sabrina Mitchell

Dear Ms. Mitchell:

Enclosed please find the closure plan concerning the removal of underground storage tanks located at 1851 5th St. Oakland. At your request this plan is being returned to you for resubmittal. In addition, a revised version of the Alameda County Underground Tank Closure Plan Form is being included for your use. Your attention is directed to the instructions provided at the rear of the packet.

Details omitted from your initial plan included:

- 1) Lack of a Site Plan.
- 2) Absence of a Safety Plan which should include specific safety equipment to be provided (e.g. respirators, gloves, fire extinguishers ect.) and designate a person with overall responsibility at the work site to ensure that workers are properly instructed in the use of the equipment and directed as to when such use is required. The Safety Plan should also include a procedure for measuring the Low Explosive Level (LEL) present within tanks prior to removal.
- 3) The party responsible for the conduction of sampling for petroleum residues should specify the EPA analytical techniques to be used. This information should be listed in part 17 of the closure plan.

If you have any questions concerning this matter please contact Dennis Byrne, Hazardous Materials Specialist, at 271-4320.

Sincerely,

Rafat Shahid, Chief,
Hazardous Materials Program

Enclosures



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

5-17-88

PRODUCER

MALONEY INSURANCE BROKERAGE
1260 N. DUTTON AVE., SUITE 180
SANTA ROSA, CA. 95401

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 COVERAGECOMPANY LETTER **A** REPUBLIC INDEMNITYCOMPANY LETTER **B**COMPANY LETTER **C**COMPANY LETTER **D**COMPANY LETTER **E****INSURED**

DBA JOTCO PETROLEUM
EQUIPMENT CO. (A CORP)
AMPECO, NORTH COAST PETROLEUM
949 SEBASTOPOL ROAD
SANTA ROSA, CA. 95407

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 THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
					EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OPS AGGREGATE	\$
					PERSONAL & ADVERTISING INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (ANY ONE FIRE)	\$
					MEDICAL EXPENSE (ANY ONE PERSON)	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				CSL	\$
					BODILY INJURY (PER PERSON)	\$
					BODILY INJURY (PER ACCIDENT)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	PC 988 784	1-1-88	1-1-89	STATUTORY	\$
A					\$ 1,000, (EACH ACCIDENT)	
					\$ 1,000, (DISEASE-POLICY LIMIT)	
					\$ 1,000, (DISEASE-EACH EMPLOYEE)	
	OTHER					

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

CERTIFICATE HOLDER

ALAMEDA COUNTY HEALTH CARE SERVICES
DEPT. OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION
470 27TH STREET ROOM 322
OAKLAND, CA. 94612

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

James J. Maloney

FOR YOUR ATTENTION

- Enclosed is your policy.
- Enclosed is Endorsement.
Please attach to your _____ policy.
- Please fill in and return enclosed form.
 sign
- Enclosed is check for Recent Claim.
 Premium Adjustment.

TO

ALAMEDA COUNTY HEALTH CARE SERVICES
DEPT. OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
470 27TH STREET ROOM 322
OAKLAND, CA. 94612

Date: May 17, 1988

- Enclosed is Premium Statement.
Please remit in envelope provided.
- I have been unable to contact you.
Please call my office.
- Attached is the Certificate
of Insurance you requested.

Regards,
Horrie Elder

MALONEY INSURANCE BROKERAGE

2380 PROFESSIONAL DRIVE P. O. BOX 11096
SANTA ROSA, CA 95401-06
PHONE: (707) 527-6266

446-7640

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

470 - 27TH ST., RM. 322

OAKLAND, CA 94612
PHONE NO. 415/874-7237

ACCEPTED
DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, Third Floor
Oakland, CA 94612
Telephone: (415) 874-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. This project prepared herein is now released for issuance of any permits or building permits for construction. One copy of these reports shall be kept on the job and available to all other persons and workmen involved with the removal. Any change or alteration of these reports and specifications must be submitted to the Department and to the Title Building. In a case where a change is desired, if changes meet the requirements of State and local laws, Notify this Department at least 48 hours prior to the following required construction.

