

ALAMEDA COUNTY
HEALTH CARE SERVICES



7

AGENCY

DAVID J. KEARS, Agency Director

April 25, 2006

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

Mr. Peter Puckett
Berkeley Farms
P.O. Box 4616
Hayward, CA 94540-4616

Ms. Carol Light
Emeryville Farms, LLC
1201 Park Avenue
Emeryville, CA 94608-3632

Ms. Natasha Moiseyev
4550 San Pablo LLC/Peter and Leslie Matthews Trust
1450 El Camino Avenue
Menlo Park, CA 94025

Dear Mr. Puckett, Ms. Light, and Ms. Moiseyev:

Subject: Fuel Leak Site Case Closure; Berkeley Farms, 4550 San Pablo Avenue, Emeryville, CA;
Case No. RO0000248

This letter transmits the enclosed underground storage tank (UST) case closure letter in accordance with Chapter 6.75 (Article 4, Section 25299.37[h]). The State Water Resources Control Board adopted this letter on February 20, 1997. As of March 1, 1997, the Alameda County Environmental Health (ACEH) is required to use this case closure letter for all UST leak sites. We are also transmitting to you the enclosed case closure summary. These documents confirm the completion of the investigation and cleanup of the reported release at the subject site. The subject fuel leak case is closed.

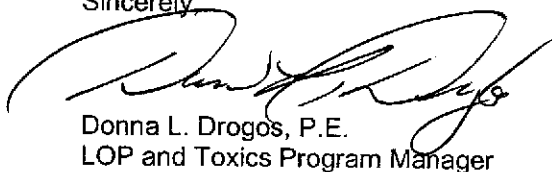
SITE INVESTIGATION AND CLEANUP SUMMARY

Please be advised that the following conditions exist at the site:

- Residual concentrations of up to 1,300 milligrams per kilogram (mg/kg) of total petroleum hydrocarbons as diesel remain in soil at the site.
- Residual concentrations of up to 1,275 micrograms per liter ($\mu\text{g/L}$) of total petroleum hydrocarbons as gasoline remain in groundwater at the site.
- Residual concentrations of up to 8,450 $\mu\text{g/L}$ of total petroleum hydrocarbons as diesel remain in groundwater at the site.

If you have any questions, please call Jerry Wickham at (510) 567-6791. Thank you.

Sincerely,


Donna L. Drogos, P.E.
LOP and Toxics Program Manager

Original
closure
summary -
to file

Enclosures:

1. Remedial Action Completion Certificate
2. Case Closure Summary

cc:

Ms. Cherie McCaulou (w/enc)
SF- Regional Water Quality Control Board
1515 Clay Street, Suite 1400
Oakland, CA 94612

Mr. Toru Okamoto (w/enc)
State Water Resources Control Board
UST Cleanup Fund
P.O. Box 944212
Sacramento, CA 94244-2120

Mr. Ignacio Dayrit (w/enc)
City of Emeryville
1333 Park Avenue
Emeryville, CA 94608-3517

Mr. Mansour Sepehr (w/enc)
Soma Environmental Engineering, Inc.
6620 Owens Drive, Suite A
Pleasanton, CA 94588-3334

Jerry Wickham (w/orig enc), D. Drogos (w/enc), R. Garcia (w/enc)

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
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April 25, 2006

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Emeryville, CA 94608-3632

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4550 San Pablo LLC/Peter and Leslie Matthews Trust
1450 El Camino Avenue
Menlo Park, CA 94025

REMEDIAL ACTION COMPLETION CERTIFICATE

Dear Mr. Puckett, Ms. Light, and Ms. Moiseyev:

Subject: Fuel Leak Site Case Closure; Berkeley Farms, 4550 San Pablo Avenue, Emeryville, CA;
Case No. RO0000248

This letter confirms the completion of a site investigation and remedial action for the underground storage tanks formerly located at the above-described location. Thank you for your cooperation throughout this investigation. Your willingness and promptness in responding to our inquiries concerning the former underground storage tank(s) are greatly appreciated.

Based on information in the above-referenced file and with the provision that the information provided to this agency was accurate and representative of site conditions, this agency finds that the site investigation and corrective action carried out at your underground storage tank(s) site is in compliance with the requirements of subdivisions (a) and (b) of Section 25299.37 of the Health and Safety Code and with corrective action regulations adopted pursuant to Section 25299.77 of the Health and Safety Code and that no further action related to the petroleum release(s) at the site is required.

This notice is issued pursuant to subdivision (h) of Section 25299.37 of the Health and Safety Code.

Please contact our office if you have any questions regarding this matter.

Sincerely,

William W. Pitcher
William Pitcher
Interim Director
Alameda County Environmental Health

April 16, 2001

Ms. Susan Hugo
Senior Hazardous Waste Specialist
Alameda County
Department of Environmental Health
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502

APR 18 2001

Subject: Former Berkeley farm Site, Emeryville, California

Dear Susan:

Per your request the historical groundwater quality data and a site map presenting the location of the former underground storage tanks are enclosed.

We are looking forward receiving your instruction for preparation of the final closure document and decommissioning of the groundwater monitoring wells at the subject site. Please call me at (925) 244-6600, if you have any questions or comments.

Sincerely,



Mansour Sepehr, Ph.D., P.E.
Principal

cc: Ms. Carol Light, Silverman & Light

Enclosures

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

April 12, 2000

Ms. Carol Light
Emeryville Farms, L.L.C.
1201 Park Avenue, Suite 100
Emeryville, CA 94608

**Subject: Former Berkeley Farms Facility (STID # 1754)
4550 San Pablo Avenue, Emeryville, California 94608**

Dear Ms. Light:

The Alameda County Environmental Health Services has reviewed the "Comprehensive Site Closure Report" dated February 1, 2000 and Addendum to Comprehensive Site Closure Report dated March 6, 2000, prepared and submitted by Soma Environmental Engineering, Inc. for the above subject site.

The subject site was formerly a dairy facility from 1946 up to 1997. A vacant two-story building occupies the northwestern portion of the property. The site is bounded by San Pablo Avenue to the west, 47th Street to the north and 45th Street to the south. The site is proposed to be developed into commercial office building.

The referenced reports document the recent investigation conducted at the site and included historical data to validate that the site meets the low risk soil and /or groundwater case. The Site Closure Report also addresses the short-term and long-term potential risks to human health and the environment from residual soil and groundwater contaminants at the site and provided guidelines to be followed during the planned redevelopment of the site as commercial offices.

This agency concurs with the general scope of the Comprehensive Site Closure Report. Based upon the available information and with the provision that the information provided to this agency is accurate and representative of site conditions, no further action is required at the site at this time other than quarterly groundwater monitoring of existing wells MW-1 and MW-2 for three additional sampling events. The groundwater at the site must be analyzed for the following target compounds: Total Petroleum Hydrocarbon (TPH) as diesel, TPH as gasoline, benzene, toluene, ethyl benzene, xylene, methyl

Ms. Carol Light
RE: 4550 San Pablo Avenue, Emeryville, CA
April 12, 2000
Page 2 of 2

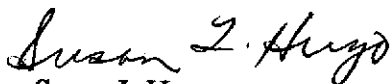
tertiary butyl ether (MTBE) and semivolatile organic compounds by EPA Method 8270.

As you know, one of the groundwater monitoring wells at the former Berkeley Farms Truck Repair Yard located west of the subject site is being used historically as the downgradient monitoring well. You will need to coordinate groundwater sampling with the former Berkeley Farms Truck Repair Yard or install a downgradient monitoring well for your site. Data collected during the three additional monitoring events will be evaluated and if results indicate that the groundwater plume is stable and the concentrations are decreasing over time, then the site will go through case closure process until issuance of "Remedial Action Completion Certificate" or closure letter.

The construction risk management plan should be implemented during redevelopment of the subject site. Please notify this office when redevelopment will begin at the site.

If you have any questions regarding this letter or the subject site, please contact me at (510) 567-6780.

Sincerely,



Susan L Hugo
Hazardous Materials Specialist

cc: Mee Ling Tung, Director, Environmental Health Services
Ariu Levi, Chief, Hazardous Materials and Household Hazardous Programs
Chuck Headlee, San Francisco Bay RWQCB
Patrick O'Keefe, City of Emeryville, 2200 Powell Street, Emeryville, CA 94608
Barrie Cromartie, City of Emeryville, 2200 Powell Street, Emeryville, CA 94608
Norman Albert, Berkeley Land Co., 1211 Newell Ave., #120, Walnut Creek, CA 94596
Mansour Sepehr, SOMA Environmental, 2680 Bishop Dr., Suite 203, San Ramon, CA 94583
✓ SH / files

COM No.	REMOTE STATION	START TIME	DURATION	PAGES	RESULT	USER ID	REMARKS
924	510 244 6601	04-13 17:00	01' 27	02/02	OK		

7499402046

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-8577
(510) 567-6700

April 12, 2000

Ms. Carol Light
Emeryville Farms, L.L.C.
1201 Park Avenue, Suite 100
Emeryville, CA 94608

**Subject: Former Berkeley Farms Facility (STID # 1754)
4550 San Pablo Avenue, Emeryville, California 94608**

Dear Ms. Light:

The Alameda County Environmental Health Services has reviewed the "Comprehensive Site Closure Report" dated February 1, 2000 and Addendum to Comprehensive Site Closure Report dated March 6, 2000, prepared and submitted by Soma Environmental Engineering, Inc. for the above subject site.

The subject site was formerly a dairy facility from 1946 up to 1997. A vacant two-story building occupies the northwestern portion of the property. The site is bounded by San Pablo Avenue to the west, 47th Street to the north and 45th Street to the south. The site is proposed to be developed into commercial office building.

The referenced reports document the recent investigation conducted at the site and included historical data to validate that the site meets the low risk soil and /or groundwater case. The Site Closure Report also addresses the short-term and long-term potential risks to human health and the environment from residual soil and groundwater

LOP - RECORD CHANGE REQUEST FORM

printed:
04/05/2000

Mark Out What Needs Changing and Hand to LOP Data Entry
(Name/Address changes go to Annual Programs Data Entry)

Insp: SH

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
StID : 1754 LOC:
SITE NAME: Berkeley Farms DATE REPORTED : 09/11/1998
ADDRESS : 4550 San Pablo Ave DATE CONFIRMED: 09/11/1998
CITY/ZIP : Emeryville 94608 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: W CONTRACT STATUS: 2 PRIOR CODE:2B3 EMERGENCY RESP:
RP SEARCH: S DATE COMPLETED: 09/25/1998
PRELIMINARY ASMNT: U DATE UNDERWAY: 09/14/1998 DATE COMPLETED:
REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 09/24/1998
LUFT FIELD MANUAL CONSID: 3HSCA
CASE CLOSED: DATE CASE CLOSED:
DATE EXCAVATION STARTED : 09/11/1998 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Mr. Norman Albert
COMPANY NAME: Berkeley Land Company
ADDRESS: 1211 Newell Avenue, #120
CITY/STATE: Walnut Creek, California 94596

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only

Case Progress Changes

ANPPGMS _____ LOP _____ DATE _____

LOP _____ DATE _____

need to add new RP #

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

June 3, 1999

STID #1754

Berkeley Land Company
Attn: Mr. Norman Alberts
1211 Newell Avenue, Suite #120
Walnut Creek, California 94596

RE: Berkeley Farms - 4550 San Pablo Avenue, Emeryville, California 94608

LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS

Dear Mr. Alberts:

This letter is to inform you of new legislative requirements pertaining to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST). Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter. Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

For purposes of implementing these sections, you have been identified as the primary or active responsible party. Please provide to this agency, within twenty (20) calendar days of receipt of this notice, a complete mailing list of all current record owners of fee title to the site. You may use the enclosed "list of landowners" form (sample letter 2) as a template to comply with this requirement. If the list of current record owners of fee title to the site changes, you must notify the local agency of the change within 20 calendar days from when you are notified of the change.

