

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



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

May 19, 2000

Mr. Henry Suico  
Automobile Service Company  
820 Isabella Street  
Oakland, CA 94607  
STID 251

RE: Automobile Service Company, 820 Isabella Street, Oakland, CA 94607

Dear Mr. Suico:

I have received your letter dated May 6, 2000. I regret being informed that currently Automobile Service Company is conducting no business, and has no income. The Tank Closure Report dated March 28, 1997 prepared by Bernable & Brinker identified the soil at the above site has been impacted by petroleum hydrocarbons and volatile halocarbon. With the data available to this office, it does not appear to be a major impact to the site. If a soil and groundwater investigation is performed, there is a good chance that it would conclude that impact to the subsurface is low. It is my hope that you will be able to secure some funds to perform this investigation to close this site. For your information, the Underground Storage Tank Cleanup Fund Program has a \$10,000 deductible requirement.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,

  
Larry Seto  
Sr. Hazardous Materials Specialist

Cc: Leroy Griffin, City of Oakland Fire Services, 1605 Martin Luther King, Oakland,  
CA 94612  
Files

# **AUTOMOBILE SERVICE CO.**

ENVIRONMENTAL  
PROTECTION

00 MAY 15 AM 9:40

**820 Isabella Street  
Oakland, CA 94607-3430  
510 444 7131**

May 6, 2000

Larry Seto  
*Sr. Hazardous Materials Specialist  
Alameda County Health Services  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577*

RE: Automobile Service Company, 820 Isabella Street, Oakland, CA 94607

Dear Mr. Seto,

Thank you for your letter of April 20, 2000 regarding the above referenced property. In it you refer to a previous letter dated September 20, 1996 from your office. That letter written by Jennifer Eberle was responded to on November 20, 1996. A copy of the reply is included for your convenience.

In the reply of November 20, 1996 an extension to submit the SWI was confirmed pending application to the UST Fund. It was anticipated at that time the fund would rule on the application within 7 months. As it turned out, the fund wrote Automobile Service Company on October 20, 1997, stating that there was insufficient information to grant the application. A copy of this letter is enclosed for your convenience.

Due to a sharp decrease in sales that occurred in 1998, Automobile Service eliminated its clerical staff, with the result that the fund application was not pursued. Currently, Automobile Service Company is conducting no business, and has no income. It appears that the concerns of the UST Fund can still be met, and Automobile Service Company would like a reasonable opportunity to re-submit the application in pro per. Unless some source of government funding is obtained, submission of an SWI will remain problematical. Please let me know what your position is in this regard.

Sincerely,

  
Henry Suico  
*For Automobile Service Company*

Enclosures

cc: D. Kelvin  
File

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



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

April 20, 2000

Mr. Henry Suico  
820 Isabella Street  
Oakland, CA 94607  
STID 251

RE: Automobile Service Company, 820 Isabella Street, Oakland, CA 94607

Dear Mr. Suico:

I would like to introduce myself as the new caseworker for this site. I have reviewed the file for the above site, which revealed a 55-gallon drum used to store waste oil was removed on August 19, 1996. Two soil samples were collected from below the drum. The laboratory report indicated that both samples were contaminated with petroleum hydrocarbons and solvents. Maximum concentrations were detected in the 6.5' sample and included 3,900 ppm Total Recoverable Petroleum Hydrocarbons (TRPH), 240 ppm TPH-diesel, 0.026 ppm benzene, and 1.1 ppm Dichlorobenzenes.

A letter dated September 20, 1996 requested that a Soil and Water Investigation (SWI) as required per Title 23, California Code or Regulations be submitted to this office for review and approval. As of this date, this plan has not been received. Please submit this workplan with 30 days of the receipt of this letter.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto  
Sr. Hazardous Materials Specialist

Cc: Leroy Griffin, City of Oakland-Fire Services, 1605 Martin Luther King,  
Oakland, CA 94612  
Files



**Ca/EPA**

**OCT 20 1997**



Pete Wilson  
Governor

**State Water  
Resources  
Control Board**

Division of  
Clean Water  
Programs

Mailing Address:  
P.O. Box 944212  
Sacramento, CA  
94244-2120

2014 T Street,  
Suite 130  
Sacramento, CA  
95814  
(916) 227-4539  
FAX (916) 227-4530

World Wide Web  
<http://www.swrcb.ca.gov/~cwphome/fundhome.htm>

Jennifer Suico  
Automobile Service Company  
820 Isabella St  
Oakland, CA 94607

**UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, STAFF DECISION TO REJECT CLAIM: CLAIM NUMBER 12259; FOR SITE ADDRESS: 820 ISABELLA ST, OAKLAND**

Your claim has been found to be ineligible for placement on the Priority List for the following reason(s):

Based on the information submitted, the 55-gallon drum has been determined not to be an underground storage tank as defined in section 2804 of the Petroleum Underground Storage Tank Cleanup Fund Regulations. There is conflicting information concerning the use of the drum. In an explanation of the site history, you stated the drum was used as a waste oil tank until 1986, and that it was pumped out by a waste oil management firm on a regular basis. However, you did not submit any documentation verifying that the tanks had been pumped out regularly, and comments made by Jennifer Eberle of Alameda County on the Unauthorized Release Report state that the drum was presumably never pumped out. Also, the Underground Storage Tank Permit Application - Form B lists the estimated date last used as June 10, 1994.

**NOTE:** Sections cited are found in the Petroleum Underground Storage Tank Cleanup Fund Regulations, Title 23, Division 3, Chapter 18, of the California Code of Regulations.

If you disagree with this Staff Decision, you may either request review and reconsideration by the Program Manager or you may formally appeal the decision and request a Final Division Decision from the Chief of the Division. A request for reconsideration along with any additional documentation should be sent to:

Dave Deaner, Program Manager, Claim #12259  
UST Cleanup Fund Program  
State Water Resources Control Board  
Division of Clean Water Programs  
P.O. Box 944212  
Sacramento, CA 94244-2120

A request to the Chief of the Division must include, at a minimum: (1) a statement describing how the claimant is damaged by the prior Staff Decision; (2) a description of the remedy or outcome desired; and (3) an explanation of why the claimant believes the action or the Staff Decision is erroneous, inappropriate or improper.

The request to the Chief of the Division must be sent to Harry M. Schueller, Chief, Division of Clean Water Programs, at the address listed above.



Recycled Paper

*Our mission is to preserve and enhance the quality of California's water resources, and ensure their proper allocation and efficient use for the benefit of present and future generations.*

001 2 5 1997

If you do not request review and reconsideration by the Program Manager or request a Final Division Decision from the Chief of the Division within sixty (60) calendar days from the date of this letter, the Staff Decision will then become final and conclusive.

