ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY
DAVID J. KEARS, Agency Director

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

August 4, 2000

Mr. Kevin Romak
Romak Iron Works
3250 Hollis Street
Oakland, California 94608

RE: Workplan for Soil and Groundwater Investigation
Romak Iron Works - 3250 Hollis Street, Oakland, CA 94608 (STID # 379)

Dear Mr. Romak:

The Alameda County Environmental Health Services has reviewed the referenced work plan dated July 19, 2000, prepared and submitted by Aqua Science Engineers for the subject site.

The main elements of the work plan consist of the following:

- Three borings to be drilled at the site
- Soil and grab water samples to be collected from each boring
- Human health risk assessment to be prepared using the ASTM Risk Based Corrective Action (RBCA) model

The proposed work plan is approved provided the following issues are addressed:

- In addition to the three proposed borings, one upgradient and two downgradient borings (preferably downgradient of well MW-1 near the sidewalk) must be drilled to adequately characterize the hydrocarbon plume at the site.
- Soil and groundwater samples will be analyzed for the following target compounds: Total Petroleum Hydrocarbon (TPH) as gasoline, TPH as diesel, TPH as motor oil, benzene, toluene, ethyl benzene, xylene and methyl tertiary butyl ether (MTBE).
- Groundwater sample should be collected from monitoring well MW-1 during this phase of the investigation.
- Groundwater flow direction should be established for the site.
- After completion of this investigation, historical data collected for the site should be evaluated and a conceptual site model (CSM) will be prepared for the site. The CSM at a minimum will include the following: primary and secondary sources of contamination, transport mechanism, exposure pathways, exposure routes and receptors.
- Following the preparation of the CSM and validation of data collected for the site, a risk evaluation should be conducted using the RBCA model.

This agency will evaluate the site for closure and no further action will be required if the site meets the following criteria:

- Sources of contamination have been removed
- The site has been adequately characterized
- Contaminant plume is stable, decreasing in concentration, not migrating off-site
- The site does not pose any current or future threat to groundwater
- The site does not pose any current or future threat to the environment
- The site presents no significant risk to human health

Please notify this office at least 48 hours in advance when field activities are scheduled 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

c: Chuck Headlee, San Francisco Bay RWQCB
Robert Kitay, ASE, 208 W. El Pintado, Danville, CA 94526
SH / files

aqua science engineers inc.

November 25, 1997

LOP 379

Alameda County Health Care Services Agency
1131 Harbor Bay Parkway
Alameda, CA 94502

ATTENTION: Ms. Susan Hugo

SUBJECT: Romak Iron Works Property
3250 Hollis Street
Oakland, California

Dear Ms. Hugo:

Aqua Science Engineers, Inc. (ASE) is writing this letter in an effort to obtain a written response from the Alameda County Health Care Services Agency (ACHCSA) regarding the request made within our Quarterly Groundwater Monitoring Report, dated October 8, 1997, that the frequency of groundwater monitoring be changed from quarterly to semi-annually.

Please respond to this request in writing to ASE and to Romak Iron Works, c/o Mr. Kevin Romak, 3250 Hollis Street, Oakland, CA 94662 as soon as possible since the next quarterly sampling event is scheduled for December 1997.

Should you have questions or comments, please feel free to call us at (510) 820-9391.

Respectfully submitted,

AQUA SCIENCE ENGINEERS, INC.

David Allen, R.E.A.
Senior Project Manager

REGISTERED ENVIRONMENTAL ASSESSOR
DAVID ALLEN
No. REA-06211
Expires: 6-98
STATE OF CALIFORNIA

cc: Mr. Kevin Romak, Romak Iron Works.

2411 Old Crow Canyon Road, Suite 4, San Ramon, CA 94583 • 510-820-9391 • Fax 510-837-4853

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

March 2, 1994
STID# 379

Mr. Kevin Romak
Romak Iron Works
3250 Hollis Street
Oakland, California

RE: Status of the Soil and Groundwater Investigation / Remediation at 3250 Hollis Street, Oakland, CA 94608

Dear Mr. Romak:

The Alameda County Department of Environmental Health, Hazardous Materials Division has recently reviewed the Quarterly Groundwater Monitoring Reports dated 12/8/93 and 2/25/94 prepared by Aqua Science Engineers for the referenced site.

Quarterly sampling of the well (MW-1) performed in November 18, 1993 showed the following contaminants: 10,270 ppb TPH gasoline, 3,169 ppb benzene, 38.3 ppb toluene, 661.2 ppb ethyl benzene, 659.4 ppb xylenes. The recent monitoring event conducted in February 9, 1994 detected elevated concentration of TPH gasoline (17,000 ppb), benzene (6,200 ppb), toluene (64 ppb), ethyl benzene (770 ppb) and xylenes (420 ppb). In addition, sheen was observed during these two monitoring events.

Based on this review, it appears that the soil and/or groundwater contamination remains undefined. Further characterization is required to determine the vertical and lateral extent of the contaminant plume. A work plan must be submitted to this office **no later than April 12, 1994.**

Quarterly monitoring of MW-1 must be continued. Groundwater elevation readings must be incorporated in the monitoring program. If free product is present, an interim remedial measure should be implemented. Groundwater flow direction must be established at the site. All monitoring wells should be surveyed to an accuracy of 0.01 foot and referenced to mean sea level (MSL).