If you are the sole landowner, please indicate that on the landowner list form. The following notice requirements do not apply to responsible parties who are the sole landowner for the site.

LANDOWNER NOTIFICATION

Re: 4550 San Pablo Avenue, Emeryville

June 3, 1999

Page 2 of 2

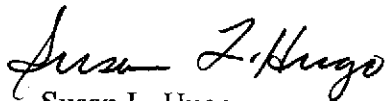
In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

- 1) consider a cleanup proposal (corrective action plan)
- 2) consider a site closure proposal
- 3) make a determination that no further action is required
- 4) issue a closure letter

You may use the enclosed "notice of proposed action" form (sample letter 3) as a template to comply with this requirement. Before approving a cleanup proposal or site closure proposal, determining that no further action is required, or issuing a closure letter, the local agency will take all reasonable steps necessary to accommodate responsible landowner participation in the cleanup and site closure process and will consider all input and recommendations from any responsible landowner.

Please call me at (510) 567-6780 should you have any questions about the content of this letter.

Sincerely,



Susan L. Hugo
Hazardous Materials Specialist

Attachments

cc: Chuck Headlee, RWQCB
SH / files

SAMPLE LETTER (2): LIST OF LANDOWNERS FORM

Name of local agency
Street address
City

SUBJECT: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR (*Site Name and Address*)

(Note: Fill out item 1 if there are multiple site landowners. If you are the sole site landowner, skip item 1 and fill out item 2.)

1. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site:

2. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I am the sole landowner for the above site.

Sincerely,

Signature of primary responsible party

Name of primary responsible party

SAMPLE LETTER 3: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY

Name of local agency
Street address
City

SUBJECT: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY FOR
(Site Name and Address)

In accordance with section 25297,15(a) of Chapter 6.7 of the Health & Safety Code, I, *(name of primary responsible party)*, certify that I have notified all responsible landowners of the enclosed proposed action. Check space for applicable proposed action(s):

- cleanup proposal (corrective action plan)
- site closure proposal
- local agency intention to make a determination that no further action is required
- local agency intention to issue a closure letter

Sincerely,

Signature of primary responsible party

Name of primary responsible party

cc: Names and addresses of all record fee title owners

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

printed 01/19/99

2/11/99

StID: 1754 Site#: 68
PROJECT#: 68A
PROJECT TYPE: *** R ***
INSP: Rob Weston
ACCT. SHEET PG #: _____

Berkeley
4550 Sa
Emeryvi
Site Co
Site Ph

*To Leslie,
Please close
Dep/ref. account
& close case in the
data base. Thanks.
Susan*

PROPE

PAYOR INFORMATION

Paradiso Construction Co
P O Box 1836
San Leandro CA 94577 # 64
Payor Contact: Ms Linda Martin
Payor Phone : 510-614-8390

Owner Co
Owner Ph

Date	Action Taken	Time		Hours	Hour	Money	Money
		In	Out	Spent/ Depstd	Balance	Spent/ Depositd	Balance
01/19/99	Rcpt# 787695 Deposit of \$630.00 @\$100.Hour			+6.3	+6.3	\$630.00	\$630.00
01/19/99	Admin. Charge: 1 hour			1.00	5.3	100.00	\$530.00
1/20/99	Talked to Lic. <i>Montgomery re: UST</i>			0.6			
1/21/99	Reviewed closure plan			1.3			
1/22/99	Talked to Tracy Jurne re: permit			0.3			
1/27/99	Talked to Tracy Jurne			0.3			
2/4/99	Tank removal			2.5			
2/11/99	Closed case			0.3			
	<i>Closed 2/11/99</i>						0

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : *Susan L. Hugo* ATTACH: State Forms A, B & C
DATE OF COMPLETION : *2/11/99* DATE SENT TO BILLING: _____
TOTAL COST OF PROJECT: _____ REFUND AMOUNT: *0* Rev. 7/96

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

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

printed 01/19/99

SITE INFORMATION

Berkeley Farms
4550 San Pablo Ave
Emeryville 94608
Site Contact:
Site Phone :

StID: 1754 Site#: 68
PROJECT#: 68A
PROJECT TYPE: *** R ***
INSP: Rob Weston
ACCT. SHEET PG #: _____

PROPERTY OWNER INFORMATION

Owner Contact:
Owner Phone :

PAYOR INFORMATION

Paradiso Construction Co
P O Box 1836
San Leandro CA 94577 # 64
Payor Contact: Ms Linda Martin
Payor Phone : 510-614-8390

Date	Action Taken	Time		Hours Spent/Depstd	Hour Balance	Money Spent/Depositd	Money Balance
		In	Out				
01/19/99	Rcpt# 787695 Deposit of \$630.00 @\$100.Hour			+6.3	+6.3	\$630.00	\$630.00
01/19/99	Admin. Charge: 1 hour			1.00	5.3	100.00	\$530.00
1/20/99	Talked to Lic. Montgomery re: UST			0.6			
1/21/99	Reviewed closure plan			1.3			
1/22/99	Talked to Tracy Sumner re: permit			0.3			
1/27/99	Talked to Tracy Sumner			0.3			
2/4/99	Tank removal			2.5			
2/11/99	Closed case			0.3			
	Closed 2/11/99					0	

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : Mason J. Hays ATTACH: State Forms A, B & C
DATE OF COMPLETION : 2/11/99 Billing Adjustment*
TOTAL COST OF PROJECT: _____ DATE SENT TO BILLING: _____
REFUND AMOUNT: 0 Rev. 7/96

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

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

printed 01/19/99

SITE INFORMATION

Berkeley Farms
4550 San Pablo Ave
Emeryville 94608
Site Contact:
Site Phone :

StID: 1754 Site#: 68
PROJECT#: 68A
PROJECT TYPE: *** R ***
INSP: Rob Weston
ACCT. SHEET PG #: _____

PROPERTY OWNER INFORMATION

Owner Contact:
Owner Phone :

PAYOR INFORMATION

Paradiso Construction Co
P O Box 1836
San Leandro CA 94577 # 64
Payor Contact: Ms Linda Martin
Payor Phone : 510-614-8390

Date	Action Taken	Time In	Time Out	Hours Spent/Depstd	Hour Balnce	Money Spent/Depositd	Money Balance
01/19/99	Rcpt# 787695 Deposit of \$630.00 @\$100.Hour			+6.3	+6.3	\$630.00	\$630.00
01/19/99	Admin. Charge: 1 hour			1.00	5.3	100.00	\$530.00
1/20/99	Talked to Ric Montezano re: UST			0.6			
1/21/99	Reviewed closure plan			1.3			
1/22/99	Talked to Tracy Sumner re: permit			0.3			
1/27/99	Talked to Tracy Sumner			0.3			
2/4/99	Tank removal			2.5			
2/11/99	Closed case			0.3			
	Closed 2/11/99					0	

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : Mason J. Hugo ATTACH: State Forms A, B & C
DATE OF COMPLETION : 2/11/99 Billing Adjustment*
TOTAL COST OF PROJECT: _____ DATE SENT TO BILLING: _____
REFUND AMOUNT: 0 Rev. 7/96

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

ALAMEDA COUNTY ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS PROGRAM
INFORMATION PER SITE ON ALL DEPOSITS FROM ALL PAYORS

as of 02/04/99

DATABASE: DEPREF

===== SITE INFORMATION from DepRef DB =====

Berkeley Farms
4550 San Pablo Ave
Emeryville CA 94608

StID: 1754 Site#: 68
Site Complete?

===== ALL PAYORS ON SITE =====

> Project# 68A for Payor# 64 Paradiso Construction Co
P O Box 1836
San Leandro CA 94577

DR:Wk

===== DEPOSIT INFORMATION =====

Project#	Rcpt#	DepDate	DepAmount	Proj Type	Deposit Complete	Insp Init	Collect Fees?
68A	<-----						
	505568	02/11/88	\$600.00	R	03/22/88	CL	
	804876	12/16/97	\$936.00	R		AG	
	787695	01/19/99	\$630.00	R		RW	
Total Deposit for Project: \$2,166.00							

Total Deps for all Sites : \$2,166.00							

Report WkSht

LAST WORK DATE FROM BILLING ON THIS SITE:

***** Alameda County Department of Environmental Health *****

BILLING's WORKLOG: Total Deposit/Refund History for All Accounts at Site

** SITE INFORMATION **

Site#: 68 -- StID: 1754 Berkeley Farms
 Date Open: 12/16/97 1313 - 53rd St.
 Date Closed: Emeryville CA 94608

** PAYOR INFORMATION **

> Project # ----68A for Payor # 64 Paradiso Construction Co.
 2600 WILLIAMS STREET
 SAN LEANDRO CA 94577

** DEPOSIT HISTORY **

Proj#	Deposit Date	Receipt#	Amount Received
----68A	12/16/97	804876	\$ 936.00
			=====
			\$ 936.00

** WORKLOG HISTORY **

Proj#	Work Date	Activity Description	Insp	Time (hrs)	Amount Charged
----68A	01/02/98	Plan Review:Instal/Mod/Remed or Mtg	RW	0.5	\$47.00
----68A	09/11/98	Tank Removal	RW	1.8	\$180.00
----68A	09/14/98	Removal/Installation Meetings	LS	3.	\$300.00
----68A	09/22/98	Removal/Installation Meetings	LS	0.6	\$60.00
----68A	09/22/98	Removal/Installation Meetings	TP	0.3	\$30.00

					\$617.00

Balance: \$319.00 Amount Refunded:

ALAMEDA COUNTY ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS PROGRAM
 DEPOSIT / REFUND ARCHIVED DAILIES STATEMENT FOR WORK AFTER 01/01/87

database = DAILY ARCHIVES
 ~~~~~

===== SITE INFORMATION =====

Berkeley Farms --- 4550 San Pablo Ave  
 StID: 1754 Site#: Emeryville CA 94608

===== ARCHIVED DAILY - DEPREF STATEMENT ===== as of 02/04/99

--INSPECTOR--

| Act Date | Initial | Time  | \$ Rate | CHARGE | Time  | Charge | Billing Date |
|----------|---------|-------|---------|--------|-------|--------|--------------|
| =====    | =====   | ===== | =====   | =====  | ===== | =====  | =====        |

No Dailies from Archives for this case

ALAMEDA COUNTY ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS PROGRAM  
 DEPOSIT / REFUND ACCOUNT STATEMENT FOR WORK AFTER 01/01/87

as of 02/04/99

database = HAZMAT DAILIES  
 ~~~~~

===== SITE INFORMATION =====

Berkeley Farms * IF Site name from HazMat (central) DB
 4550 San Pablo Ave differs from DepRef's Site Name,
 Emeryville CA 94608 PLEASE RECTIFY WITH LPETERS/CMATYS. *
 StID: 1754