If you have any questions, please call Cheryl Gordon at (916) 227-4539

Sincerely,



Cheryl Gordon  
Claim Review Unit  
Underground Storage Tank Cleanup Fund

cc: Mr. Thomas Peacock  
Alameda County EHD  
1131 Harbor Bay Pkway, 2nd Fl.  
Alameda, CA 94502-6577





ENVIRONMENTAL PROTECTION  
97 OCT 23 PM 2:50

251  
JE



Pete Wilson  
Governor

Cal/EPA

OCT 20 1997

State Water  
Resources  
Control Board

Jennifer Suico  
Automobile Service Company  
820 Isabella St  
Oakland, CA 94607

Division of  
Clean Water  
Programs

Mailing Address:  
P.O. Box 944212  
Sacramento, CA  
94244-2120

UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, STAFF DECISION TO  
REJECT CLAIM: CLAIM NUMBER 12259; FOR SITE ADDRESS: **820 ISABELLA ST,  
OAKLAND 94607**

2014 T Street,  
Suite 130  
Sacramento, CA  
95814  
(916) 227-4539  
FAX (916) 227-4530

Your claim has been found to be ineligible for placement on the Priority List for the following reason(s):

World Wide Web  
<http://www.swrcb.ca.gov/~cwphome/fundhome.htm>

Based on the information submitted, the 55-gallon drum has been determined not to be an underground storage tank as defined in section 2804 of the Petroleum Underground Storage Tank Cleanup Fund Regulations. There is conflicting information concerning the use of the drum. In an explanation of the site history, you stated the drum was used as a waste oil tank until 1986, and that it was pumped out by a waste oil management firm on a regular basis. However, you did not submit any documentation verifying that the tanks had been pumped out regularly, and comments made by Jennifer Eberle of Alameda County on the Unauthorized Release Report state that the drum was presumably never pumped out. Also, the Underground Storage Tank Permit Application - Form B lists the estimated date last used as June 10, 1994.

NOTE: Sections cited are found in the Petroleum Underground Storage Tank Cleanup Fund Regulations, Title 23, Division 3, Chapter 18, of the California Code of Regulations.

If you disagree with this Staff Decision, you may either request review and reconsideration by the Program Manager or you may formally appeal the decision and request a Final Division Decision from the Chief of the Division. A request for reconsideration along with any additional documentation should be sent to:

Dave Deaner, Program Manager, Claim #12259  
UST Cleanup Fund Program  
State Water Resources Control Board  
Division of Clean Water Programs  
P.O. Box 944212  
Sacramento, CA 94244-2120

A request to the Chief of the Division must include, at a minimum: (1) a statement describing how the claimant is damaged by the prior Staff Decision; (2) a description of the remedy or outcome desired; and (3) an explanation of why the claimant believes the action or the Staff Decision is erroneous, inappropriate or improper.

The request to the Chief of the Division must be sent to Harry M. Schueller, Chief, Division of Clean Water Programs, at the address listed above.



Recycled Paper

*Our mission is to preserve and enhance the quality of California's water resources, and ensure their proper allocation and efficient use for the benefit of present and future generations.*

OCT 20 1997

If you do not request review and reconsideration by the Program Manager or request a Final Division Decision from the Chief of the Division within sixty (60) calendar days from the date of this letter, the Staff Decision will then become final and conclusive.

If you have any questions, please call Cheryl Gordon at (916) 227-4539

Sincerely,



Cheryl Gordon

Claim Review Unit

Underground Storage Tank Cleanup Fund

cc: Mr. Thomas Peacock  
Alameda County EHD  
1131 Harbor Bay Pkway, 2nd Fl.  
Alameda, CA 94502-6577





**Ca/EPA**

CONFIDENTIAL  
MAY 13 1997 PH 2:13

251



Pete Wilson  
Governor

**State Water  
Resources  
Control Board**

Jennifer Suico  
Automobile Service Company  
820 Isabella St  
Oakland, CA 94607

**Division of  
Clean Water  
Programs**

Mailing Address:  
P.O. Box 9444212  
Sacramento, CA  
94244-2120

2014 T Street,  
Suite 130  
Sacramento, CA  
95814  
(916) 227-4539  
FAX (916) 227-4530

World Wide Web  
<http://www.swrcb.ca.gov/~cwphome/fundhome.htm>

**UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, REQUEST FOR FURTHER DOCUMENTATION DURING CURSORY REVIEW: CLAIM NUMBER 12259; FOR SITE ADDRESS: 820 ISABELLA ST, OAKLAND**

After reviewing your claim application to the Cleanup Fund, we find that the following additional information is needed to determine your eligibility for placement on the Priority List:

- A copy of the permit to own or operate the UST from the local implementing agency dated between January 1, 1984 and January 1, 1990 (pursuant to Chapter 6.7 of the Health and Safety Code).

If you were not subject to the permit requirement, submit documentation to confirm this claim. Situations where the permit was not required by January 1, 1990, can include: a) you removed all USTs prior to January 1, 1990; and not replaced; b) you decommissioned all USTs pursuant to the direction of the regulatory agency prior to January 1, 1984; c) you sold the property and tanks by January 1, 1990.

If you were subject to the permit requirement but failed to comply by January 1, 1990, you can request the State Board to waive the requirement as a condition of eligibility. To request a waiver, complete the attached "Permit Waiver Request" form and return with any additional information requested below.

- All technical reports describing site investigation and/or remediation.
- Pictures of the 55-gallon drum.
- Records of pumping from the drum.

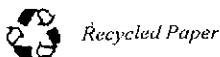
In addition, to consider your eligibility for Priority Class B, you must submit copies of federal income tax returns (Form 1040) for Henry E. Suico for the years 1993, 1994, and 1995. If Mr. Suico's returns contain partnerships, you must submit a K-1 for the tax years 1993, 1994, and 1995 if he is a limited partner; submit the partnership income tax returns (Form 1065) for the same tax years if he is a general partner. If any of the returns contain revenue from an estate or trust, please submit the fiduciary returns (Form 1041) for that estate or trust for the same tax years. List the Grantor(s), Trustee(s), and Beneficiary(s) of the trust or estate.

**NOTE:** Failure to respond to this request within thirty (30) calendar days from the date of this letter may result in an ineligibility determination of your claim.