Until cleanup is complete, you will need to submit reports to this office every three months or at a more frequent interval, if specified at any time. In addition, the following items must be incorporated in your future reports or workplans:

- a cover letter from the responsible party or tank owner stating the accuracy of the report and whether he/she concurs with the conclusions and recommendations in the report or workplan

- site map delineating contamination contours for soil and groundwater based on recent data should be included and the status of the investigation and cleanup must be identified

- proposed continuing or next phase of investigation / cleanup activities must be included to inform this department of the responsible party or tank owner's intention

- any changes in the groundwater flow direction and gradient based on the measured data since the last sampling event must be explained

- historical records of groundwater level in each well must be tabulated to indicate the fluctuation in water levels

- tabulate analytical results from all previous sampling events; provide laboratory reports (including quality control/quality assurance) and chain of custody documentation

All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project.

Please contact me at (510) 271-4530 if you have any questions concerning this letter.

Sincerely,

Susan L. Hugo

Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Rich Hiett, San Francisco Bay RWQCB
Edgar B. Howell, Chief, Hazardous Materials Division - files
Robert Kitay, Aqua Science Engineers, Incorporated
2411 Old Crow Canyon Rd., #4, San Ramon, CA 94583

ROMAK IRON WORKS

P.O. BOX 8547
3250 HOLLIS STREET
OAKLAND, CALIFORNIA 94662-0547
Telephone: (510) 658-0588
FAX (510) 658-0351

July 9, 1993

Ms. Susan Hugo
Senior Hazardous Materials Specialist
ALAMEDA COUNTY HEALTH CARE SERVICES
80 Swan Way, Room 200
Oakland, CA 94621

RE: Underground Tank Removal
Romak Iron Works
3250 Hollis Street
Oakland, CA

Dear Ms. Hugo:

This letter is in response to your letter of April 29, 1993, which requests a work plan identified and submitted prior to June 14, 1993.

I have retained the services of Aqua Science Engineers, Inc. to identify all pertinent data and provide and implement an appropriate procedure. Aqua Science Engineers has already made contact with your office, and is presently preparing to perform all required duties.

Very truly yours,
ROMAK IRON WORKS

Kevin P. Romak
President

KPR/je
3ACH.001

cc: David Allen, Aqua Science Engineers
Rich Hiett, San Francisco Bay RWQCB

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

April 29, 1993
STID# 379
Mr. Kevin Romak
Romak Iron Works
3250 Hollis Street
Oakland, California 94608

RE: Removal of Two Underground Storage Tanks at Romak Iron Works 3250 Hollis Street, Oakland, CA 94608

Dear Mr. Romak:

The Alameda County Department of Environmental Health, Hazardous Materials Division has reviewed the files concerning the removal of two underground gasoline tanks on January 15, 1992 at the referenced site. We are in receipt of the Underground Storage Tank Removal Project Report (January 27, 1992) and the Sampling and Tank Pit Closure Final Report (August 27, 1992) prepared by Aqua Science Engineers.

Soil samples collected beneath the tank areas showed elevated levels of Total Petroleum Hydrocarbon as gasoline (180 ppm) and benzene (510 ppb). In addition, free floating product was observed during the tank removal activities. Limited overexcavation was performed on January 16, 1992 and verification soil samples collected showed 11 ppm of TPH gasoline and 120 ppb of benzene. Because of the degree of contamination found at the site which exceeded regulatory threshold levels, further environmental assessment is required to determine the extent of the unauthorized release associated with the former tanks at the site.

This office will be the lead agency overseeing the environmental investigation and cleanup activities at the site. The RWQCB has delegated this authority to our office. However, you must keep the Water Board apprised of all actions taken to characterize and remediate contamination at the site, because the Board retains the ultimate responsibility for ensuring protection of the waters of the state.

A preliminary assessment should be conducted to determine the extent of soil and/or groundwater contamination that has resulted from the former leaking tank. The information gathered by this investigation will be used to assess the need for additional actions at the site. The preliminary assessment should be designed to provide all of the information in the format shown in the attachment at the end of this letter, which is based on the RWQCB's guidelines. You should be prepared to install at a minimum, three monitoring wells to establish gradient direction of the groundwater at the site. One of the wells should be installed within 10 feet downgradient of the former tank location. Monthly water elevation reading for the first six months and reduced to every quarter is necessary to determine groundwater flow direction. Quarterly

sampling for target compounds (TPH gasoline, benzene, ethyl benzene, toluene, & xylene) must occur to determine extent of the groundwater contamination.

Until cleanup is complete, you will need to submit reports to this office and to RWQCB every three months (or at a more frequent interval, if specified at any time by either agency). These reports must include information pertaining to further investigative results; the methods of cleanup actions implemented to date; and the method and disposal of any contaminated material. Copies of manifests for such disposal must be sent to this office.

Your work plan must be submitted to this office no later than **June 14, 1993.** All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project. Copies of the reports and proposals must also be submitted to:

Rich Hiett
RWQCB, San Francisco Bay Region
2101 Webster Street, Fourth Floor
Oakland, California 94612

Because we are overseeing this site under the designated authority of the Regional Water Quality Control Board, this letter constitutes a formal requests for technical reports pursuant to California Water Code Section 13267(b). Any extensions of stated deadlines or changes in the workplan must be confirmed in writing and approved by this agency or RWQCB.

Enclosed is a copy of Appendix A (Workplan for Initial Subsurface Investigation (August 20, 1991) for your reference.

Should you have any questions regarding this letter, please contact me at (510) 271-4530.