===== WORK LOG INFORMATION FROM DAILIES (after date:01/01/87) =====

--INSPECTOR--

#	Act Date	Initial	Time	\$ Rate	CHARGE	-PROJECT TOTALS-	Error Code or
===	=====	=====	=====	=====	=====	=====	===== **

Proj#:68a
 ~~~~~

- 01/02/98 RW 0.50 94.00 \$47.00 | 0.50 \$47.00 | 01/15/98  
 Activity Code: 45-Plan Review: Install/Mod/Rem;Mtgs  
 Comment: plan review and telecom to Tracy Lum to discuss additional issues. Plan conditionally approved
- 09/11/98 RW 1.80 100.00 180.00 | 2.30 \$227.00 | 10/01/98  
 Activity Code: 42-Tank Removal  
 Comment: two 10K sw steel usts removed
- 09/14/98 LS 3.00 100.00 300.00 | 5.30 \$527.00 | 10/01/98  
 Activity Code: 47-Removal/Installation Meetings  
 Comment: Sampling of soil and groundwater for the removal of two UGT's after overexcavation
- 09/14/98 RW 2.10 100.00 210.00 | 7.40 \$737.00 | 01/19/99  
 Activity Code: 41-Tank Installation/ Modification  
 Comment: on-site to witness over-ex
- 09/22/98 TP 0.30 100.00 \$30.00 | 7.70 \$767.00 | 10/23/98  
 Activity Code: 47-Removal/Installation Meetings  
 Comment: w/Joel Brugger & LS

6 09/22/98 LS 0.60 100.00 \$60.00 | 8.30 \$827.00 | 10/01/98  
Activity Code: 47-Removal/Installation Meetings  
Comment: Phone with consultant, met with Tom

- - SUBTOTAL CURRENT DAILIES, PROJECT 68A

|      |          |
|------|----------|
| 8.30 | \$827.00 |
|------|----------|

- -

Running Total for proj: 68A is 8.3 hours for \$827.00 pag 1

\* ERROR CODE OR BILLING DATE LEGEND:

- 1/1/97 and beyond: Already or nearly Debited
- 1/1/87: Ineligible for Debit: either no deposit or neg. closing balance.
- 1/\*/86: Error codes: need fixing before debiting.
- 1/1/85: Pre 1997 DepRef work marked as Available for Debiting.

===== RECORDS BETWEEN REPRINTS: =====

| PROJ#: | StID: 1754   |      |      |        |        |  | Total | Total   |
|--------|--------------|------|------|--------|--------|--|-------|---------|
| Date   | Action Taken | Init | Time | \$Rate | Charge |  | Time  | Charges |
| -----  | -----        | ---  | ---  | ---    | ---    |  | ---   | ---     |
| -----  | -----        | ---  | ---  | ---    | ---    |  | ---   | ---     |
| -----  | -----        | ---  | ---  | ---    | ---    |  | ---   | ---     |
| -----  | -----        | ---  | ---  | ---    | ---    |  | ---   | ---     |
| -----  | -----        | ---  | ---  | ---    | ---    |  | ---   | ---     |
| -----  | -----        | ---  | ---  | ---    | ---    |  | ---   | ---     |

DRWrkSht; Rev 6/97

Current HazMat Dailies Statement Complete

TOTAL COUNTS: #Current Dailies: 0 Both Archived & Current: 0

REMOVED 2-4-79 - SHUCCO

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A  
COMPLETE THIS FORM FOR EACH FACILITY/SITE



#1754

|                    |                                           |                                           |                                                             |                                                    |
|--------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------------------------|----------------------------------------------------|
| MARK ONLY ONE ITEM | <input type="checkbox"/> 1 NEW PERMIT     | <input type="checkbox"/> 3 RENEWAL PERMIT | <input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION | <input type="checkbox"/> 7 PERMANENTLY CLOSED SITE |
|                    | <input type="checkbox"/> 2 INTERIM PERMIT | <input type="checkbox"/> 4 AMENDED PERMIT | <input type="checkbox"/> 6 TEMPORARY SITE CLOSURE           |                                                    |

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                               |                          |                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|--------------------------|----------------------------------------------------|
| DBA OR FACILITY NAME<br><b>BERKELEY FARMS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | NAME OF OPERATOR                                              |                          |                                                    |
| ADDRESS<br><b>4550 SAN PABLO AVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | NEAREST CROSS STREET<br><b>4TH ST.</b>                        | PARCEL # (OPTIONAL)      |                                                    |
| CITY NAME<br><b>EMERYVILLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | STATE<br><b>CA</b>                                            | ZIP CODE<br><b>94608</b> | SITE PHONE # WITH AREA CODE<br><b>510/420 5600</b> |
| <input checked="" type="checkbox"/> BOX TO INDICATE<br><input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS <input type="checkbox"/> COUNTY AGENCY * <input type="checkbox"/> STATE AGENCY * <input type="checkbox"/> FEDERAL AGENCY *<br><small>* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST</small> |  |                                                               |                          |                                                    |
| TYPE OF BUSINESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS | # OF TANKS AT SITE       | E. P. A. I. D. # (optional)                        |
| <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR<br><input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER                                                                                                                                                                                                                                                                                                                   |  |                                                               |                          |                                                    |

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

|                                                |                                               |                                                |                                               |
|------------------------------------------------|-----------------------------------------------|------------------------------------------------|-----------------------------------------------|
| DAYS: NAME (LAST, FIRST)<br><b>POLAND, PAT</b> | PHONE # WITH AREA CODE<br><b>510/420 0500</b> | DAYS: NAME (LAST, FIRST)<br><b>MADERO, RON</b> | PHONE # WITH AREA CODE<br><b>510/420 5644</b> |
| NIGHTS: NAME (LAST, FIRST)                     | PHONE # WITH AREA CODE                        | NIGHTS: NAME (LAST, FIRST)                     | PHONE # WITH AREA CODE                        |

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

|                                                        |  |                                                                                                                                                                                                                                                                                                                                               |                          |                                               |
|--------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------|
| NAME<br><b>BERKELEY FARMS</b>                          |  | CARE OF ADDRESS INFORMATION                                                                                                                                                                                                                                                                                                                   |                          |                                               |
| MAILING OR STREET ADDRESS<br><b>4550 SAN PABLO AVE</b> |  | <input checked="" type="checkbox"/> box to indicate<br><input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY<br><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY |                          |                                               |
| CITY NAME<br><b>EMERYVILLE</b>                         |  | STATE<br><b>CA</b>                                                                                                                                                                                                                                                                                                                            | ZIP CODE<br><b>94608</b> | PHONE # WITH AREA CODE<br><b>510/420 5600</b> |

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

|                                       |  |                                                                                                                                                                                                                                                                                                                                    |          |                        |
|---------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------|
| NAME OF OWNER<br><b>SAME AS ABOVE</b> |  | CARE OF ADDRESS INFORMATION                                                                                                                                                                                                                                                                                                        |          |                        |
| MAILING OR STREET ADDRESS             |  | <input checked="" type="checkbox"/> box to indicate<br><input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY<br><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY |          |                        |
| CITY NAME                             |  | STATE                                                                                                                                                                                                                                                                                                                              | ZIP CODE | PHONE # WITH AREA CODE |

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

TY (TK) HQ **44-** [ ] [ ] [ ] [ ] [ ] [ ]

V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED

|                                                     |                                                                        |                                                                |                                                   |                                        |                                             |                                      |                                       |
|-----------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------|----------------------------------------|---------------------------------------------|--------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> box to indicate | <input checked="" type="checkbox"/> 1 SELF-INSURED                     | <input type="checkbox"/> 2 GUARANTEE                           | <input type="checkbox"/> 3 INSURANCE              | <input type="checkbox"/> 4 SURETY BOND | <input type="checkbox"/> 5 LETTER OF CREDIT | <input type="checkbox"/> 6 EXEMPTION | <input type="checkbox"/> 7 STATE FUND |
|                                                     | <input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER | <input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT | <input type="checkbox"/> 10 LOCAL GOVT. MECHANISM | <input type="checkbox"/> 99 OTHER      |                                             |                                      |                                       |

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I.  II.  III.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

|                                                                        |                                       |                        |
|------------------------------------------------------------------------|---------------------------------------|------------------------|
| TANK OWNER'S NAME (PRINTED & SIGNATURE)<br><b>TRACY WM [Signature]</b> | TANK OWNER'S TITLE<br><b>PROJ MGR</b> | DATE<br><b>1/18/99</b> |
|------------------------------------------------------------------------|---------------------------------------|------------------------|

LOCAL AGENCY USE ONLY **PARADISO MECHANICAL, INC (AGENT)**

|                          |                              |                                     |
|--------------------------|------------------------------|-------------------------------------|
| COUNTY #<br><b>07</b>    | JURISDICTION #<br><b>000</b> | FACILITY #<br><b>001 372 A 3/99</b> |
| LOCATION CODE - OPTIONAL | CENSUS TRACT # - OPTIONAL    | SUPVISOR - DISTRICT CODE - OPTIONAL |

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.  
OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

# INSTRUCTIONS FOR COMPLETING FORM "A"

## GENERAL INSTRUCTIONS:

SECTION 2711 OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS AND SECTIONS 25286, 25287, AND 25289 OF CHAPTER 6.7, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE REQUIRE OWNERS TO APPLY FOR AN UST OPERATING PERMIT.

1. One FORM "A" shall be completed for all NEW PERMIT CHANGES or any FACILITY/SITE INFORMATION CHANGES.
2. SUBMIT ONLY ONE (1) FORM "A" for a Facility/Site, regardless of the number of tanks located at the site.
3. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
4. Please type or print clearly all requested information.
5. Use a hard point writing instrument, you are making 3 copies.
6. Tank owner must submit a facility plot plan to the local agency as part of the application showing the location of the USTs with respect to buildings and landmarks [Section 2711 (a)(8), CCR].
7. Tank owner must submit documentation showing compliance with state financial responsibility requirements to the local agency as part of the application for petroleum USTs [Section 2711 (a)(11), CCR].