If you have any questions, please contact me at (916) 227-4539

Sincerely,

Cheryl Gordon, Claims Review Analyst  
Underground Storage Tank Cleanup Fund



*Our mission is to preserve and enhance the quality of California's water resources, and ensure their proper allocation and efficient use for the benefit of present and future generations.*



**UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM  
PERMIT WAIVER REQUEST**

CLAIMANT:           AUTOMOBILE SERVICE COMPANY

CLAIM NO.: 12259

SITE ADDRESS:    820 ISABELLA ST, OAKLAND

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Claimants who were subject to the permit requirement but failed to comply by January 1, 1990, can request the State Board to waive the requirement as a condition for eligibility. Where the State Board grants the waiver, the level of financial responsibility (deductible) is twice the amount otherwise required. In this case, the claimant will be responsible for the first \$10,000 of eligible corrective action costs before Fund coverage begins.

I, AUTOMOBILE SERVICE COMPANY, hereby request the State Board to grant a permit waiver. To qualify for the waiver, I am submitting the following documentation:

1. The claimant was unaware of the permit requirement prior to January 1, 1990, and there was no intent to avoid the permit requirement or the associated fees.

**Documentation:** On the lines below, provide a brief history of the underground storage tanks (USTs) and an explanation as to the reason why the USTs were not permitted by January 1, 1990. Explain when and how you became aware of the law requiring a permit to own or operate the USTs.

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2. The claimant has complied with the financial responsibility requirements of Section 25299.31 of the Health & Safety Code (H&SC).

**Documentation:** Attach a copy of the Certificate of Financial Responsibility that is on file with the local regulatory agency.

3. The claimant has obtained and paid for all currently required permits.

**Documentation:** If you owned or operated the USTs at the time of submitting the claim application, attach a copy of the permit to own or operate the USTs or a copy of the application indicating you are diligently pursuing the acquisition of the permit issued by the local regulatory agency. If the USTs were removed prior to submittal of the claim application, attach evidence that the USTs were removed, the local regulatory agency notified, and a copy of the required removal permit.

4. The claimant has paid all UST fees imposed by Section 25299.41 of the H&SC due on and after January 1, 1991.

**Documentation:** If any of the USTs owned or operated had product placed in them on or after January 1, 1991, attach the most recent copy of the UST Fee Return Form filed with the Board of Equalization with proof of payment. (For further information on this form, contact the Fuel Taxes Division at (916) 322-9669.)

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Print Claimant Name

---

Sign Claimant Name

**Note:** Mail completed "Permit Waiver Request" and documentation to the address on the cover letter.



Recycled Paper

*Our mission is to preserve and enhance the quality of California's water resources, and ensure their proper allocation and efficient use for the benefit of present and future generations.*

to: Jennifer Eberle  
Fax 510-337-9335

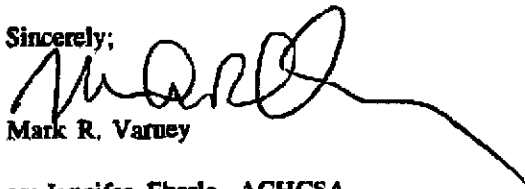
March 28, 1997  
Ms. Jennifer Suico  
Automobile Service Company  
820 Isabella Street  
Oakland, CA 94607

RE: TANK CLOSURE REPORT

Jennifer:

I have completed the TANK CLOSURE REPORT without the manifests I requested from you in order to expediate the delivery of the report to Jennifer Eberle of the Alameda County Health Care Services Agency. Please fax a copy of the manifest to Bernabe & Brinker, Inc. at your earliest convenience. Any questions concerning this matter are referred to Bernabe & Brinker, Inc.

Sincerely;



Mark R. Varney

cc: Jennifer Eberle, ACHCSA  
Bernabe & Brinker, Inc. file

To: Jennifer Everle

From: Jill Fisher

B+J Landfill

3 pages including this one.

WEIGHMASTER CERTIFICATE

THIS IS TO CERTIFY that the following described commodity was weighed, measured, or counted by a weighmaster, whose signature on this certificate, who is a recognized authority of accuracy, as prescribed in Chapter 7 (commencing with Section 12700) of Division 5 of the California Business and Professions Code, administered by the Division of Measurement Standards of the California Department of Food and Agriculture.

Weighmaster: B AND J LANDFILL  
Weighed @ 6426 HAY RD.  
VACAVILLE

*All waste*  
CA 95687

TICKET NO.: 32883  
DATE: 3/20/97 In:13:37 Out:13:37  
Price/Unit:

Account:  
ALTA ENVIR/NON NORCAL /1537  
6426 HAY ROAD  
VACAVILLE , CA 95687  
Source: OAKLAND Route:

*#1 - 8 yds*

Commodity: CONTAMINATED SOIL, TIE  
Total Charge:  
Tendered: \$0.  
Change: \$0.  
Truck No.: 1 Lic: CP34

Inbound Weight: 40660 lbs.  
SCALE B 40660 (M) Gross Weight lbs.  
22720 Tare Weight lbs.  
17940 Net Weight lbs.

*Jill Fisher*  
JILL FISHER  
DEPUTY WEIGHMASTER

*Frank Jackson*  
P.O. #: DRIVERS SIGNATURE

Job #: 1786757

B/L #:

TH 1

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CAL00001917032097  
Manifest Document No. 032097

2. Page 1 of

3. Generator's Name and Mailing Address  
Automobile Service Company  
820 Teabell Street, Oakland, CA 94607-3430

032097

4. Generator's Phone (510) 441-7131

5. Transporter 1 Company Name  
Allwaste Transportation Remediation Inc

6. US EPA ID Number  
KAD063547996

7. Transporter 2 Company Name

8. US EPA ID Number  
~~KAD063547996~~

9. Designated Facility Name and Site Address  
B&J Sanitary Landfill  
6426 Hay Road  
Vacaville, CA 95687

10. US EPA ID Number  
KAD982042475

A. Transporter's Phone 408.683.0447

B. Transporter's Phone

C. Facility's Phone 707-451-3276

11. Waste Shipping Name and Description

12. Containers No. Type 13. Total Quantity 14. Unit Wt/Vc

a. Non Hazardous Soil

001CM00008 Y

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

A2496, Soil

E. Handling Codes for Wastes Listed Above

03

15. Special Handling Instructions and Additional Information

Wear Protective Clothing & Eyewear

24 Hour Emergency Contact: Allwaste: 1-800-321-1030; Joe Negrete

DOB# 8017-26

PO# 1786757

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Wastes.