Sincerely,

Susan L. Hugo

Susan L. Hugo
Senior Hazardous Materials Specialist

Enclosure
cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Rich Hiett, San Francisco Bay RWQCB
Gil Jensen, Alameda County District Attorney's Office
Edgar B. Howell, Chief, Hazardous Materials Division /file
David Allen, Aqua Science Engineers, Inc.
P.O. Box 535 San Ramon, CA 94583

Property Owner:
Kevin Romak
3250 Hollis Street Oakland
94608

DATE: 7/8/92

TO : Local Oversight Program

FROM: SUSAN HUGO

SUBJ: Transfer of Elligible Oversight Case

Site name: ROMAK IRON WORKS

Address: 3250 Hollis Street city Oakland zip 94608

Closure plan attached? (Y) N DepRef remaining $_____

DepRef Project #_____ STID #(if any) 379

Number of Tanks: 2 removed? (Y) N Date of removal 11/15/92

Leak Report filed? (Y) N Date of Discovery 7/15/92 reported 11/27/92

Samples received? (Y) N Contamination: Soil

Petroleum (Y) N Types: Avgas Jet leaded (unleaded) Diesel
fuel oil waste oil kerosene solvents

Monitoring wells on site None Monitoring schedule? Y (N)

LUFT category 1 2 3 * H S C A R W G O

Briefly describe the following:

Preliminary Assessment_____

Remedial Action_____

Post Remedial Action Monitoring_____

Enforcement Action_____

Soil samples had 180 ppm TPHg
overexcavated to 11 ppm TPHg
need to investigate groundwater.

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

EMERGENCY ☐ YES ☒ NO

HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? ☐ YES ☒ NO

FOR LOCAL AGENCY USE ONLY
I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.
SIGNED Susan L Hugo DATE 1/29/92

REPORT DATE 01/27/92 CASE #

REPORTED BY
NAME OF INDIVIDUAL FILING REPORT: Kevin Romak
PHONE: (510) 658-0588
SIGNATURE: Kevin Romak
REPRESENTING ☒ OWNER/OPERATOR ☐ REGIONAL BOARD ☐ LOCAL AGENCY ☐ OTHER
COMPANY OR AGENCY NAME: Romak Iron Works
ADDRESS: 3250 Hollis St. (STREET) Oakland (CITY) CA (STATE) 94608 (ZIP)

RESPONSIBLE PARTY
NAME: Romak Iron Works ☐ UNKNOWN
CONTACT PERSON: Kevin Romak
PHONE: (510) 658-0588
ADDRESS: 3250 Hollis St. (STREET) Oakland (CITY) CA (STATE) 94608 (ZIP)

SITE LOCATION
FACILITY NAME (IF APPLICABLE): Romak Iron Works
OPERATOR: Kevin Romak
PHONE: (510) 658-0588
ADDRESS: 3250 Hollis St. (STREET) Oakland (CITY) CA (COUNTY) 94608 (ZIP)
CROSS STREET: Peralta St.

IMPLEMENTING AGENCIES
LOCAL AGENCY / AGENCY NAME: Alameda County Health Agency
CONTACT PERSON: Susan Hugo
PHONE: (510) 658-0588
REGIONAL BOARD: San Francisco Bay Region
CONTACT PERSON: Eddy So
PHONE: (510) 658-0588

SUBSTANCES INVOLVED
(1) NAME: Unleaded Gasoline — QUANTITY LOST (GALLONS): ☒ UNKNOWN
(2) NAME: — QUANTITY LOST (GALLONS): ☐ UNKNOWN

DISCOVERY/ABATEMENT
DATE DISCOVERED: 01/15/92
HOW DISCOVERED: ☐ INVENTORY CONTROL ☐ SUBSURFACE MONITORING ☐ NUISANCE CONDITIONS ☐ TANK TEST ☒ TANK REMOVAL ☐ OTHER
DATE DISCHARGE BEGAN: ☒ UNKNOWN
HAS DISCHARGE BEEN STOPPED? ☒ YES ☐ NO IF YES, DATE 01/15/92
METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY): ☐ REMOVE CONTENTS ☒ CLOSE TANK & REMOVE ☐ REPAIR PIPING ☐ REPAIR TANK ☐ CLOSE TANK & FILL IN PLACE ☐ CHANGE PROCEDURE ☐ REPLACE TANK ☐ OTHER

SOURCE/CAUSE
SOURCE OF DISCHARGE: ☐ TANK LEAK ☒ UNKNOWN ☐ PIPING LEAK ☐ OTHER
CAUSE(S): ☒ OVERFILL ☐ RUPTURE/FAILURE ☐ SPILL ☐ CORROSION ☐ UNKNOWN ☐ OTHER

CASE TYPE
CHECK ONE ONLY: ☒ UNDETERMINED ☐ SOIL ONLY ☐ GROUNDWATER ☐ DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS
CHECK ONE ONLY:
☐ NO ACTION TAKEN ☐ PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED ☐ POLLUTION CHARACTERIZATION
☒ LEAK BEING CONFIRMED ☐ PRELIMINARY SITE ASSESSMENT UNDERWAY ☐ POST CLEANUP MONITORING IN PROGRESS
☐ REMEDIATION PLAN ☐ CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) ☐ CLEANUP UNDERWAY

REMEDIAL ACTION
CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS):
☐ EXCAVATE & DISPOSE (ED) ☐ REMOVE FREE PRODUCT (FP) ☐ ENHANCED BIO DEGRADATION (IT)
☐ CAP SITE (CD) ☒ EXCAVATE & TREAT (ET) ☐ PUMP & TREAT GROUNDWATER (GT) ☐ REPLACE SUPPLY (RS)
☐ CONTAINMENT BARRIER (CB) ☐ NO ACTION REQUIRED (NA) ☐ TREATMENT AT HOOKUP (HU) ☐ VENT SOIL (VS)
☐ VACUUM EXTRACT (VE) ☐ OTHER (OT)

COMMENTS
PRELIMINARY SITE ASSESSMENT WILL BE SUBMITTED.