## TOP OF FORM: "MARK ONLY ONE ITEM"

Mark an (X) in the box next to the item that best describes the reason the form is being completed.

### I. FACILITY/SITE INFORMATION & ADDRESS (MUST BE COMPLETED)

1. Record name and address (physical location) of the underground tank(s).  
NOTE: Address MUST have a valid physical location including city, state, and zip code.  
P.O. BOX NUMBERS ARE NOT ACCEPTABLE.  
Include nearest cross street and name of the operator.
2. Phone number must have an area code. If the night number is the same, write "SAME" in proper location.
3. Check the appropriate box for TYPE OF BUSINESS OWNERSHIP (ex. CORPORATION, INDIVIDUAL, etc.).
4. Check the appropriate box for TYPE OF BUSINESS.
5. If Facility/Site is located within an Indian reservation or other Indian trust lands, check the box marked "YES".
6. Indicate the NUMBER of TANKS at this SITE.
7. Record the E.P.A. ID # or write "NONE" in the space provided.

### II. PROPERTY OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

Complete all items in this section, unless all items are the same as SECTION I; If the same, write "SAME AS SITE" across this section. Be sure to check PROPERTY OWNERSHIP TYPE box.

### III. TANK OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

Complete all items in this section, unless all items are the same as SECTION I; If the same, write "SAME AS SITE" across this section. Be sure to check TANK OWNERS TYPE box.

### IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED. SEE ARTICLE 5, CHAPTER 6.75, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE.)

Enter your Board of Equalization (BOE) UST storage fee account number which is required before your permit application can be processed. Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the per gallon fee due on the number of gallons placed in your USTs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at 916-322-9669 or write to the BOE at the following address: Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0001.

### V. PETROLEUM UST FINANCIAL RESPONSIBILITY (MUST BE COMPLETED FOR PETROLEUM USTs ONLY. SEE SECTIONS 2711 (a)(11) OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.)

Identify the method(s) used by the owner and/or operator, in meeting the Federal and State financial responsibility requirements. USTs owned by any Federal or State agency as well as non-petroleum USTs are exempt from this requirement.

### VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Check ONE BOX for the address that will be used for BOTH LEGAL AND BILLING NOTIFICATIONS.

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED. (SEE SECTIONS 2711 (a)(13) OF TITLE 23 CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.)

### INSTRUCTION FOR THE LOCAL AGENCIES

The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number may be assigned by the local agency; however, this number must be numerical and cannot contain any alphabetical characters. If the local agency prefers the State Board to assign the facility number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED IF THE BOE ACCOUNT NUMBER IS NOT FILLED IN. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

HEATING OIL TANK REMOVED 2/4/99



STATE OF CALIFORNIA STATE WATER RESOURCES CONTROL BOARD UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B

#1754

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM: 1 NEW PERMIT, 2 INTERIM PERMIT, 3 RENEWAL PERMIT, 4 AMENDED PERMIT, 5 CHANGE OF INFORMATION, 6 TEMPORARY TANK CLOSURE, 7 PERMANENTLY CLOSED ON SITE, 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: BERKELEY FARMS

I. TANK DESCRIPTION: A. OWNER'S TANK I.D.# 3, B. MANUFACTURED BY: UNKNOWN, C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN, D. TANK CAPACITY IN GALLONS: 2000

II. TANK CONTENTS: A. 1 MOTOR VEHICLE FUEL, 2 PETROLEUM, 3 CHEMICAL PRODUCT, 4 OIL, 80 EMPTY, 95 UNKNOWN, B. 1 PRODUCT, 2 WASTE, C. 1a REGULAR UNLEADED, 1b PREMIUM UNLEADED, 1c MIDGRADE UNLEADED, 2 LEADED, 3 DIESEL, 4 GASAHOL, 5 JET FUEL, 99 OTHER, 6 AVIATION GAS, 7 METHANOL, 8 M85

III. TANK CONSTRUCTION: MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM: 1 DOUBLE WALL, 2 SINGLE WALL, 3 SINGLE WALL WITH EXTERIOR LINER, 4 SINGLE WALL IN A VAULT, 5 INTERNAL BLADDER SYSTEM, 95 UNKNOWN, 99 OTHER. B. TANK MATERIAL: 1 BARE STEEL, 2 STAINLESS STEEL, 3 FIBERGLASS, 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC, 5 CONCRETE, 6 POLYVINYL CHLORIDE, 7 ALUMINUM, 8 100% METHANOL COMPATIBLE W/FRP, 9 BRONZE, 10 GALVANIZED STEEL, 95 UNKNOWN, 99 OTHER. C. INTERIOR LINING OR COATING: 1 RUBBER LINED, 2 ALKYD LINING, 3 EPOXY LINING, 4 PHENOLIC LINING, 5 GLASS LINING, 6 UNLINED, 95 UNKNOWN, 99 OTHER. D. EXTERIOR CORROSION PROTECTION: 1 POLYETHYLENE WRAP, 2 COATING, 3 VINYL WRAP, 4 FIBERGLASS REINFORCED PLASTIC, 5 CATHODIC PROTECTION, 91 NONE, 95 UNKNOWN, 99 OTHER. E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) DROPTUBE YES NO STRIKER PLATE YES NO DISPENSER CONTAINMENT YES NO

IV. PIPING INFORMATION: A. SYSTEM TYPE: A U 1 SUCTION, A U 2 PRESSURE, A U 3 GRAVITY, A U 4 FLEXIBLE PIPING, A U 99 OTHER. B. CONSTRUCTION: A U 1 SINGLE WALL, A U 2 DOUBLE WALL, A U 3 LINED TRENCH, A U 95 UNKNOWN, A U 99 OTHER. C. MATERIAL AND CORROSION PROTECTION: A U 1 BARE STEEL, A U 2 STAINLESS STEEL, A U 3 POLYVINYL CHLORIDE (PVC), A U 4 FIBERGLASS PIPE, A U 5 ALUMINUM, A U 6 CONCRETE, A U 7 STEEL W/ COATING, A U 8 100% METHANOL COMPATIBLE W/FRP, A U 9 GALVANIZED STEEL, A U 10 CATHODIC PROTECTION, A U 95 UNKNOWN, A U 99 OTHER. D. LEAK DETECTION: 1 MECHANICAL LINE LEAK DETECTOR, 2 LINE TIGHTNESS TESTING, 3 CONTINUOUS INTERSTITIAL MONITORING, 4 ELECTRONIC LINE LEAK DETECTOR, 5 AUTOMATIC PUMP SHUTDOWN, 99 OTHER UNKNOWN

V. TANK LEAK DETECTION: 1 VISUAL CHECK, 2 MANUAL INVENTORY RECONCILIATION, 3 VADOZE MONITORING, 4 AUTOMATIC TANK GAUGING, 5 GROUND WATER MONITORING, 6 ANNUAL TANK TESTING, 7 CONTINUOUS INTERSTITIAL MONITORING, 8 SIR, 9 WEEKLY MANUAL TANK GAUGING, 10 MONTHLY TANK TESTING, 95 UNKNOWN, 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE): 1. ESTIMATED DATE LAST USED (MO/DAY/YR) N/A, 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING GALLONS, 3. WAS TANK FILLED WITH INERT MATERIAL? YES NO

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

TANK OWNER'S NAME (PRINTED & SIGNATURE) TRACY LUM, DATE 1/18/99

LOCAL AGENCY USE ONLY: THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW. STATE I.D.# 01 000, COUNTY # 01, JURISDICTION # 000, FACILITY # 001372, TANK # 000003. PERMIT NUMBER, PERMIT APPROVED BY/DATE, PERMIT EXPIRATION DATE

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS. FORM B (6-95)

## INSTRUCTIONS FOR COMPLETING FORM "B"

### GENERAL INSTRUCTIONS

Section 2711 of Title 23, Division 3, Chapter 16, California Code of Regulations and sections 25286, 25287, and 25289 of Chapter 6.7, Division 20, Health and Safety Code require tank owners to apply for an UST operating permit.

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(8) CCR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) CCR].

### TOP OF FORM: MARK ONLY ONE ITEM

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

### I. TANK DESCRIPTION - COMPLETE ALL ITEMS - IF UNKNOWN - SO SPECIFY

- A. Indicate owners tank ID # - if there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

### II. TANK CONTENTS

- A. 1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.  
2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

### III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. If OTHER, print in the space provided.

### IV. PIPING INFORMATION

1. Circle "A" if above ground circle "U" if underground, and circle both if applicable.
2. If UNKNOWN circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

### V. TANK LEAK DETECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

### VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88)
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check "Yes" or "No".

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED [see section 2711 (a)(13) CCR]

### INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency, however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.



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 # 1754 Site Name BERKELEY FARMS Today's Date 2/4/99  
Site Address 4550 SAN PABLO AVENUE  
City ENERVILLE Zip 94608 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  
MANIFEST # 98459488

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

**Comments:**

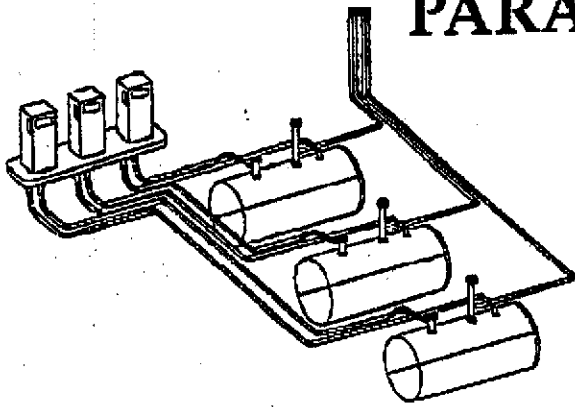
ON SITE FOR THE REMOVAL OF 2,000 gal  
HEATING FUEL TANK (UST). TANK WAS UNCOVERED  
DURING DECOMMISSIONING OF THE PLANT.  
GEORGE WARREN FROM FIRE DEPT. present. NOEL GREGER  
PRESENT TO COLLECT SAMPLES.  
TANK APPEARED TO BE IN GOOD SHAPE. NO VISIBLE  
HOLES PRESENT. TANK'S LEL=0 ; O2= 11%.  
TWO SOIL SAMPLES WERE COLLECTED, ONE FROM EACH  
END OF THE TANK.  
ECI - tank hauler; MANIFEST # 98459488

Contact \_\_\_\_\_  
Title \_\_\_\_\_  
Signature \_\_\_\_\_

Inspector \_\_\_\_\_  
Signature Susan F. Hugo

II, III

# PARADISO MECHANICAL, INC.



GENERAL & PETROLEUM CONTRACTORS  
and ENVIRONMENTAL SERVICES

P.O. BOX 1836  
2600 WILLIAMS STREET  
SAN LEANDRO, CA 94577

LICENSE NO. 577908  
PHONE (510) 614-8390  
FAX (510) 614-8396

## FAX COVER SHEET

DATE: 1-21-99

NUMBER OF PAGES INCLUDING COVER SHEET: 2

TO: Alameda County

ATTENTION: Sue Hugo

FAX NUMBER: 510 337-9335

FROM: Rick Montesano ext. 104.

SUBJECT: Berk. Farms 4550 San Pablo av.  
Emeryville. Erickson not available  
until 10:00 AM 1-26-99. Tuesday.

REMARKS: Please call me to confirm  
Tuesday tank removal.

mobile 510 719-0448

PLEASE CALL OUR OFFICE IF YOU DO NOT RECEIVE ALL PAGES. THANK YOU.  
PH: 510/614-8390 AND FAX: 510/614-8396

JAN-21-99 THU 15:45

P.02702



**BERKELEY FARMS, Inc.** P.O. Box 4616 • Hayward • California 94540-4616 • Telephone (510) 265-8630

January 21, 1999

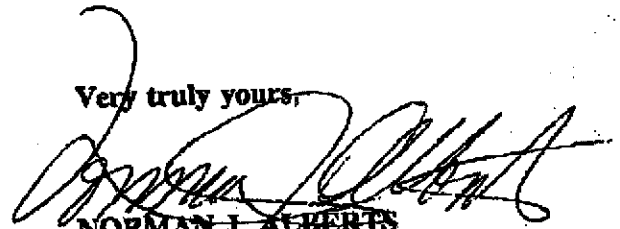
**RE: Authorization Letter**

**TO WHOM IT MAY CONCERN:**

**Mr. Eric V. Montesano of Paradiso Mechanical, Inc. has permission to obtain and sign for any permits for Berkeley Farms, Inc.**

**Please contact me if any additional information is required.**

Very truly yours,



**NORMAN J. ALBERTS**  
Chief Executive Officer  
BERKELEY FARMS, INC.

NJA:blh

2680 Cloverdale Avenue, Concord, CA 94518-2403 (510) 676-5858

11507 Blackie Rd., Casnoville, CA 95012-3211 (408) 633-2697

1276 Reamwood Ave., Sunnyvale, CA 94089-2211 (408) 714-8900

2065 Oakdale Avenue, San Francisco, CA 94124-2096 (415) 821-5900

561 Eccles Avenue, South San Francisco, CA 94080-1981 (415) 871-8303

P.02

JAN-21-99 THU 05:29 PM

**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**

STD 1704  
 SUSAN HUGO  
 Project Specialist  
 6/97

**ACCEPTED**

Underground Storage Tank Closure Permit Application  
 Alameda County Division of Hazardous Materials  
 1731 Harbor Bay Parkway, Suite 250  
 Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/destination.  
 One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.  
 Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
  - Sampling
  - Final Inspection
- Issuance of a) permit to operate, b) permanent site 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:

*Susan Hugo*  
 1/21/99

**UNDERGROUND TANK CLOSURE PLAN**

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

1. Name of Business BERKELEY FARMS  
 Business Owner or Contact Person (PRINT) RON MADERO
2. Site Address 4550 SAN PABLO AVE.  
 City EMERYVILLE Zip 94608 Phone 510/420 51000
3. Mailing Address SAME AS ABOVE  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
4. Property Owner BERKELEY FARMS  
 Business Name (if applicable) BERKELEY FARMS  
 Address SAME AS ABOVE  
 City, State \_\_\_\_\_ Zip \_\_\_\_\_
5. Generator name under which tank will be manifested  
BERKELEY FARMS

EPA ID# under which tank will be manifested CA 000023184

|                                                         |                             |
|---------------------------------------------------------|-----------------------------|
| Post-It™ brand fax transmittal memo 7671 # of pages ▶ 7 |                             |
| To <u>TRACY LUM</u>                                     | From <u>SUSAN HUGO</u>      |
| Co. <u>PARADISO</u>                                     | Co. <u>ACDEH</u>            |
| Dept. _____                                             | Phone # _____               |
| Fax # <u>510 - 614 - 8396</u>                           | Fax # <u>(510) 337-9339</u> |

6. Contractor PARADISO MECHANICAL, INC  
Address 2000 WILLIAMS ST  
City SAN LEANDRO Phone 510/6148390  
License Type\* B, C, C10, C61/D23 & HAZ A ID# 677909

\*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) N/A  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Phone \_\_\_\_\_

8. Main Contact Person for Investigation (if applicable)  
Name RICK MONTESANO Title PROJ. MGR  
Company PARADISO MECHANICAL  
Phone 510/6148390

9. Number of underground tanks being closed with this plan 1  
Length of piping being removed under this plan 7  
Total number of underground tanks at this facility (\*\*confirmed with owner or operator) 1

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 ECI EPA I.D. No. CAD009440392  
Hauler License No. 019 License Exp. Date \_\_\_\_\_  
Address 255 PARR BLVD  
City RICHMOND State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name SAME AS ABOVE EPA ID# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c) Tank and Piping Transporter

Name ECI EPA I.D. No. CADEC0940039Z  
Hauler License No. 019 License Exp. Date \_\_\_\_\_  
Address 255 PARR BLVD  
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name SAME AS ABOVE EPA I.D. No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

11. Sample Collector

Name GEO LOGIC / JOEL GREGER C.E.G.  
Company GEO LOGIC  
Address 1140 5TH AVE  