Printed/Typed Name  
Jennifer Suico

Signature  
Jennifer Suico

Month Day Year  
3 20 97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name  
Frank Jackson

Signature  
Frank Jackson

Month Day Year  
3 20 97

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 waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name  
Bill Fisher

Signature  
Bill Fisher

Month Day Year  
03 20 97

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

November 20, 1996

961291NA

Ms. Jennifer Eberle  
Hazardous Materials Specialist  
Alameda County Department of Environmental Health  
1131 Harbor Bay Pkwy., #250  
Alameda, CA 94502-6577

**Re:            Automobile Service Company, 820 Isabella Street, Oakland, CA 94607  
                 LOP STID 251**

**Subject:      Extension Request for Submittal of SWI Workplan**

Dear Ms. Eberle:

On behalf of the Automobile Service Company (ASC), Woodward-Clyde Consultants (WCC) herein confirms your approval (re: our November 14, 1996 phone conversation) of an extension for submittal of a soil and water investigation (SWI) workplan. In your letter to ASC dated September 20, 1996, you requested submittal of a SWI Workplan by November 20, 1996. The focus of the SWI was to evaluate a potential release from an underground 55-gallon drum which had been used as a waste oil storage tank. The underground drum was removed from the site on August 19, 1996.

This extension was requested so that ASC may apply to the California Underground Storage Tank Cleanup Fund (the UST Fund) for coverage. Financial constraints make it difficult to proceed with a SWI at this time. Based on my November 14, 1996 conversation with Mr. Jim Munch of the UST Fund, this case has a high probability of being covered since the 55-gallon drum was underground and was used like a conventional waste oil storage tank (i.e. waste oil was regularly pumped out) prior to being taken out of service approximately 10 years ago. Mr. Munch estimates that the UST Fund takes up to 7 months to review applications, although requests for additional information and appeals may extend this time period.

As agreed in our phone conversation, ASC will submit a SWI Workplan for your review within 30 days of receiving a Letter of Commitment from the UST Fund or after ASC is satisfied with the UST Fund's determination of no coverage. In addition, ASC will submit the



ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



Alameda County  
Environmental Protection Services  
1131 Harbor Bay Parkway, Room 250  
Alameda CA 94502-6577  
CC4580

September 20, 1996  
LOP STID 251  
page 1 of 2

Attn: Henry Suico  
Automobile Service Co.  
820 Isabella St.  
Oakland CA 94607

RE: Automobile Service Co., 820 Isabella St., Oakland CA 94607

Dear Mr. Suico,

As you know, one 55-gallon drum was removed from your site on 8/19/96. This drum was apparently used to store waste oil, and was originally thought to be an underground storage tank (UST).

Two soil samples were collected from below the drum, one at 6.5' below ground surface (bgs), and one at 9'bgs after excavating 2.5' deeper. The soils encountered were stiff clays.

The laboratory report indicates that both samples were contaminated with petroleum hydrocarbons and solvents (via method 8010). Concentrations tapered off somewhat in the deeper sample. Maximum concentrations were detected in the 6.5' sample (S1), and include 3900 parts per million (ppm) Total Recoverable Petroleum Hydrocarbons (TRPH), 240 ppm TPH-diesel, 0.026 ppm benzene, Dichlorobenzenes up to 1.100 ppm, and PCE. Metal concentrations were non-detect (ND) or within ten times the STLCS, signifying no problem.

Due to these elevated concentrations, you are requested to perform a Soil and Water Investigation (SWI), as per Sect. 2724 of Chapter 16, Division 3, Title 23, California Code of Regulations. Rapid site assessment methods (i.e. geoprobe, hydropunch, etc.) are suggested to qualitatively assess impacts and to define the extent of any groundwater contaminant plume, as a first step of the SWI. The need for investigating groundwater is due to the elevated concentrations of soil contaminants, as well as the shallow depth to groundwater in this area.

In order to ease the preparation of the SWI (and FYI), there is a former Chevron station at 850 W. Grand Ave (vacant lot), located at the juncture of W. Grand Ave. and Isabella St. This site has several monitoring wells (MWs). Groundwater flow direction has been generally West from 9/93 through 12/95. Depth to water as measured in the MWs has ranged from approximately 8 to 15'bgs. Groundwater has been monitored and sampled since 1990 at this site.

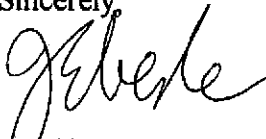
September 20, 1996  
LOP STID 251  
page 2 of 2  
Attn: Henry Suico

**Please submit the SWI within 60 days, or by November 20, 1996.** All work should adhere to a) the Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, dated 8/10/90; and b) Article 11 of Title 23, California Code of Regulations. Reports and proposals must be submitted **under seal** of a California-Registered Geologist, -Certified Engineering Geologist, or -Registered Civil Engineer.

**In addition, the tank removal report is due within 60 days from the date of tank removal, (or by October 19, 1996), as per page 6 of the Underground Tank Closure Plan, signed by J. Suico and James Brinker.** The report must contain all information listed in item 22 of the instructions (attached to the closure plan).

Kindly submit a cover letter with your consultant's reports. If you have any questions, please contact me at 510-567-6700, ext 6761; our fax number is 510-337-9335.