HSC 05 (8/90)

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II,III

Site ID # ____ Site Name ROMAK IRON WORKS Today's Date 1/15/92

Site Address 3250 Hollis St

City Oakland Zip 94608 Phone ________

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

Inspection Categories:

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

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MAT'LS

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

III. UNDERGROUND TANKS (Title 23)

General

___	1. Permit Application	25284 (H&S)
___	2. Pipeline Leak Detection	25292 (H&S)
___	3. Records Maintenance	2712
___	4. Release Report	2651
___	5. Closure Plans	2670

Monitoring for Existing Tanks

___ 6. Method
1) Monthly Test
2) Daily Vadose
Semi-annual gndwater
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 tstng
8) Annual Tank Testing
Daily Inventory
9) Other ________

___	7. Precis Tank Test Date: ______	2643
___	8. Inventory Rec.	2644
___	9. Soil Testing.	2646
___	10. Ground Water.	2647

New Tanks

___	11. Monitor Plan	2632
___	12. Access Secure	2634
___	13. Plans Submit Date: ______	2711
___	14. As Built Date: ______	2635

Rev 6/88

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

2:00 PM → #9079 2022

[sketch: tank #2, #1, 30ft, 34ft, Hollis]

Comments:

2 UGT Removals
LEL - 11% O2 - 1% } Tank #1
approx 1,000 G unleaded gasoline tank
Tank appears to be in good shape no holes.
Erickson Inc. - Loader # 206712
Inspector Marlon Brandel of Oakland Fire dept on site
Obvious discoloration

LEL = 15% O2 - 1% Tank #2

4 soil samples collected (one from each end of the tank) 8 1/2 feet deep
1 pipe line sample collected @ depth 3 ft.
Stockpiled soil must be characterized, bermed & cover with plastic.

Tank #1 Excavation had floating product.
Excavation pit must be secured.
If groundwater is present - need to sample groundwater.

II, III

Contact: Craig Hertz
Title: Project Engineer
Signature: Craig Hertz

Inspector: Susan L. Hugo
Signature: ________

Alameda County • Department of Environmental Health • Hazardous Materials Division
80 Swan Way, #200 Oakland, CA 94621 (415) 271-4320

BILLING ADJUSTMENT FORM

Billing Acct.#
- ☐ Generator . . .H_____
- ☐ HMMP. . . . . L_____
- ☐ UST . . . . . T_____

Date: 1/15/92

HazMat StID# : _____

Caller : _____ Phone : _____

Company Name : ROMAK IRON WORKS

Site Address : 3250 HOLLIS ST. Oakland 94608
(City, Zip)

Requested Changes : 2 Tanks removed 1/15/92

_____

_____ Initials: _____

[✓] **Rescind Bill** with explanation and date (if available):

- ☐ Generator _____
- ☐ HMMP (AB2185) _____
- ☑ UST 2 UGT (1000 Gallons) removed 1/15/92.

[ ] **Continue Billing With Following Changes:**

	From :	To :
☐ Change number of EMPLOYEES	_____	_____
☐ Change number of TANKS	_____	_____

- ☐ **HMMP** (AB2185)
- ☐ **Updated information**

Business Name _____ Phone: _____

SITE Address _____ _____ (City) _____ (Zip)

BILLING Address _____ _____ (City) _____ (Zip)

Inspector: Susan L. Hugo Date: 1/15/92

[ ] Sent to Billing
on __/__/__

Rev 4/91 Mac-BillAdj-2

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: ☐ 1 NEW PERMIT ☐ 2 INTERIM PERMIT ☐ 3 RENEWAL PERMIT ☐ 4 AMENDED PERMIT ☒ 5 CHANGE OF INFORMATION ☐ 6 TEMPORARY SITE CLOSURE ☐ 7 PERMANENTLY CLOSED SITE

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

DBA OR FACILITY NAME	NAME OF OPERATOR	
Romak Iron Works	Romak Iron Works	
ADDRESS	NEAREST CROSS STREET	PARCEL # (OPTIONAL)
3250 Hollis Street	34th Street	
CITY NAME	STATE / ZIP CODE	SITE PHONE # WITH AREA CODE
Oakland	CA 94608	(510) 658-0588

✓ BOX TO INDICATE: ☒ CORPORATION ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ LOCAL-AGENCY DISTRICTS ☐ COUNTY-AGENCY ☐ STATE-AGENCY ☐ FEDERAL-AGENCY

TYPE OF BUSINESS	✓ IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE	E. P. A. I. D. # (optional)
☐ 1 GAS STATION ☐ 2 DISTRIBUTOR ☐ 3 FARM ☐ 4 PROCESSOR ☒ 5 OTHER	☐	2	CAL000033897

EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY) - optional	
DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	DAYS: NAME (LAST, FIRST)	(510) 658-0588 PHONE # WITH AREA CODE
Romak, Kevin	(510) 658-0588	Romak, Steve	
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	(510) 798-3578 PHONE # WITH AREA CODE
Romak, Kevin	(510) 659-7407 658-0588	Romak Steve	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME	CARE OF ADDRESS INFORMATION			
Romak Iron Works	N/A			
MAILING OR STREET ADDRESS	✓ box to indicate	☐ INDIVIDUAL	☐ LOCAL-AGENCY	☐ STATE-AGENCY
3250 Hollis Street	☒ CORPORATION	☐ PARTNERSHIP	☐ COUNTY-AGENCY	☐ FEDERAL-AGENCY
CITY NAME	STATE	ZIP CODE	PHONE # WITH AREA CODE	
Oakland	CA	94608	(510) 658-0588	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER	CARE OF ADDRESS INFORMATION			
Romak Iron Works	N/A			
MAILING OR STREET ADDRESS	✓ box to indicate	☐ INDIVIDUAL	☐ LOCAL-AGENCY	☐ STATE-AGENCY
3250 Hollis Street	☒ CORPORATION	☐ PARTNERSHIP	☐ COUNTY-AGENCY	☐ FEDERAL-AGENCY
CITY NAME	STATE	ZIP CODE	PHONE # WITH AREA CODE	
Oakland	CA	94608	(510) 658-0588	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 if questions arise.