City CROCKETT State CA Zip 94525 Phone 925/7876867

12. Laboratory

✓ Name SEQUOIA ANALYTICAL LABS  
Address 2549 MIDDLEFIELD RD  
City REDWOOD CITY State CA Zip 94063  
State Certification No. 1271

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

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

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

50 LBS OF DRY ICE PER 1,000 GALLONS  
OF TANK CAPACITY

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<br>(tank contents, soil,<br>groundwater) | Location and<br>Depth of Samples                             |
|----------|------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------|
| Capacity | Use History<br>include date last<br>used (estimated) |                                                                 |                                                              |
| 2000     | DIESEL                                               | SOIL AND/OR<br>GROUND WATER                                     | AT EACH TANK<br>END @ BACK-<br>FILL/NATIVE<br>SOIL INTERFACE |

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

Stockpiled Soil Volume (estimated)

Sampling Plan

*Stockpiled soil generated during tank removal must be characterized for disposal.*

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 [ ] no  unknown

If yes, explain reasoning NOT KNOWN AT THIS TIME -

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 & BTEX         | <u>AS REQUIRED ON TABLE #2</u>                | GC/FID<br>8020 028240               |                        |



18. Submit Worker's Compensation Certificate copy

Name of Insurer REPUBLIC INDEMNITY

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 FARADISO MECHANICAL

Name of Individual TRACY LUM

Signature [Signature] Date 1/19/99

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business BERKELEY FARMS

Name of Individual ERIC V. MONTESANO

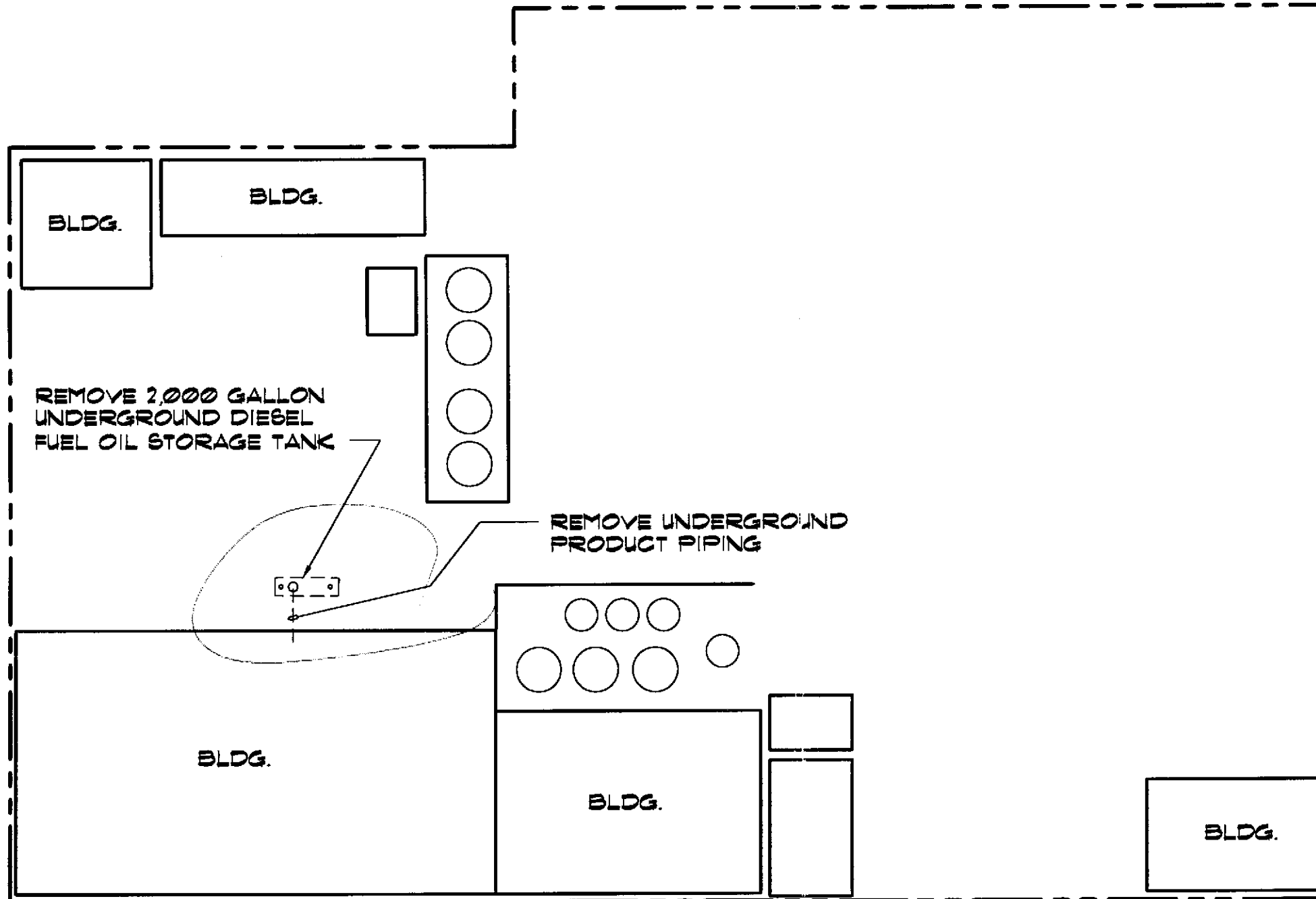
Signature [Signature] Date 1/19/99

Readily  
1350 Ocean Avenue  
Emeryville, Ca 94608  
510/652-5800



47TH STREET

45TH STREET



SAN PABLO AVENUE

SITE PLAN



PARADISO REMEDIATION, INC.  
 2800 Williams Street  
 San Leandro, California 94577  
 (510) 614-6300

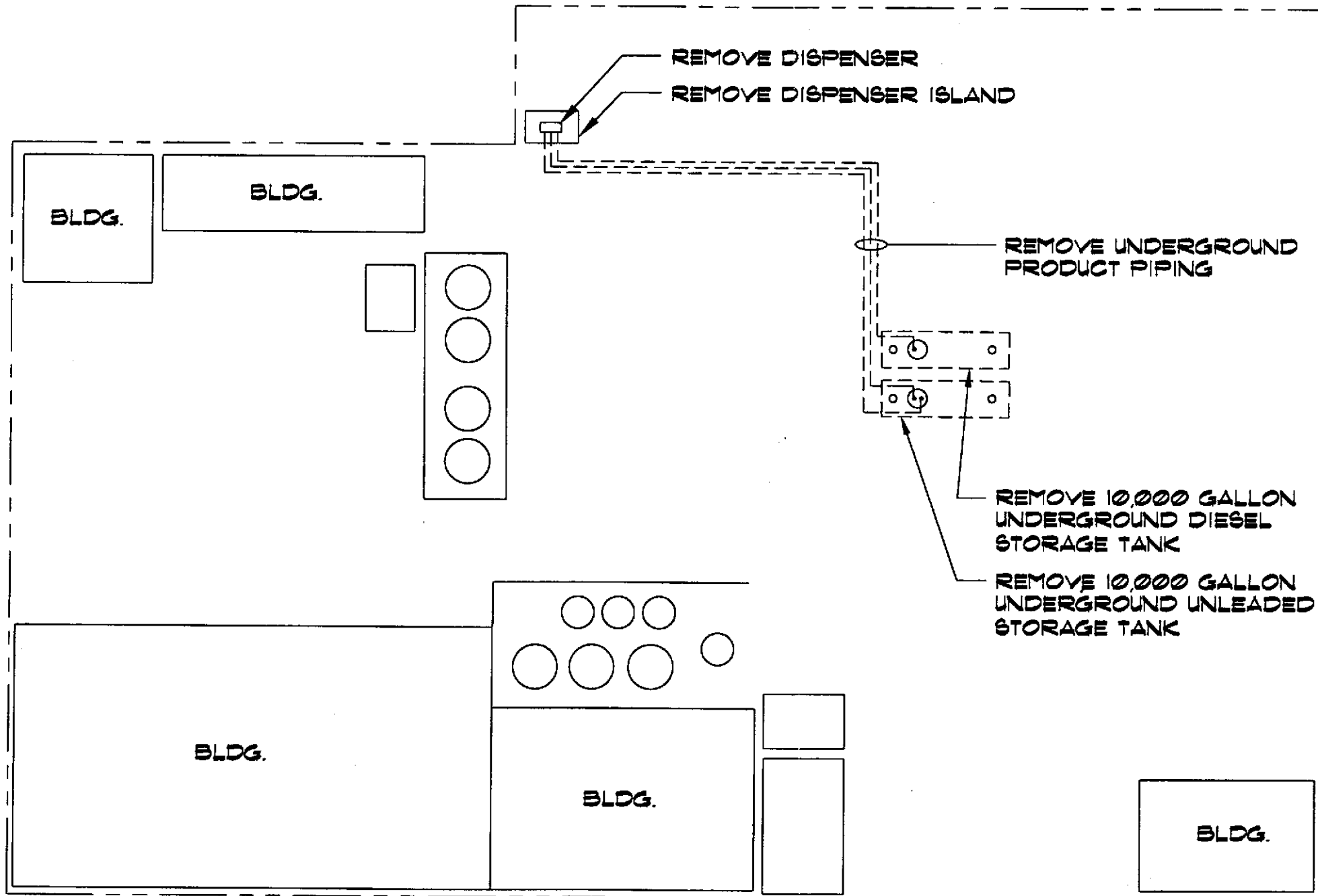
UNDERGROUND TANK REMOVAL  
 4550 SAN PABLO AVENUE  
 EMERYVILLE, CA



A01

47TH STREET

45TH STREET



SAN PABLO AVENUE

SITE PLAN



PABLO ABRAHAM, INC.  
 2800 Wilshire Street  
 San Leandro, California 94577  
 510 64-8380

UNDERGROUND TANK REMOVAL  
 4550 SAN PABLO AVENUE  
 EMERYVILLE, CA



101

1/5/99



State of California  
CONTRACTORS STATE LICENSE BOARD  
ACTIVE LICENSE



License Number **677909** Entity **CORP**

Business Name **PARADISO MECHANICAL INC**

Classification(s) **B C-8 C10 C61/D23 HAZ A**

Expiration Date **09/30/1999**



C36  
20  
43

|                                                                                                                        |  |                                                                                                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b>                                                                                                        |  | DATE (MM/DD/YY)<br>1/5/99                                                                                                                                                                                                                          |  |
| MEIER COMMERCIAL INSURANCE<br>11 EMBARCADERO WEST, SUITE 133<br>OAKLAND, CA 94607<br>(510) 893-1222 FAX (510) 594-9470 |  | 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.<br><b>COMPANIES AFFORDING COVERAGE</b> |  |
| INSURED<br>PARADISO MECHANICAL, INC<br>P.O. BOX 1838<br>SAN LEANDRO, CA 94577                                          |  | COMPANY A                                                                                                                                                                                                                                          |  |
|                                                                                                                        |  | COMPANY B                                                                                                                                                                                                                                          |  |
|                                                                                                                        |  | COMPANY C                                                                                                                                                                                                                                          |  |
|                                                                                                                        |  | COMPANY D INDUSTRIAL INDEMNITY COMPANY                                                                                                                                                                                                             |  |

**COVERAGE**

THIS IS TO CERTIFY THAT THE 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, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF INSURANCE                                                                                                                                                                                                                     | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                                                                                                                                              |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | GENERAL LIABILITY<br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT                             |               |                                  |                                   | GENERAL AGGREGATE \$<br>PRODUCTS - COMPROP AGG \$<br>PERSONAL & ADV INJURY \$<br>EACH OCCURRENCE \$<br>FIRE DAMAGE (Any one fire) \$<br>MED EXP (Any one person) \$ |
|        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |               |                                  |                                   | COMBINED SINGLE LIMIT \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE \$                                                  |
|        | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO                                                                                                                                                                                 |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY:<br>EACH ACCIDENT \$<br>AGGREGATE \$                                                                             |
|        | EXCESS LIABILITY<br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM                                                                                                                       |               |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$                                                                                                                                  |
| D      | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY<br>THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL                                                                          | JY521043-1    | 1/01/99                          | 1/01/00                           | <input checked="" type="checkbox"/> STATUTORY LIMITS<br>EACH ACCIDENT \$ 1,000,000<br>DISEASE - POLICY LIMIT \$ 1,000,000<br>DISEASE - EACH EMPLOYEE \$ 1,000,000   |
|        | OTHER                                                                                                                                                                                                                                 |               |                                  |                                   | 10 DAY NOTICE OF CANCEL FOR NON- PAYMENT OF PREMIUM                                                                                                                 |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 RE: ALL CALIFORNIA OPERATIONS PERFORMED BY NAMED INSURED.

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>INSURED'S COPY</b></p> | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>ANITA TONI MEIER <i>Toni Meier</i> |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**PERMIT**

Permit Issued To

(Insert Employer's Name, Address and Telephone No.)

|                                                                                                |
|------------------------------------------------------------------------------------------------|
| Paradiso Mechanical Inc<br>2600 Williams St<br>San Leandro CA 94577-3153<br><br>(510) 614-8390 |
|------------------------------------------------------------------------------------------------|

|          |                |
|----------|----------------|
| No.      | _____          |
| Date     | 12/6/98        |
| Region   | 1              |
| District | 4              |
| Tel.     | (510) 568-8602 |

Type of Permit T1-ANNUAL TRENCH/EXCAVATION

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

|                                   |                  |                 |                   |                      |          |                   |  |
|-----------------------------------|------------------|-----------------|-------------------|----------------------|----------|-------------------|--|
| State Contractor's License Number |                  | 677909          |                   | Permit Valid through |          | December 31, 1999 |  |
| Description of Project            | Location Address | City and County | Anticipated Dates |                      | Starting | Completion        |  |
|                                   |                  |                 |                   |                      |          |                   |  |
| Various                           | Statewide        |                 |                   |                      | 1/1/99   | 12/31/99          |  |

**This Permit is issued upon the following conditions:**

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4

|                                               |          |             |  |
|-----------------------------------------------|----------|-------------|--|
| Received From                                 |          | Received By |  |
| Eric Montesano                                |          | Permit Unit |  |
| <input type="checkbox"/> Cash                 | Amount   | Date        |  |
| <input checked="" type="checkbox"/> Check 697 | \$100.00 | 12/6/98     |  |

|                 |                    |                 |         |
|-----------------|--------------------|-----------------|---------|
| Investigated by | _____              | Safety Engineer | Date    |
| Approved by     | <i>[Signature]</i> | Permit Unit     | 12/6/98 |
|                 |                    |                 | Date    |

STATE OF CALIFORNIA  
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



*Building Quality*



## HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: Paul Anthony Paradiso

License No.: 677909

Business Name: Paradiso Mechanical, Inc.

WITNESS my hand and official seal this  
4th day of November, 1993

*David R. Phillips*  
Registrar of Contractors

ISL-36 (12/91)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A 5933



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 # 1754 Site Name Berkeley Farms Today's Date 10/8/98  
Site Address 4550 San Pablo Ave.  
City Emeryville Zip 94608 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

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

**Comments:**

*On site: Met Joel Zeyer -  
Currently backfilling tank excavation.  
Observed locations of samples collected  
from piping trenches & dispenser area.  
- need to submit UST Closure report - to include  
- results of sampling  
- manifests of USTs  
- disposal records of soil piles.*

Contact \_\_\_\_\_  
Title \_\_\_\_\_  
Signature \_\_\_\_\_  
Inspector \_\_\_\_\_  
Signature Josue F. Lopez

II, III

LOP RECORD CHANGE REQUEST FORM

printed:  
09/24/98

Mark Out What Needs Changing and Hand to LOP Data Entry  
(Name/Address changes go to Annual Programs Data Entry)

Insp: SH

AGENCY # : 10000      SOURCE OF FUNDS: F      SUBSTANCE: 8006619  
 StID : 1754      LOC:  
 SITE NAME: Berkeley Farms      DATE REPORTED : 09/11/98  
 ADDRESS : 4550 San Pablo Ave      DATE CONFIRMED: 09/11/98  
 CITY/ZIP : Emeryville      94608      MULTIPLE RPs : N

SITE STATUS

-----  
 CASE TYPE: W      CONTRACT STATUS: 2      PRIOR CODE:2B3      EMERGENCY RESP:  
 RP SEARCH: S      DATE COMPLETED: 09/25/98  
 PRELIMINARY ASMNT: U      DATE UNDERWAY: 09/14/98      DATE COMPLETED:  
 REM INVESTIGATION:      DATE UNDERWAY:      DATE COMPLETED:  
 REMEDIAL ACTION:      DATE UNDERWAY:      DATE COMPLETED:  
 POST REMED ACT MON:      DATE UNDERWAY:      DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1      DATE ENFORCEMENT ACTION TAKEN: 09/24/98  
 LUFT FIELD MANUAL CONSID: 3HSCA  
 CASE CLOSED:      DATE CASE CLOSED:  
 DATE EXCAVATION STARTED : 09/11/98      REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

-----  
 RP#1-CONTACT NAME: Mr. Norman Albert  
 COMPANY NAME: Berkeley Land Company  
 ADDRESS: 25500 Clawiter Road  
 CITY/STATE: Hayward, California 94545

| INSPECTOR VERIFICATION:   |                 |                       |                      |
|---------------------------|-----------------|-----------------------|----------------------|
| NAME _____                | SIGNATURE _____ | DATE _____            |                      |
| DATA ENTRY INPUT:         |                 |                       |                      |