Sincerely,

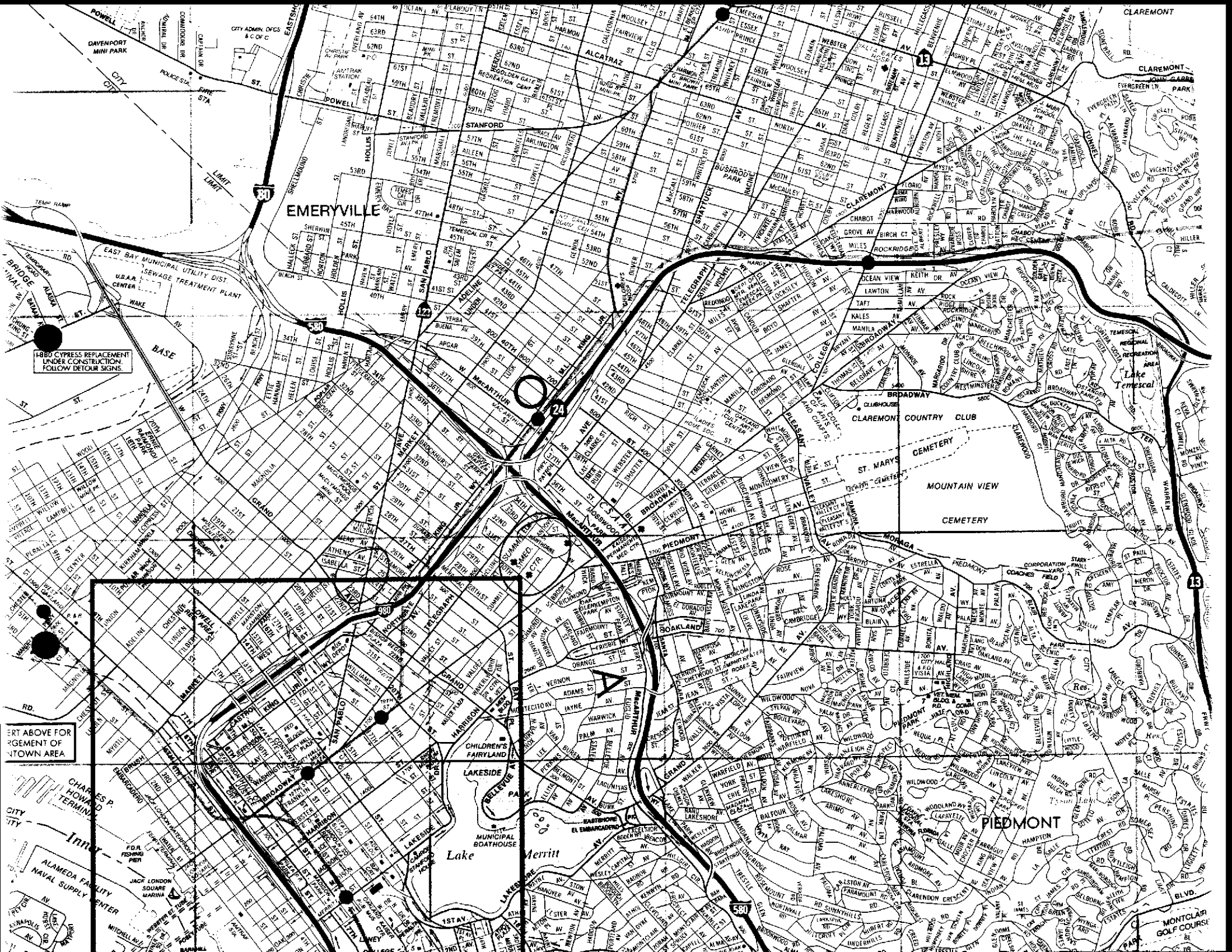


Jennifer Eberle  
Hazardous Materials Specialist

cc: John Alt, Epigene International, 38750 Paseo Padre Pky, Suite A-11, Fremont CA 94536  
Jennifer Eberle/file

je.251





1800 CYPRESS REPLACEMENT UNDER CONSTRUCTION FOLLOW DETOUR SIGNS

ERT ABOVE FOR GREMENT OF TOWN AREA

ALAMEDA FAMILY CENTER  
JACK LONDON SQUARE  
MARTHA

MONTCLAIR GOLF COURSE

# Transfer of Eligible Local Oversight Case

STID 251 Date of input 9-12-96 by CM

Date: 9-11-96 From: J. Eberle

Site Name: Automobile Service Co.

Address: 820 Isabella St. City: Oak Zip: 607

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

1.  Y  N Tanks Removed? # of removed? 1 Date removed: 8-19-96
2.  Y  N Samples received? Contamination level: 3900 ppm  
 Type of test TRPH  
 Contamination should be over 100 ppm TPH to qualify for LOP
3.  Y  N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet  
 • diesel • waste oil • kerosene • solvents

**Procedure to follow should your site meet all the above qualifications:**

1.
  - a.  Close the deposit refund case.
  - b.  Account for **ALL** time you have spent on the case.
  - c.  Turn in account sheet to Leslie.  
 If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!  
 Remaining DepRef \$'s: 272.60  
 DepRef Case Closed with Candyce/Leslie?  Y  N (If no, explain why below.)
2. Submit the completed **A** and **B** permit application forms to **NORMA**. ✓
3. Give the entire case to the proper LOP staff.

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 08/19/96		CASE #		SIGNED: <i>J. E. Brinker</i> DATE: 9-12-96		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT JAMES E. BRINKER		PHONE 510-451-3482		SIGNATURE <i>J. E. Brinker</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 BERNABE + BRINKER INC.			
	ADDRESS 2240 WOOD STREET OAKLAND CA 94607					
RESPONSIBLE PARTY	NAME AUTOMOBILE SERVICE CO.		CONTACT PERSON HENRY SUICO		PHONE (510) 444-7131	
	ADDRESS 820-ISABELLA STREET OAKLAND CA 94607					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) AUTOMOBILE SERVICE CO		OPERATOR HENRY SUICO		PHONE ( )	
	ADDRESS 820-ISABELLA STREET OAKLAND CA 94607					
	CROSS STREET SAN PABLO					
IMPLEMENTING AGENCIES	LOCAL AGENCY		AGENCY NAME		CONTACT PERSON	
	REGIONAL BOARD				PHONE ( )	
SUBSTANCES INVOLVED	(1)		NAME		QUANTITY LOST (GALLONS)	
	(2)					
DISCOVERY/ABATEMENT	DATE DISCOVERED 08/19/96		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, DATE 08/19/96					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	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 ACT					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZ <input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORIN <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCE <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOI <input type="checkbox"/> OTHER (OT)					
COMMENTS	3900 ppm TRPH + solvents in ppb range. What they thought was a waste oil UST was actually a 55-gal drum, presumably never pumped out.					
	J.E.					

Post-It™ brand fax transmittal memo 7671 # of pages ▶  
 To: *Ten Hyman* From: *J. E. Brinker*  
 Co. Co. Phone #  
 Dept. Dept. Fax #  
 Fax # 874-3268

## 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 2400 Mendocino Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

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

### REPORTED BY

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

### RESPONSIBLE PARTY

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

### SITE LOCATION

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

### IMPLEMENTING AGENCIES

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

### SUBSTANCES INVOLVED

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

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

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

### CASE TYPE

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

### CURRENT STATUS

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

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

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

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

Preliminary Site Assessment Underway - implementation of workplan.

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

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

Cleanup Underway - implementation of remediation plan.

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

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

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

### REMEDIATION ACTION

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

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

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

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

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

Remove Free Product - remove floating product from water table.

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

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

Replace Supply - provide alternative water supply to affected parties

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

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

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

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

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

SIGNATURE Sign the form in the space provided.

### DISTRIBUTION

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

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Clean Water Programs, Underground Storage Tank Program, P.O. Box 94212, Sacramento, CA 94244 2120
3. Regional Water Quality Control Board
4. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
5. Owner/responsible party.

white -env.health  
yellow -facility  
pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## Hazardous Materials Inspection Form

II, III

Site ID # \_\_\_\_\_ Site Name Auto Service Ctr Today's Date 8/19/96

Site Address 820 Isabella St.