TY (TK) HQ 4 4 - ☐☐☐☐☐☐

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

✓ box to indicate: ☑ 1 SELF-INSURED ☐ 2 GUARANTEE ☐ 3 INSURANCE ☐ 4 SURETY BOND ☐ 5 LETTER OF CREDIT ☐ 6 EXEMPTION ☐ 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

APPLICANT'S NAME (PRINTED & SIGNATURE)	APPLICANT'S TITLE	DATE MONTH/DAY/YEAR
Danny Sutton DANNY SUTTON	PURCHASING AGENT	1-15-92

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	FACILITY #
☐☐	☐☐☐	☐☐☐☐☐☐☐

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.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD

UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B

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:

I. TANK DESCRIPTION

COMPLETE ALL ITEMS – SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # 1	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) 1979	D. TANK CAPACITY IN GALLONS: 1000

II. TANK CONTENTS

IF A-1 IS MARKED, COMPLETE ITEM C.

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 ☐ 2 LEADED ☐ 3 DIESEL ☐ 4 GASAHOL ☐ 5 JET FUEL ☐ 6 AVIATION GAS ☐ 7 METHANOL ☐ 99 OTHER (DESCRIBE IN ITEM D. BELOW)

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: ☐ 1 DOUBLE WALL ☒ 2 SINGLE WALL ☐ 3 SINGLE WALL WITH EXTERIOR LINER ☐ 4 SECONDARY CONTAINMENT (VAULTED TANK) ☐ 95 UNKNOWN ☐ 99 OTHER

B. TANK MATERIAL (Primary Tank): ☒ 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: ☐ 1 RUBBER LINED ☐ 2 ALKYD LINING ☐ 3 EPOXY LINING ☐ 4 PHENOLIC LINING ☐ 5 GLASS LINING ☐ 6 UNLINED ☒ 95 UNKNOWN ☐ 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL ? YES ___ NO ___

D. 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 SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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 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 AUTOMATIC LINE LEAK DETECTOR ☒ 2 LINE TIGHTNESS TESTING ☐ 3 INTERSTITIAL MONITORING ☐ 99 OTHER

V. TANK LEAK DETECTION

☐ 1 VISUAL CHECK ☐ 2 INVENTORY RECONCILIATION ☐ 3 VADOZE MONITORING ☐ 4 AUTOMATIC TANK GAUGING ☒ 5 GROUND WATER MONITORING ☐ 6 TANK TESTING ☐ 7 INTERSTITIAL MONITORING ☐ 91 NONE ☐ 95 UNKNOWN ☐ 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	3. WAS TANK FILLED WITH INERT MATERIAL ?
10/91	0 GALLONS	YES ☐ NO ☒

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

APPLICANT'S NAME (PRINTED & SIGNATURE)	DATE
Danny Sutton DANNY SUTTON	1-15-92

LOCAL AGENCY USE ONLY

THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #

PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE

FORM B (7-91) THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.

FOR0034B-R5

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD

UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK 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:

I. TANK DESCRIPTION

COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # 2	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) 1960	D. TANK CAPACITY IN GALLONS: 1000

II. TANK CONTENTS

IF A-1 IS MARKED, COMPLETE ITEM C.

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 ☐ 2 LEADED ☐ 3 DIESEL ☐ 4 GASAHOL ☐ 5 JET FUEL ☐ 6 AVIATION GAS ☐ 7 METHANOL ☐ 99 OTHER (DESCRIBE IN ITEM D. BELOW)

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: ☐ 1 DOUBLE WALL ☒ 2 SINGLE WALL ☐ 3 SINGLE WALL WITH EXTERIOR LINER ☐ 4 SECONDARY CONTAINMENT (VAULTED TANK) ☐ 95 UNKNOWN ☐ 99 OTHER

B. TANK MATERIAL (Primary Tank): ☒ 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: ☐ 1 RUBBER LINED ☐ 2 ALKYD LINING ☐ 3 EPOXY LINING ☐ 4 PHENOLIC LINING ☐ 5 GLASS LINING ☐ 6 UNLINED ☒ 95 UNKNOWN ☐ 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. 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: SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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 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 AUTOMATIC LINE LEAK DETECTOR ☒ 2 LINE TIGHTNESS TESTING ☐ 3 INTERSTITIAL MONITORING ☐ 99 OTHER

V. TANK LEAK DETECTION

☐ 1 VISUAL CHECK ☐ 2 INVENTORY RECONCILIATION ☐ 3 VADOZE MONITORING ☐ 4 AUTOMATIC TANK GAUGING ☒ 5 GROUND WATER MONITORING ☐ 6 TANK TESTING ☐ 7 INTERSTITIAL MONITORING ☐ 91 NONE ☐ 95 UNKNOWN ☐ 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	3. WAS TANK FILLED WITH INERT MATERIAL ?
10/91	0 GALLONS	YES ☐ NO ☒

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

APPLICANT'S NAME (PRINTED & SIGNATURE)	DATE
Danny Sutton DANNY SUTTON	1-15-92

LOCAL AGENCY USE ONLY

THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #

PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE

FORM B (7-91) THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.