| Name/Address Changes Only |                 | Case Progress Changes |                      |
| ANNPGMS _____             | LOP _____       | DATE _____            | LOP _____ DATE _____ |

### BILLING ADJUSTMENT FORM

Date: 9/16/98

STID#: 1754

Caller: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: Berkeley Farms

Site Address: 4550 San Pablo Ave. City Emeryville Zip 94608

REQUESTED CHANGES: R. Weston oversaw removal of 2 usts on  
9/11/98

|                                               |              |
|-----------------------------------------------|--------------|
| Billing Acct#                                 |              |
| <input type="checkbox"/> Generator...H        | _____        |
| <input type="checkbox"/> HMMP.....L           | _____        |
| <input checked="" type="checkbox"/> UST.....T | <u>81063</u> |

Received by: na

**Discontinue billing with explanation and date:**

- Generator \_\_\_\_\_
- HMMP (AB2185) \_\_\_\_\_
- UST Removed 2 usts; none left

**Continue billing with following changes:**

- |                                                            |             |           |
|------------------------------------------------------------|-------------|-----------|
| <input type="checkbox"/> Change number of EMPLOYEES        | From: _____ | To: _____ |
| <input checked="" type="checkbox"/> Change number of TANKS | <u>2</u>    | <u>0</u>  |
| <input type="checkbox"/> HMMP (AB2185) - See Attachment    |             |           |
| <input type="checkbox"/> Updated information below:        |             |           |

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Site address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Business Owner \_\_\_\_\_ Phone \_\_\_\_\_

BILLING address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Specialist: Robert Weston

Date: 9-17-98

Sent to billing na  
on 9/17/98

# Transfer of Eligible Local Oversight Case

STID 1754 Date of input/By: NO 9/16/98  
9-15-98

Date: 9-14-98 From: ROBERT WESTON

Site Name: BERNICEY FARMS

Address: 4550 SAN PABLO AVE City: EMERYVILLE Zip: 94608

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

1.  Y  N Tanks Removed? # of removed? 2 Date removed: 9-11-98
2.  Y  N Samples received? Contamination level: \_\_\_\_\_ ppm  
Type of test \_\_\_\_\_ OBVIOUS VISUAL  
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: \_\_\_\_\_  
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.

STID  
1754

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

|                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                     |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| EMERGENCY<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>FOR LOCAL AGENCY USE ONLY</b><br>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.<br>SIGNED: <i>Robert Weston</i> DATE: <i>9-14-98</i> |                                     |
| REPORT DATE<br><i>09/11/98</i>                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CASE #                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                     |
| REPORTED BY                                                                      | NAME OF INDIVIDUAL FILING REPORT<br><i>Joel G. Greger</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  | PHONE<br><i>(510) 7876867</i>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                | SIGNATURE<br><i>Joel G. Greger</i>  |
|                                                                                  | REPRESENTING<br><input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  | COMPANY OR AGENCY NAME<br><i>Geo-Logic</i>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                |                                     |
|                                                                                  | ADDRESS<br><i>1140 - 5th Ave Crockett CA 94525</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                     |
| RESPONSIBLE PARTY                                                                | NAME<br><i>Berkeley Farms</i> <input type="checkbox"/> UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  | CONTACT PERSON<br><i>Norm Alberts</i>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                | PHONE<br><i>(415) 2658636</i>       |
|                                                                                  | ADDRESS<br><i>25500 Clawick Rd Hayward CA</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                     |
| SITE LOCATION                                                                    | FACILITY NAME (IF APPLICABLE)<br><i>Former Berkeley Farms Dairy</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  | OPERATOR<br><i>(None)</i>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                | PHONE                               |
|                                                                                  | ADDRESS<br><i>9550 San Pablo Avenue Emeryville Alameda 94608</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                     |
|                                                                                  | CROSS STREET<br><i>47th St.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                     |
| IMPLEMENTING AGENCIES                                                            | LOCAL AGENCY<br><i>Alameda County Env. Health Svcs.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  | AGENCY NAME<br><i>Alameda County Env. Health Svcs.</i>                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                | CONTACT PERSON<br><i>Susan Hugo</i> |
|                                                                                  | REGIONAL BOARD<br><i>SF Bay Region</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  | PHONE<br><i>(510) 5676780</i>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                | PHONE<br><i>( )</i>                 |
| SUBSTANCES INVOLVED                                                              | (1) NAME<br><i>Diesel</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  | QUANTITY LOST (GALLONS)<br><input type="checkbox"/> UNKNOWN                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                |                                     |
|                                                                                  | (2) NAME<br><i>gasoline</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  | <input type="checkbox"/> UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                |                                     |
| DISCOVERY/ABATEMENT                                                              | DATE DISCOVERED<br><i>09/11/98</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  | HOW DISCOVERED<br><input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS<br><input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER                                                                                                                                                     |                                                                                                                                                                                                                                                |                                     |
|                                                                                  | DATE DISCHARGE BEGAN<br><input type="checkbox"/> UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)<br><input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING<br><input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE<br><input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER <i>(2-10K tanks)</i> |                                                                                                                                                                                                                                                |                                     |
|                                                                                  | HAS DISCHARGE BEEN STOPPED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <i>09/11/98</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                     |
| SOURCE/CAUSE                                                                     | SOURCE OF DISCHARGE<br><input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  | CAUSE(S)<br><input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <i>no holes seen in tanks</i><br><input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER                                                                                                                                                               |                                                                                                                                                                                                                                                |                                     |
|                                                                                  | CHECK ONE ONLY<br><input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                     |
| CURRENT STATUS                                                                   | CHECK ONE ONLY<br><input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION<br><input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS<br><input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input checked="" type="checkbox"/> CLEANUP UNDERWAY                                                                                                                                                                           |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                     |
|                                                                                  | CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)<br><input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input checked="" type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT)<br><input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS)<br><input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS)<br><input type="checkbox"/> OTHER (OT) |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                     |
| COMMENTS                                                                         | <i>Rob Weston of Alameda Co. present at tank pull (9-11-98)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                     |

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.5, 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

### REMEDIAL 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 944212, 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.



Address: \_\_\_\_\_

PROJECT # \_\_\_\_\_ State Forms A, B & C  
PROJECT COMPLETED BY : \_\_\_\_\_ ATTACH:  Billing Adjustment\*  
DATE OF COMPLETION : \_\_\_\_\_ DATE SENT TO BILLING: \_\_/\_\_/\_\_  
TOTAL PROJECT COST : \_\_\_\_\_ REFUND AMOUNT: \$ \_\_\_\_\_

Billing adjustment form needed if site is in our UST program.

DRCsCmpl; Rev 6/97

Current HazMat Dailies Statement Complete

TOTAL COUNTS: #Current Dailies: 2 Both Archived & Current: 2



ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION  
DEPOSIT / REFUND ACCOUNT SHEET

printed 12/17/97

SITE INFORMATION

Berkeley Farms  
4550 San Pablo Ave  
Emeryville 94608  
Site Contact:  
Site Phone :

|                        |           |
|------------------------|-----------|
| StID: 1754             | Site#: 68 |
| PROJECT#: 68A          |           |
| PROJECT TYPE: *** R    | ***       |
| INSP: <i>ARIN Leve</i> |           |
| ACCT. SHEET PG #:      |           |

PROPERTY OWNER INFORMATION

Owner Contact:  
Owner Phone :

PAYOR INFORMATION

Paradiso Construction Co  
P O Box 1836  
San Leandro CA 94577 # 64  
Payor Contact: Ms Linda Martin  
Payor Phone : 510/614-8390

| Date          | Action Taken                                                                                                             | Time  |       | Hours Spent/ Depstd | Hour Balnce | Money Spent/ Depositd | Money Balance |
|---------------|--------------------------------------------------------------------------------------------------------------------------|-------|-------|---------------------|-------------|-----------------------|---------------|
|               |                                                                                                                          | In    | Out   |                     |             |                       |               |
| 12/16/97      | Rcpt# 804876<br>Deposit of \$936.00 @ \$94/hour                                                                          |       |       | +9.95               | +9.95       | \$936.00              | \$936.00      |
| 12/16/97      | Admin. Charge: 1 hour                                                                                                    | ..... | ..... | 1.00                | 8.95        | 94.00                 | \$842.00      |
| <u>1-2-98</u> | <u>PLAN REVIEWED +</u><br><u>APPROVED. TELECOM</u><br><u>TO TRACY LUM</u><br><u>RE: CONDITIONS OF</u><br><u>APPROVAL</u> |       |       | <u>.5</u>           |             |                       |               |

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : \_\_\_\_\_ ATTACH:  State Forms A,B & C  
 Billing Adjustment\*  
DATE OF COMPLETION : \_\_\_\_\_ DATE SENT TO BILLING: \_\_\_\_\_  
TOTAL COST OF PROJECT: \_\_\_\_\_ REFUND AMOUNT: \_\_\_\_\_ Rev. 7/96

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

ALAMEDA COUNTY ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS PROGRAM  
 DEPOSIT / REFUND ARCHIVED DAILIES STATEMENT FOR WORK AFTER 10/02/97

database = DAILY ARCHIVES  
 ~~~~~