City Oakland Zip 94607 Phone \_\_\_\_\_

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

**Inspection Categories:**

\_\_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTER

\_\_\_\_ II. Hazardous Materials Business Plan, Acutely Hazardous Materials

III. Under ground Storage Tanks

Removal of 55-gal waste oil drum

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

**Comments:** 1:00 arrived onsite. Brit Johnson-ok'd Removal. Soil around bottom of drum is clay. Property owner Henry Juico said he bought prop in 1981 + drum was already there. 1:20 Removal of drum which has ~1' of sludge inside, so it's fairly intact. Dexanna is hauler (manifest # 95269982). Drum invert is 4.5' bgs. Soil below drum is emerald green clay (w/some sludge). Removed soil below drum + sampled at 6.5' bgs (green clay w/HC odor - gasoline?). Continued excavating pit + took sample at ~9' bgs (stiff clay, green, slight HC odor). 2:45 pm. Standard TAT.

S-1 6.5' There is ~10 yd<sup>3</sup> stockpiled soil.

S-2 9' Analyze 8010, TPHd, TPHg, BTEX, 5 metals + O+G. If O+G > 100ppm, do 8270.

2:00

left site  
2:52

Contact John Alt

Title OEG # 1136

Signature [Signature]

Inspector Jennifer Eberle II, III

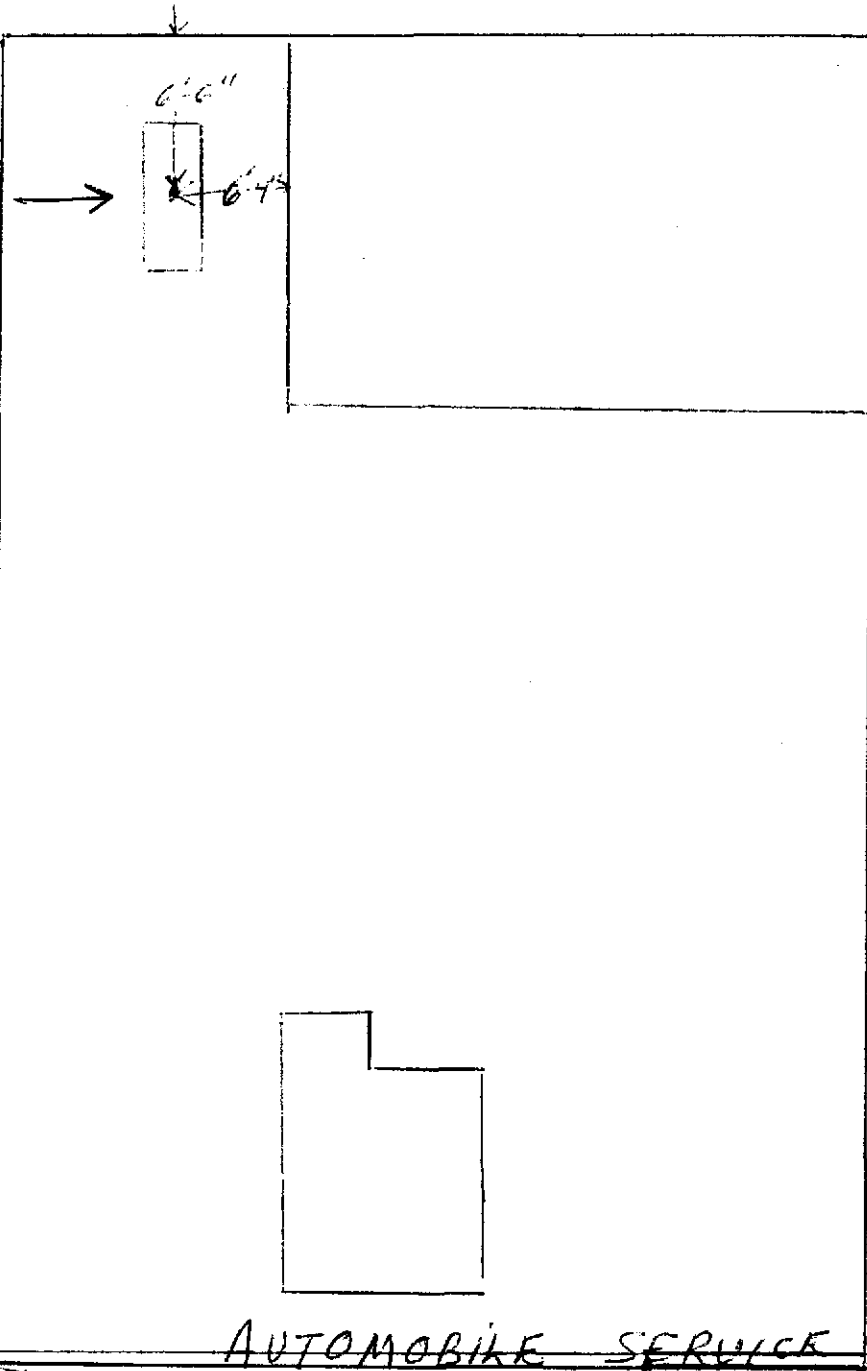
Signature [Signature]



8-19-96  
drum removal



150  
GALLON  
WASTE  
OIL TANK



AUTOMOBILE SERVICE CO

820-ISABELLA  
OAKLAND, CA. 94607  
510-444-7131

Jennifer Ebert

Project Specialist

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

JE

ACCEPTED

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

These closure/removal plans have been reviewed and found to be acceptable and essentially meet the requirements of State and Local Health Care Orders in your respective jurisdiction. The Department will continue to monitor compliance with State and local laws. The project manager should be notified for issuance of any required building permits for construction/removal.  
 One copy of this approved plan must be on the job and available to all contractors and craftsmen involved with the removal.  
 Any changes or alteration of these plans and specifications must be submitted to this Division and in the file and Building Inspectors' Department be returned to such change mark the requirement for State and local laws. Notify this Department at least 72 hours before the work begins required inspection:

- Removal of Tank and piping
- Sampling
- Final Inspection

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

\*\*\* THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS: \*\*\*

Contact Specialist:

UNDERGROUND TANK CLOSURE PLAN

\*\*\* Complete according to attached instructions \*\*\*

1. Name of Business Automobile Service Company - CSAA  
 Business Owner or Contact Person (PRINT) Henry Suico

2. Site Address 820 Isabella  
 City Oakland Zip 0 946077 Phone 510 444-7131

3. Mailing Address 820 Isabella  
 City Oakland, Ca Zip 94607 Phone 510 444-7131

4. Property Owner Henry Suico  
 Business Name (if applicable) Automobile Service Company  
 Address 820 Isabella  
 City, State Oakland, California Zip 94607

5. Generator name under which tank will be manifested  
Henry Suico DBA - Automobile Service Company  
 EPA ID# under which tank will be manifested C A C 0 0 1 2 7 6 5 3 6

251



6. Contractor BERNABE & BRINKER, INC. *8-9 current + active*  
Address 2240 Wood Street *1-31-97 exp. Corp.*  
City Oakland, California 94607 *Alameda* Phone 510 451-3482  
License Type\* A - Haz ID# 610617

\*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board.