FOR0034B-R5

3575 Pacheco Blvd.
Martinez, CA 94553
(415) 228-2222

126 Nestles Road
Soledad, CA 93960
(408) 678-1343

Circle
CA 93901
(8) 424-7371

901 Railroad Avenue
Brentwood, CA 94512
(415) 634-3013

905 Stockton Ave
San Jose, CA 95110
(408) 294-4513

3941 B Holly Dr.
Tracy, CA 95376
(209) 835-4484

INVOICE

BAY AREA / DIABLO PETROLEUM COMPANY

ORIGINAL

REMIT TO: DEPT. 1564
P.O. BOX 31000
SAN FRANCISCO, CA 94161-1564

DISTRIBUTION PLANT
HAYWARD

RECEIVED
JAN 23 1991
ROMAK

SOLD TO
ROMAK IRON WORKS
P. O.; BOX 8547
OAKLAND, CA 94662

SHIP TO
ROMAK IRON WORK
3250 HOLLIS ST.
OAKLAND CA

CUSTOMER NUMBER	DATE	DELIVERY DATE	PURCHASE ORDER NUMBER	DR	TR	TERMS	INVOICE NO.
103623	01/18/91	01/19/91		MC	10	NET 15 DAYS	910102738

PACKAGES NO ORDERED	PACKAGES KIND	PRODUCT CODE	DESCRIPTION	QUANTITY	UNIT	PRICE	AMOUNT
1400	BULK	3-0116-0019	GASOLINE/FLAMMABLE LIQUID UN1203 PREM. UNLEADED U	1400.	GAL	1.3500	1890.00
			GAS SUPER FUND				14.56

INV. REC'D & ENTERED

JOB No. [illegible]

ACCT. No. 476-80 1018.94
479-00 1018.94

MAT'L. REC'D ✓

PRICE OK ✓

EXT. OK

DRUMS	DELIVERED	RETURNED	NET DRUMS
BRANDED			
OTHER			
WATER			

PAID CK

BILL OF LADING 91 5884

RECEIVED IN GOOD ORDER (SIGNATURE)
X Antonio Velazquez

INVOICE PRICE SUBJECT TO CORRECTION

SUB TOTAL	1904.56
7.00% SALES TAX	133.32
DRUMS DEPOSIT	
FREIGHT	
TOTAL	2037.88

PLEASE PAY FROM THIS INVOICE.
NO OTHER STATEMENT WILL BE ISSUED.

CONDITIONS

A Finance Charge of 1½% per month, which is an Annual Percentage Rate of 18%, will be assessed on all accounts past due. In the event any invoice is not paid when due, the person or company to whom the product equipment and/or services were furnished agree to pay all costs of collection (not to exceed 25%), including attorney fees.

Each drum charge herein, when paid will be held by Bay Area/Diablo Petroleum Co as a deposit which Bay Area/Diablo Petroleum Co may mingle with its own funds, to secure the return of the drum and will be forfeited to Bay Area/Diablo Petroleum Co if the drum is not returned in undamaged condition within 90 days after the date hereof and will be credited to buyer, if the drum is so returned.

THIS IS TO CERTIFY THAT THE ABOVE NAMED ARTICLES ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

...est 3575 Pacheco Blvd. Martinez, CA 94553 (415) 228-2222
...44 ...3500 — 126 Nestles Road Soledad, CA 93960 (408) 678-1343

...nda Circle ...as, CA 93901 (408) 424-7371
901 Railroad Avenue Brentwood, CA 94512 (415) 634-3013

905 Stockton Ave San Jose, CA 95110 (408) 294-4513
3941 B Holly Dr. Tracy, CA 95376 (209) 835-4484

INVOICE

BAY AREA / DIABLO PETROLEUM COMPANY

ORIGINAL

REMIT TO: DEPT. 1584
P.O. BOX 31000
SAN FRANCISCO, CA 94161-1584

DISTRIBUTION PLANT
HAYWARD

RECEIVED
FEB 15 1991
ROMAK CA

corrected invoice

SOLD TO
ROMAK IRON WORKS
P. O.; BOX 8547
OAKLAND, CA 94662

SHIP TO
ROMAK IRON WORK
3250 HOLLIS ST
OAKLAND

CUSTOMER NUMBER	DATE	DELIVERY DATE	PURCHASE ORDER NUMBER	DR	TR	TERMS	INVOICE NO.
103623	02/05/91	02/06/91		MC	11	NET 15 DAYS	910200673

PACKAGES NO ORDERED	PACKAGES KIND	PRODUCT CODE	DESCRIPTION	QUANTITY	UNIT	PRICE	AMOUNT
1000	BULK	3-0116-0019	GASOLINE/FLAMMABLE LIQUID UN1203 PREM. UNLEADED U	1,110.0	GAL	1.2700	1,409.70
			INV. RECD & ENTERED				
			GAS SUPER FUND				11.54
			JOB No. 476 - 760.36				
			ACCT. No. 477 - 760.36				
			MAT'L. REC'D ✓				
			PRICE OK ✓				
			EXT. OK				
			OK				