=====
 SITE INFORMATION
 =====

Mariner Boat Yard --- 2415 Mariner Square Dr
 StID: 2945 Site#: --2048? Alameda CA 94501

=====
 ARCHIVED DAILY - DEPREF STATEMENT as of 11/21/97
 =====

--INSPECTOR--

Act Date	Initial	Time	\$ Rate	CHARGE	Time	Charge	Billing Date
=====	=====	=====	=====	=====	=====	=====	=====

Proj#:2048A

10/11/90	KC	1.25	60.00	\$75.00	1.25	\$75.00	
Activity Code: 45-Plan Review:Install/Mod/Rem;Meeting							
Comment:							

11/26/90	KC	0.50	60.00	\$30.00	1.75	\$105.00	
Activity Code: 45-Plan Review:Install/Mod/Rem;Meeting							
Comment:							

- - - SUBTOTAL ARCHIVE-90, PROJECT 2048A

1.75	\$105.00
------	----------

DRDai90 ; Rev 4/97

Number of Daily records from ARCHIVED DAILIES:

2

ST19
1754

REMOVED
9-11-98
RW



STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A
COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME BERKELEY FARMS		NAME OF OPERATOR		
ADDRESS 4550 SAN PABLO AVE		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME EMERYVILLE	STATE CA	ZIP CODE 94608	SITE PHONE # WITH AREA CODE 510/4205600	
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS <input type="checkbox"/> COUNTY AGENCY * <input type="checkbox"/> STATE AGENCY * <input type="checkbox"/> FEDERAL AGENCY *				
* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST				
TYPE OF BUSINESS		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 20	E. P. A. I. D. # (optional)
<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM	<input checked="" type="checkbox"/> 5 OTHER	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) MADERO, RON	PHONE # WITH AREA CODE 510/4205600	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME BERKELEY FARMS		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 4550 SAN PABLO AVE		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME EMERYVILLE	STATE CA	ZIP CODE 94608	PHONE WITH AREA CODE 510/4205600	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER SAME AS ABOVE		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME	STATE	ZIP CODE	PHONE # WITH AREA CODE	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

TY (TK) HQ **44** - [] [] [] [] [] []

V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED

<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 7 STATE FUND
	<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input type="checkbox"/> 10 LOCAL GOVT. MECHANISM	<input type="checkbox"/> 99 OTHER			

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I. II. III.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

TANK OWNER'S NAME (PRINTED & SIGNATURE) TRACY W. LUM	TANK OWNER'S TITLE PROJ MGR	DATE MONTH/DAY/YEAR 12/5/97
--	---------------------------------------	---------------------------------------

LOCAL AGENCY USE ONLY **PARADISO MECHANICAL**

COUNTY # 01	JURISDICTION # 000	FACILITY # 001372	NO 9/16/98
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL	

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

STW
1754

Removed 3-11-78
RW



STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B
Removed 9-11-98; K. Weston
COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

1754

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **BERKELEY FARMS**

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.#	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN	D. TANK CAPACITY IN GALLONS: 10,000

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			C. A. S. #:		

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 99 OTHER	
C. INTERIOR LINING OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) NO		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) NO	
	DROP TUBE YES <input checked="" type="checkbox"/> NO ___		STRIKER PLATE YES <input checked="" type="checkbox"/> NO ___	
			DISPENSER CONTAINMENT YES ___ NO <input checked="" type="checkbox"/>	

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 99 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
			<input type="checkbox"/> 99 OTHER		

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input checked="" type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

1. ESTIMATED DATE LAST USED (MO/DAY/YR) N/A	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--	--

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

TANK OWNER'S NAME (PRINTED & SIGNATURE) TRACY W. LUM	DATE 12/5/97
---	---------------------

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	01	000	001372	000061
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE 9/16/98		

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS

Section 2711 of Title 23, Division 3, Chapter 16, California Code of Regulations and sections 25286, 25287, and 25289 of Chapter 6.7, Division 20, Health and Safety Code require tank owners to apply for an UST operating permit.

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(8) CCR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) CCR].

TOP OF FORM: MARK ONLY ONE ITEM

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

I. TANK DESCRIPTION - COMPLETE ALL ITEMS - IF UNKNOWN - SO SPECIFY

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

II. TANK CONTENTS

- A. 1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.
2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. If OTHER, print in the space provided.

IV. PIPING INFORMATION

1. Circle "A" if above ground circle "U" if underground, and circle both if applicable.
2. If UNKNOWN circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

V. TANK LEAK DETECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88)
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check "Yes" or "No".

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED [see section 2711 (a)(13) CCR]

INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency, however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

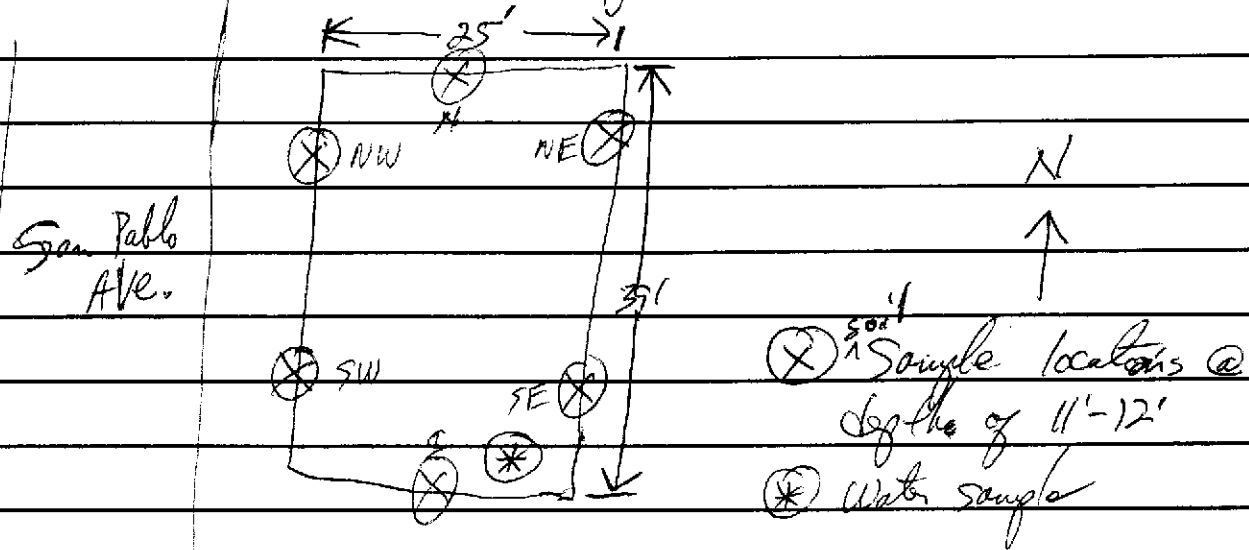
IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #:	FACILITY NAME: Berkeley Farms, 4550 San Pablo Ave, Emeryville	PG. 1 OF 1
---------	---	------------

SUPPLEMENTAL FORM

Sampling was done ^{today} after removal of a 10,000 gallon tank and a 10,000 gallon tank last week. As per Joel Greger, of Geo-logic his understanding with Rob Weston was sampling was not necessary below the tanks since the excavation was obviously completed. Confirmatory samples were to be taken after overexcavation. I arrived at the site at 2:00 PM, after overexcavation had been completed. Six soil samples were taken from the native soil in the area diagramed below. In addition stockpile soil samples were taken. The stockpile were separated - soil above the UGT, and soil below the UGT. Excavation Depth 13.0'



PRINT NAME: Joel Greger	INSPECTED BY: [Signature]
SIGNATURE: Mr. Greger did not want to sign.	DATE: 9-14-98

ALAMEDA COUNTY, DEPARTMENT OF
 ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

II, III

white -env.health
 yellow -facility
 pink -files

Site ID #1754 Site Name BEAUCHEY FARMS Today's Date 9/11/98

II.A BUSINESS PLANS (Title 19)

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

Site Address 4550 SAN PABLO AVE
 City EMERYVILLE Zip 94608 Phone _____

II.B ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N)
- ___ 14. OnSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(i)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