7. Consultant (if applicable) James E Brinker  
Address 2240 Wood Street  
City, State Oakland, Ca. 94607 Phone 451-3482

8. Main Contact Person for Investigation (if applicable)  
Name James E Brinker Title Consultant ?Contractor  
Company Bernabe & Brinker Inc.  
Phone 510 451-3482

9. Number of underground tanks being closed with this plan ( 1 )  
Length of piping being removed under this plan ( 6' )  
Total number of underground tanks at this facility (\*\*confirmed with owner or operator) 2 *(2,000-gal gas)*

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

**\*\* Underground storage tanks must be handled as hazardous waste \*\***

a) Product/Residual Sludge/Rinsate Transporter  
Name Pacific Petro Chemical EPA I.D. No. 95716763  
Hauler License No. 2591 License Exp. Date \_\_\_\_\_  
Address 1300 South Hampton Road -Unit (2)  
City Benicia State Ca. Zip 94510

b) Product/Residual Sludge/Rinsate Disposal Site  
Name Enviro-pur West EPA ID# CAL008092456  
Address 13331-N-Hwy . 33  
City Patterson State Ca Zip 95363

c) Tank and Piping Transporter

Name Erickson, Inc. EPA I.D. No. CAD009466392  
Hauler License No. 0019 License Exp. Date 5-31-97  
Address 55 Parr Blvd.  
City Richmond, State Ca. Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD 009466392  
Address 55 Parr Blvd.  
City Richmond, State Ca. Zip 94801

11. Sample Collector

Name John Alt  
Company Epigene International  
Address 38750 Paseo Padre Parkway  
City Fremont State Ca. Zip 94536 Phone 791-1986

12. Laboratory

Name McC Campbell Analytical  
Address 110-2Nd Ave. South # D7  
City Pacheco, State Cas Zip 94533  
State Certification No. 1644

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

If yes, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Use Dry , CO2

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
150 gallons	Waste Oil Only	Soil, groundwater if possible	2' below the bottom of the tank.

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

**Excavated/Stockpiled Soil**

<p><b>Stockpiled Soil Volume (estimated)</b></p> <p align="center">21 Cubic yards</p>	<p align="center"><b>Sampling Plan</b></p> <p>Composite three (3) soil samples.</p>
---------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

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

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

If yes, explain reasoning \_\_\_\_\_

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

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

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPH-Gas ✓ BTX & E ✓ TPH Diesel ✓ <del>TPH &amp; BTX&amp;E</del> O & G ✓ <del>CL HC</del> ICAP or AA ✓	GCFID (5030) 8020 or 8240 GCFID (3550) <del>8260</del> 5520 D N F <del>8010 or 8240</del> Metals	★ analyze semi-VOCs 8270 + HVOCs 8010 if O+G > 100 mg/kg	1 ppm 1 ppm

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Workmans Compensation

19. Submit Plot Plan **\*\*\* (See Instructions) \*\*\***

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery.

The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.

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

23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business Bernabe & Brinker, Inc.

Name of Individual James E. Brinker

Signature James E. Brinker Date 7-31-96

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Automobile Service Co.

Name of Individual Henry Suico

Signature H. Suico for Henry Suico Date 7-31-96

# INSTRUCTIONS

## General Instructions

- \* Three (3) copies of this plan plus attachments and a deposit must be submitted to this Department.
- \* Any cutting into tanks requires local fire department approval.
- \* One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.
- \* State of California Permit Application Forms A and B are to be submitted to this office. One Form A per site, one Form B for each removed tank.

## Line Item Specific Instructions

### 2. SITE ADDRESS

Address at which closure is taking place.

### 5. EPA I.D. NO. under which the tanks will be manifested

EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781.

### 6. CONTRACTOR

Prime contractor for the project.

### 10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES

- a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
- c) Tanks must be hauled as hazardous waste.
- d) This is the place where tanks will be taken for cleaning.

### 15. TANK HISTORY AND SAMPLING INFORMATION

Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

16. CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS  
See attached Table 2.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions which will trigger changes in work habits to ensure workers are not exposed to unsafe chemical levels or physical conditions;
- e) Description of the work habit changes triggered by the above action levels or physical conditions;
- f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
- g) Confined space entry procedures (if applicable);
- h) Decontamination procedures;
- i) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guards, etc.);
- j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- k) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- l) A page for employees to sign acknowledging that they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120(b)(4), Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tank(s) and piping in addition to the tank(s) being removed.

20. DEPOSIT

A deposit, payable to "County of Alameda" for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Bay Regional Water Quality Control Board (510/286-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;



- c) Description of the excavation itself. Include the tank and excavation depth, a log of stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Detailed description of sampling methods; i.e. backhoe bucket, drive sampler, bailer, bottle(s), sleeves
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Documentation of the disposal of/and volume and final destination of all non-manifested contaminated soil disposed offsite.

**BERNABE & BRINKER, INC.**  
**SITE SAFETY PLAN**

Site 820 Isabella Project# Automotive Service Co.

Original Site Safety Plan: Yes( ) No( ) Revision# \_\_\_\_\_

Plan Prepared by James E. Brinker Date 7-31-96

Plan Approved by \_\_\_\_\_ Date \_\_\_\_\_

Please respond to each item as completely as possible.  
Where an item is not applicable, please mark "N/A."

**1. KEY PERSONNEL AND RESPONSIBILITIES**

(Include name, telephone number, health and safety responsibilities, i.e., project manager - Joe Smith - responsible for supervision of all site activities.)

Project Manager James E. Brinker

Site Safety Manager Ernesto F. Bernabe, Jr.