DRUMS	DELIVERED	RETURNED	NET DRUMS
BRANDED			
OTHER			

BILL OF LADING

WATER

RECEIVED IN GOOD ORDER (SIGNATURE)
X

INVOICE PRICE SUBJECT TO CORRECTION

SUB TOTAL	1,421.24
SALES TAX 7.00%	99.48
DRUMS DEPOSIT	
FREIGHT	
TOTAL	1,520.72

PLEASE PAY FROM THIS INVOICE.
NO OTHER STATEMENT WILL BE ISSUED

CONDITIONS

A Finance Charge of 1½% per month, which is an **Annual Percentage Rate** of **18%** will be assessed on all accounts past due. In the event any invoice is not paid when due, the person or company to whom the product, equipment and/or services were furnished agree to pay all costs of collection (not to exceed **25%**), including attorney fees

Each drum charge herein, when paid will be held by Bay Area/Diablo Petroleum Co as a deposit which Bay Area/Diablo Petroleum Co. may mingle with its own funds, to secure the return of the drum and will be forfeited to Bay Area/Diablo Petroleum Co if the drum is not returned in undamaged condition within 90 days after the date hereof and will be credited to buyer, if the drum is so returned.

THIS IS TO CERTIFY THAT THE ABOVE NAMED ARTICLES ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

Project Specialist (print) SUSAN L. HUGO

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

ACCEPTED

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

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

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

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

✓ Removal of Tank and Piping
✓ Sampling
✓ Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Please note changes made on page 5.
Susan L. Hugo
1/10/92

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

1. Business Name Romak Iron Works

   Business Owner Kevin Romak

2. Site Address 3250 Hollis St.

   City Oakland Zip 94608 Phone (510) 658-0588

3. Mailing Address 3250 Hollis St.

   City Oakland Zip 94608 Phone (510) 658-0588

4. Land Owner Kevin Romak

   Address 3250 Hollis St. City, State Oakland, CA Zip 94608

5. Generator name under which tank will be manifested

   Romak Iron Works

   EPA I.D. No. under which tank will be manifested CAL000033897

rev 12/90

6. **Contractor** Aqua Science Engineers, Inc.

Address 1041 Shary Circle

City Concord **Phone** (510) 685-6700

License Type A **ID#** 487000

7. **Consultant** Aqua Science Engineers, Inc.

Address 1041 Shary Circle

City Concord **Phone** (510) 685-6700

8. **Contact Person for Investigation**

Name Craig Hertz **Title** Project Engineer

Phone (510) 685-6700

9. **Number of tanks being closed under this plan** 2

Length of piping being removed under this plan Less than 20 feet

Total number of tanks at facility 2

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

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

a) **Product/Residual Sludge/Rinsate Transporter**

Name Waste Oil Recovery **EPA I.D. No.** CAD000626515

Hauler License No. DOHS - 843 Cal Pud - 106399 **License Exp. Date** 4/92

Address 6401 Leona Street

City Oakland **State** Ca **Zip** 94605

b) **Product/Residual Sludge/Rinsate Disposal Site**

Name Demenno Kerdoon **EPA I.D. No.** CAT080013352

Address 2000 N. Alameda

City Compton **State** Ca **Zip** 90221

c) Tank and Piping Transporter

Name Erickson, Inc. EPA I.D. No. CAD009466392

Hauler License No. 0019 License Exp. Date 5/92

Address 255 Parr Blvd.

City Richmond State Ca Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD009466392

Address 255 Parr Blvd.

City Richmond State Ca Zip 94801

11. Experienced Sample Collector

Name Craig Hertz

Company Aqua Science Engineers, Inc.

Address 1041 Shary Circle

City Concord State Ca Zip 94518 Phone (510) 685-6700

12. Laboratory

Name Chromalab, Inc.

Address 2239 Omega Road, #1

City San Ramon State Ca Zip 94583

State Certification No. E-694

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

Tank will be inerted by introducing dry ice into the tank at a rate of at least 1.5 lbs of dry ice per 100 gallons of tank volume. LEL will be checked prior to actual tank pull.

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, groundwater, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
1000 Gallons	Gasoline Unleaded	Soil and/or groundwater if present.	2 feet below the bottom of the tank.
1000 Gallons	Gasoline Unleaded	Soil and/or groundwater if present.	2 feet below the bottom of the tank.

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	**Sampling Plan**
50 yards	Drive a 6" x 2" brass tube into the soil at each end of the tank, seal ends with aluminum foil and plastic caps, chill in cooler wih blue ice. Transport to the labratory under chain of custody procedures and sample for TPH-Gasoline and BTEX.

* Stockpiled soil must be characterized depending on disposal method.

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPH-Gasoline	5030	GC-FID	1.0 ppm
BTEX	8020	8240	.005 ppm
Total Lead for tanks stored only unleaded gasoline per tank owner	AA		

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer Ohio Casualty Group

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

Signature of Contractor

Name (please type) Aqua Science Engineers, Inc.

Signature Craig Neff

Date January 7, 1991

Signature of Site Owner or Operator

Name (please type) Kevin Romak

Signature

Date 1/8/92

rev 12/90

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE 06/04/91

PRODUCER
CAL-BAY INSURANCE SERVICES
103 Town & Country Drive
Suite M
Danville, Calif. 94526

CODE SUB-CODE

INSURED
Aqua Science Engineers,Inc
P.O. Box 535
San Ramon, CA
94583

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A TransAtlantic Insurance Co.
COMPANY LETTER B Ohio Casualty Group
COMPANY LETTER C
COMPANY LETTER D
COMPANY LETTER E