Department of Tank and Piping
Issuance of a permit to proceed is dependent on compliance with accepted plans and applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

RECEIVED MAY 12 1988

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name All Weather Door

Business Owner Lance Porter

2. Site Address 1351 Fifth St., Oakland

city Oakland Zip _____ Phone ⁷⁰⁷ 446-7600

3. Mailing Address 929 Aldridge Rd

city Vacaville Zip _____ Phone ⁷⁰⁷ 446-7600

4. Land Owner same as above

Address _____ city, State _____ Zip _____

5. EPA I.D. No. CAC 0000 85341

6. Contractor Joto/North Coast Petroleum

Address 77 W. Third St.

city Santa Rosa, CA Phone 707-526-9706

License Type C61D40 ID# 512601

7. Other (Specify) _____

Address _____

city _____ Phone _____

Project # 4503684

Fee Paid 450.00

Date 5/24/88

8. Contact Person for Investigation

Name Sabrina Mitchell Title Admin. Coordinator
Phone ⁽⁷⁰⁷⁾ 526-9706

9. Total No. of Tanks at facility 2

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

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name by All Weather Door EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

b) Rinsate Transporter

Name California Oil Recyclers EPA I.D. No. 980695761
Address 6850 Smith Ave.
city Newark state CA zip 94560

c) Tank Transporter

Name Roger Thomas EPA I.D. No. 982040206
Address 7200 Wells Ave
city Loomis state CA zip 95650

d) Contaminated Soil Transporter

Name N/A EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

12. Sample Collector

Name Wesco Lab
Company || ||
Address 14 Galli Dr., Ste. A
city Novato state CA zip 94947 Phone (415) 883-1425

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
1-10,000	diesel (gas)		
1-2,000	gas diesel		

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

If yes, describe. _____

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

If yes, describe. dry ice

16. Laboratories

Name Wesco
 Address 14 Galli Dr., Ste. A
 city Novato state CA zip 94947
 State Certification No. #119

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
1 sample per tank if looks clean will be done by Wesco Lab in Novato.		
Diesel	5030/8020 3550/8015	EPA Method
Gas	5030/8015, 8020	" "

18. Site Safety Plan submitted? Yes [] No []

19. Workman's Compensation: Yes [] No []

Copy of Certificate enclosed? Yes [] No []

Name of Insurer _____

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 will notify the Department of Environmental Health at least two (2) working days (48 hours) 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) NORTH COAST PETROLEUM

Signature Salma Mitchell

Date 5/16/88

Signature of Site Owner or Operator

Name (please type) HENRY E. PORTER

Signature Henry E. Porter

Date 5-18-88

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. A copy of your approved plan must be sent to the landowner.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A