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

Inspection Categories:

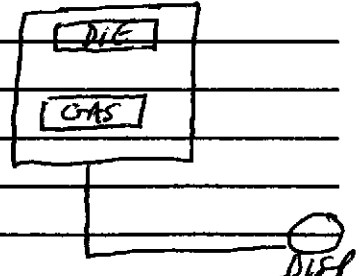
- ___ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ___ II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

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

III. UNDERGROUND TANKS (Title 23)

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

Comments:
ON THE JOB TODAY TO SAN PABLO
WITNESS REMOVAL OF TWO SW STEEL MUF TANKS. FORMER TAR WRAP DISSOLVED DOWN TO THE METAL. REMNENTS OF CLOTH/TAR ATTACHED TO EXTERIOR. 10K USTS UEL - 0
O₂ - 2% GAS, 3% DIESEL
PIPING FOR PRESSURE GAS LINE REMOVED PRIOR TO MY ARRIVAL. TRENCH TO BE SAMPLED. NO HOLES OBSERVED IN EITHER TANK!
CURRENT PLAN IS FOR SOIL AND H₂O REMOVAL PRIOR TO SAMPLING PT. OBVIOUS CONTAMINATION PRESENT IN H₂O + SOIL.
UNAUTHORIZED RELEASE REPORT TO BE SUBMITTED ON BEAUCHEY FARMS BEHALF.
NO FIRE PERSONNEL ON SITE.
CALL FOR SAMPLING APPOINTMENT NEXT WEEK.
MONDAY 2:00



Contact: Mank Freitas
 Title: Paradiso Farming
 Signature: [Signature]

Inspector: Robert Weston
 Signature: [Signature]

II, III

To: Amir Gholami
Alameda County Environmental Health Services
Underground Storage Tank Compliance Program

From: Timothy W. Blaney, Tank Operator
Tank located at:
Berkeley Farms
4550 San Pablo Ave.
Emeryville CA 94608
Site ID 1754

I am aware of the requirement to upgrade or remove the single-wall steel tanks at the above location by December 22, 1998. I am also aware that my tank system must be in full compliance and operating under a permit from Environmental Health Services in order to be certified for fuel deliveries beginning January 1, 1999. The following compliance option, indicated by checking the box, has been selected for the tank system:

The tank(s) will be removed and no underground tanks will be operated at this site after December 22, 1998.

The tank(s) will remain in place but will be upgraded to meet the 1998 standards. The following USTs will be upgraded:

The tank(s) will be removed and replaced with new double-wall underground tanks.

Tank Owner's/Operator's

Signature Timothy W. Blaney

Date 12-29-97

Please complete and return this form to:

Alameda Co. Environmental Health
1131 Harbor Bay Parkway
Alameda CA 94502-6577
Attn: Amir Gholami

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

Project Specialist

ACCEPTED

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

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/destruction.

One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
- Sampling
- Final Inspection

Issuance of a) permit to operate, b) permanent site 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: ROBERT WESTON

CONDITIONS OF APPROVAL:

1. PROVIDE BOE#

2. NEED TANK OWNER

AUTHORIZATION LETTER

1-2-98

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business BERKELEY FARMS
 Business Owner or Contact Person (PRINT) RON MADERO
 2. Site Address 4550 SAN PABLO AVE.
 City EMERYVILLE Zip 94608 Phone 510/4205100
 3. Mailing Address SAME AS ABOVE
 City _____ Zip _____ Phone _____
 4. Property Owner BERKELEY FARMS
 Business Name (if applicable) BERKELEY FARMS
 Address SAME AS ABOVE
 City, State _____ Zip _____
 5. Generator name under which tank will be manifested
BERKELEY FARMS
- EPA ID# under which tank will be manifested CA 000023184

6. Contractor PARADISO MECHANICAL, INC.
Address 2600 WILLIAMS ST
City SAN LEANDRO Phone 510/6148390
License Type B, C, C10, C101/223 & HAZ A ID# 677909

*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) N/A
Address _____
City, State _____ Phone _____

8. Main Contact Person for Investigation (if applicable)
Name RICK MONTESANO Title PROJ. MGR
Company PARADISO MECHANICAL
Phone 510/6148390

9. Number of underground tanks being closed with this plan 2
Length of piping being removed under this plan _____
Total number of underground tanks at this facility (**confirmed with owner or operator) 2

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 ERICKSON, INC EPA I.D. No. CAD009400392
Hauler License No. 019 License Exp. Date _____
Address 255 PARR BLVD
City RICHMOND State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site
Name SAME AS ABOVE EPA ID# _____
Address _____
City _____ State _____ Zip _____

c) Tank and Piping Transporter

Name ERICKSON, INC EPA I.D. No. CAD00940039Z
Hauler License No. OK License Exp. Date _____
Address 255 PARR BLVD
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name SAME AS ABOVE EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

11. Sample Collector

Name HALG KEVORK
Company KAPREALIAN ENGINEERING
Address 2401 STANWELL DR
City CONCORD State CA Zip 94520 Phone 510/602 5100

12. Laboratory

Name SEQUOIA ANALYTICAL LABS
Address 2549 MIDDLEFIELD RD
City REDWOOD CITY State CA Zip 94063
State Certification No. 1271

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

If yes, describe. _____

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

50 LBS OF DRY ICE PER 1,000 GALLONS
OF TANK CAPACITY

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)		
10,000 10,000	UNLEADED GAS DIESEL	SOIL AND/OR GROUND WATER	AT EACH TANK END & BACK- FILL/NATIVE SOIL INTERFACE

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

Stockpiled Soil Volume (estimated) 	Sampling Plan:
---	-------------------------------

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 no unknown

If yes, explain reasoning NOT KNOWN AT THIS TIME -

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
	<u>AS REQUIRED ON TABLE #2</u>		

18. Submit Worker's Compensation Certificate co

Name of Insurer REPUBLIC INDEMNITY

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 FARADISO MECHANICAL

Name of Individual TRACY W. LUM

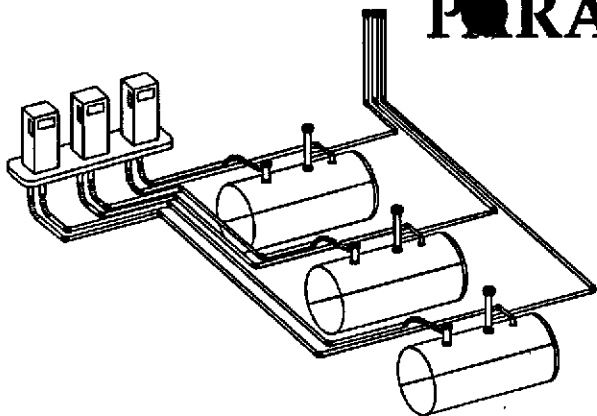
Signature [Signature] Date _____

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business BERKELEY FARMS

Name of Individual ERIC V MONTASANO

Signature [Signature] Date 12-15-97



PARADISO MECHANICAL, INC.

GENERAL & PETROLEUM CONTRACTORS
and ENVIRONMENTAL SERVICES

P.O. BOX 1838
2600 WILLIAMS STREET
SAN LEANDRO, CA 94577

LICENSE NO. 677909
PHONE (510) 614-8390
FAX (510) 614-8396

December 10, 1997

Mr. Ariu Levi
ALAMEDA COUNTY HEALTH AGENCY
DIVISION OF HAZARDOUS MATERIALS
DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 Harbor Bay Parkway, Room 250
Alameda, CA 94502-6577

**RE: UNDERGROUND TANK REMOVAL
BERKELEY FARMS
4550 SAN PABLO AVE.
EMERYVILLE**

Mr. Levi,

On behalf of Berkeley Farms, I am submitting plans, and applications for a Permit to Remove (2) UST's and associated piping and equipment at the site referenced above.

Enclosed are (3) sets of plans, applications with State A & B forms, our Site Health and Safety Plan, our Contractor information and a check for \$936.00 (nine hundred thirty six dollars and 00/100).

Please contact me if any additional information and/or fees is required at this time.

Very truly yours,
Paradiso Mechanical, Inc.

Tracy W. Lum
Project Manager

enclosures

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A
COMPLETE THIS FORM FOR EACH FACILITY/SITE



MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME BERKELEY FARMS		NAME OF OPERATOR		
ADDRESS 4550 SAN PABLO AVE		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME EMERYVILLE		STATE CA	ZIP CODE 94608	SITE PHONE # WITH AREA CODE 510/420 5600
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST				
TYPE OF BUSINESS		IF INDIAN RESERVATION OR TRUST LANDS		E. P. A. I. D. # (optional)
<input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/>		2

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) MADERO, RON		PHONE # WITH AREA CODE 510/420 5600		DAYS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME BERKELEY FARMS		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 4550 SAN PABLO AVE		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME EMERYVILLE		STATE CA	ZIP CODE 94608	PHONE # WITH AREA CODE 510/420 5600

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER SAME AS ABOVE		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME		STATE	ZIP CODE	PHONE # WITH AREA CODE

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

TY (TK) HQ **44-000024**

V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED

<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 7 STATE FUND
	<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input type="checkbox"/> 10 LOCAL GOVT. MECHANISM	<input type="checkbox"/> 99 OTHER			

VI. LEGAL NOTIFICATION AND BILLING ADDRESS Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I. II. III.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

TANK OWNER'S NAME (PRINTED & SIGNATURE) TRACY W. LUM	TANK OWNER'S TITLE PROJ MGR	DATE MONTH/DAY/YEAR 12/5/97
--	---------------------------------------	---------------------------------------

LOCAL AGENCY USE ONLY **PARADISO MECHANICAL**

COUNTY # <input type="text"/>	JURISDICTION # <input type="text"/>	FACILITY # <input type="text"/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

11/97



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **677909**

Entity **CORP**

Business Name **PARADISO MECHANICAL INC**

Classification(s) **B C-8 C10 C61/D23 HAZ A**

Expiration Date **09/30/1999**



ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
1/01/97

PRODUCER

MEIER COMMERCIAL INSURANCE BROKERAGE
P.O. BOX 1510
L VALLEY, CA 94942

PHONE: (415) 383-7518 FAX: (415) 383-7528

INSURED

PARADISO MECHANICAL, INC.
P.O. BOX 1836
SAN LEANDRO CA 94577

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A	
COMPANY B	
COMPANY C	
COMPANY D	REPUBLIC INDEMNITY CO OF AMERICA

COVERAGES

THIS IS TO CERTIFY THAT THE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (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				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	00498809	1/01/97	1/01/98	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE - POLICY LIMIT \$ 1,000,000 DISEASE - EACH EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: ALL CALIFORNIA OPERATIONS PERFORMED BY NAMED INSURED

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ANITA TONI MEIER

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: Paul Anthony Paradiso

License No.: 677909

Business Name: Paradiso Mechanical, Inc.

WITNESS my hand and official seal this
4th day of November, 1993

David R. Phillips
Registrar of Contractors

13L-36 (12/91)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A 5933

PERMIT

Permit Issued To

(Insert Employer's Name, Address and Telephone No.)

Paradiso Mechanical Inc 2600 Williams Street San Leandro CA 94577 (510) 614-8390

No.	Headquarters
Date	11/8/97
Region	1
District	4
Tel.	(510) 568-8602

Type of Permit T1-ANNUAL TRENCH/EXCAVATION

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number	677909	Permit Valid through	December 31, 1998	
Description of Project	Location Address	City and County	Anticipated Dates	
			Starting	Completion
Various	Statewide		1/1/98	12/31/98

This Permit is issued upon the following conditions:

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4

Received From Eric Montesano	Received By Bob Low	
<input type="checkbox"/> Cash	Amount	Date
<input checked="" type="checkbox"/> Check 453	\$100.00	11/8/97

Investigated by _____
 Safety Engineer Date

Approved by *Bob Low* 11-11-97
 Permit Unit Date