Alternate Site Safety Manager James E. Brinker

Field Team Members Mohammed Chisti

Agency Reps: [Please specify by one of the following symbols: Federal:(F), State:(S), Local:(L), Contractor(s):(C)]

**B&B SITE SAFETY PLAN**

**2. JOB HAZARD ANALYSIS:**

Hazard Level: High( ) Moderate() Low() Unknown ( )

Hazard Type: Liquid( ) Solid( ) Sludge( ) Vapor/Gas()

Known or suspected hazardous materials present on site:

TPH, Gasoline , TPH - Oil & Grease

Characteristics of hazardous materials included above:

(Complete for each chemical present:)

**MATERIAL #1:** Corrosive( ) Ignitable( ) Toxic()  
Reactive( ) Volatile( ) Radioactive( )  
Biological Agent( )

Exposure Routes: Inhalation( ) Ingestion( ) Contact()

**MATERIAL #2:** Corrosive( ) Ignitable( ) Toxic( )  
Reactive( ) Volatile( ) Radioactive( )  
Biological Agent( )

Exposure Routes: Inhalation( ) Ingestion( ) Contact( )

**MATERIAL #3:** Corrosive( ) Ignitable( ) Toxic( )  
Reactive( ) Volatile( ) Radioactive( )  
Biological Agent( )

Exposure Routes: Inhalation( ) Ingestion( ) Contact( )

**MATERIAL #4:** Corrosive( ) Ignitable( ) Toxic( )  
Reactive( ) Volatile( ) Radioactive( )  
Biological Agent( )

Exposure Routes: Inhalation( ) Ingestion( ) Contact( )

## B&B SITE SAFETY PLAN

### 2.2 JOB-SPECIFIC HAZARDS

For each labor category, specify the possible hazards based information available (i.e., Task-driller, Hazards-trauma from drill rig accidents, etc. ) For each hazard, indicate steps to be taken to minimize the hazard.

Backhoe - - Hard hat, ear plugs, goggles,  
breathing apparatus, safety vest, steel  
tip shoes.

The following additional hazards are expected on site (i.e., snake-infested area, extreme heat, etc.):

Have water available, have tarp over area of  
workers on hot day.

Measures to minimize the effects of the additional hazards are:

Review all aspects of job with workers before  
commencing work.

### 3. MONITORING PLAN

#### 3.1 (a) Air Monitoring Plan

Action levels for implementation of air monitoring. Action levels should be based on published data available on contaminants of concern. Action levels should be set by persons experienced in industrial hygiene.

Level  
(i.e., .5ppm)

Action Taken  
(i.e., commence perimeter monitoring)

N/A

We are removing the U.S.T. and are  
not entering any confined spaces.

**B&B SITE SAFETY PLAN**

**(b) Air Monitoring Equipment**

Outline the specific equipment to be used, calibration method, frequency of monitoring, locations to be monitored, and analysis of samples (if applicable):

No monitoring is required.

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If air monitoring is not to be implemented for this site, explain why:

We are removing a waste Oil tank.

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**3.2 Personnel Monitoring**

(Include hierarchy of responsibilities in decision-making on the site).

James E.Brinker , Ernesto F.Bernabe Jr.

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**3.3 Sampling Monitoring**

(a) Techniques used for sampling\_\_\_\_\_

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**B&B SITE SAFETY**

(b) Equipments used for sampling \_\_\_\_\_

Using The Gastech Model # 1314 , Serial # F2035

(c) Maintenance and calibration of equipments \_\_\_\_\_

**4. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Equipment used by employees for the site tasks and operations being conducted. Be specific (i.e., hard hat, impact resistance goggles, other protective glove, etc.).

Hard Hats , Ear plugs , Goggles , Face mask,  
gloves , Orange Vest, Steel tip boots,

**5. SITE CONTROL AND SECURITY MEASURES**

The following general work zone security guidelines should be implemented:

- Work zone shall be barricaded and caution tape be used.
- Excavations shall be closed when drilling and sampling activities are not actually taking place.
- No excavations shall be left unattended. Visitors will not enter the work zone unless they have attended a project safety briefing.
- Persons will not leave the work zone without first passing through the decontamination zone.

## **B&B SITE SAFETY PLAN**

### **6. DECONTAMINATION PROCEDURE**

List the procedures and specific steps to be taken to decontaminate equipment and PPE.

Equipment & personnell shall be washed & rinsed in  
a specific location with the appropriate holding  
tank for contaminated waste water.

### **7. TRAINING REQUIREMENTS**

Prior to mobilization at the job site, employees will be attend a safety briefing. The briefing will include the nature of the wastes and the site, donning personal protection clothes and equipment, decontamination procedures and emergency procedures.

### **8. MEDICAL SURVEILLANCE REQUIREMENTS**

If any task requires a very high personnel protection level, personnel shall provide assurances that they have received a physical examination and they are fit to do the task. Also, personnel will be instructed to look for any symptom of heat stress, heat stroke, heat exhaustion, or any other unusual symptom. If there is any report of that, it will be immediately be followed through, and appropriate action will be taken.

### **9. STANDARD OPERATION PROCEDURES**

Bernabe & Brinker, Inc. is responsible for all Bernabe & Brinker, Inc. employees on the site. Each contractor shall provide all the equipment necessary to meet safe operation practices and procedures for their personnel on site, and be responsible for the safety of their workers.

A. "Three Warning" system is utilized to enforce compliance with Health and Safety procedures practices which will be implemented at the site for worker safety:

\*Eating, drinking, chewing gum, or tobacco, and smoking will be allowed only in designated areas.

## B&B SITE SAFETY PLAN

\*Wash facilities will be utilized by workers in the work areas before eating, drinking, or use of toilet facilities.

\*Containers will be labeled, identifying them as waste, debris, or contaminated clothing.

\*All excavation/drilling work will comply with regulatory agencies requirement.

\*All site personnel will be required to wear hard hats and advised to take adequate measures for self-protection.

\*Any other action which is determined to be unsafe by the site safety officer.

### 10. CONFINED SPACE ENTRY PROCEDURES

No one is allowed to enter any confined space operation without proper safety measures. Specifically, in case of an excavated Tank Pit no one should enter at no time.

### 11. EMERGENCY RESPONSE PLAN

Fire extinguisher(s) will be on site prior to excavation. Relevant phone numbers are:

Person	Title	Phone Number
<u>James E. Brinker</u>	Project Manager	<u>(510) 451-3482</u>
<u>Oakland Fire Dept</u>	Fire	<u>911 or 238-3856</u>
<u>Oakland Police</u>	Police	<u>911 or 238-3481</u>
<u>Acme Ambulance</u>	Ambulance	<u>911 or 653-6622</u>
	Poison Control Center	<u>(800) 523-2222</u>
<u>Henry Suico</u>	Site Phone	<u>444-7131</u>
<u>Gloria Brinker</u>	Nearest Off-Site Number	<u>451-3482</u>
<u>M.C. Bernabe LVN</u>	Medical Advisor	<u>415 333-6262</u>
<u>Henry Suico</u>	Client Contact	<u>444-7131</u>