SAMPLING RESULTS

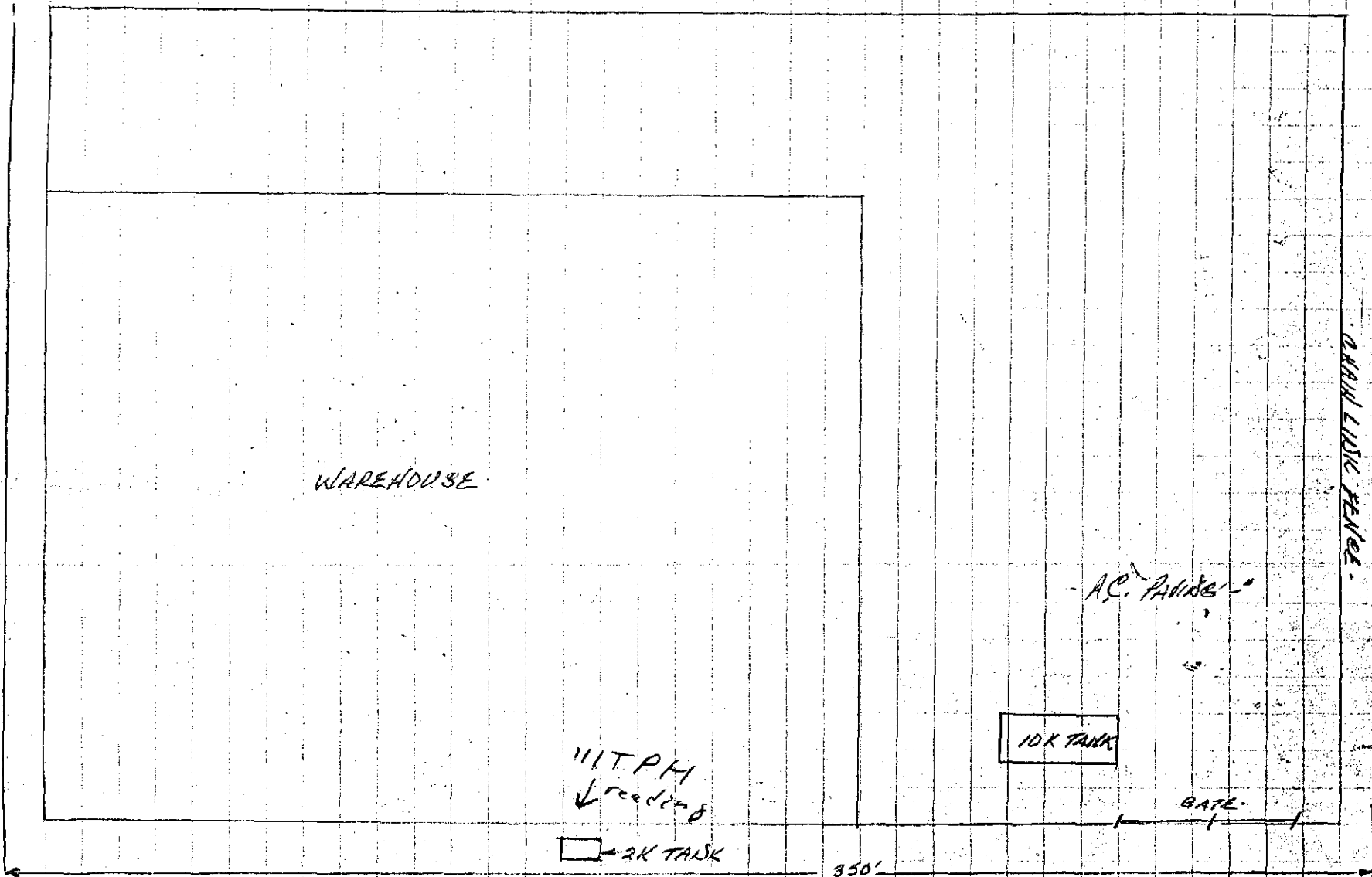
Tank or Area	Contaminant	Location & Depth	Results (specify units)

PLOT PLAN

← RAILWAY →

N.
↓

CEDAR ST. N.



WAREHOUSE

CHAIN LINK FENCE.

A.C. PARKING

10K TANK

GATE

111 T.P.H.
↓ reading

2K TANK

350'

5TH STREET

BAY STREET

ALL WEATHER DOORS
1851 5TH ST.
DALLAS, CA.



**NORTH COAST PETROLEUM
MAINTENANCE & CONSTRUCTION CO.**

77 WEST 3RD • SANTA ROSA CA. 95401
707 - 526 - 9706 LIC. #512601

UNDERGROUND TANK TESTING DIVISION

SAFETY EQUIPMENT:

RESPIRATORS
GLOVES
FIRE EXTINGUISHERS
LAL SNIFER - to test explosive levels
NO SMOKING SIGNS AROUND PERIMETER
BARRICADES
HARD HATS

IN CHARGE: GENE CROSS
SAFETY DIRECTOR