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 EFF. DATE	POLICY EXP. DATE	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY				GENERAL AGGREGATE	$ 1,000,
	[X] Commercial General Liability				PRODUCTS-COMP/OPS AGGREGATE	$ 1,000,
A	[ ] Claims Made [X] Occur.	TCGL 5691 6211	06/01/91	06/01/92	PERSONAL & ADVERTISING INJURY	$ 1,000,
	[ ] Owner's & Contractor's Prot.				EACH OCCURRENCE	$ 1,000,
					FIRE DAMAGE (Any one fire)	$ 50,
					MEDICAL EXPENSE (Any one person)	$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	$ 1,000,
	[ ] Any Auto					
	[ ] All Owned Autos				BODILY INJURY (Per person)	$
B	[X] Scheduled Autos	BAW 50 39 90 15	06/01/91	06/01/92		
	[X] Hired Autos				BODILY INJURY (Per accident)	$
	[X] Non-Owned Autos					
	[ ] Garage Liability				PROPERTY DAMAGE	$
	[ ]					
	EXCESS LIABILITY				EACH OCCURRENCE	AGGREGATE
	[ ]					
	[ ] Other Than Umbrella Form				$	$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY	
					$ (EACH ACCIDENT)	
					$ (DISEASES-POLICY LIMIT)	
					$ (DISEASES-EACH EMPLOYEE)	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

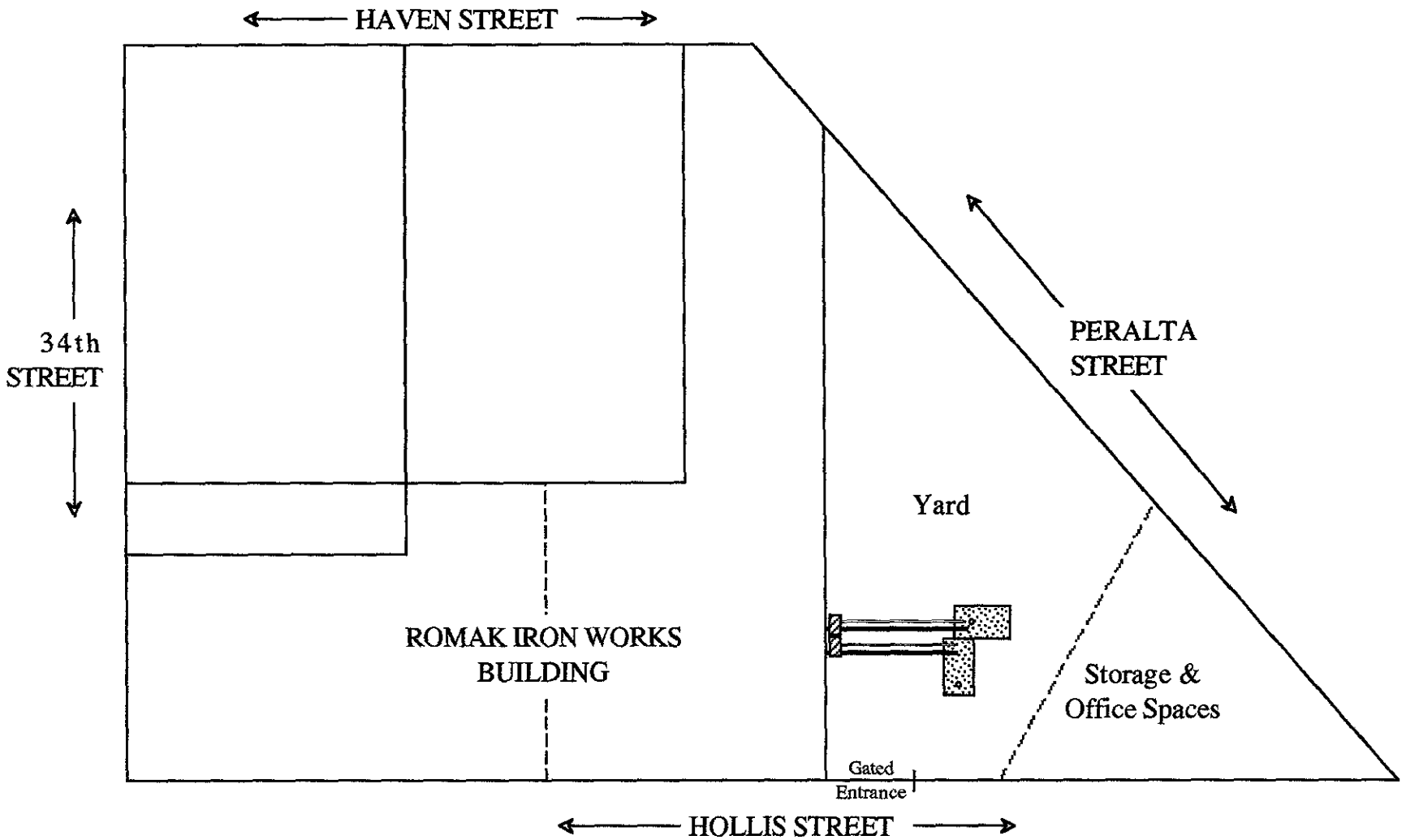
CERTIFICATE HOLDER

City of Long Beach
Bureau of Fire Prevention
211 E. Ocean Blvd. #500
Long Beach, CA 90802

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



= UST Location

= Fuel Dispenser

= Vent line

= Product line

SCALE

1" = 20 FEET

AQUA SCIENCE ENGINEERS, INC.

UST LOCATION
3250 Hollis Street
Romak Iron Works
Oakland, California 94608

figure one

HEALTH & SAFETY PLAN

for the

ROMAK IRON WORKS JOBSITE
3250 HOLLIS STREET
OAKLAND, CA 94608

prepared by

Aqua Science Engineers, Inc.
1041 Shary Circle
Concord, CA 94518
1 (800) 678-9391

AQUA SCIENCE ENGINEERS

signature page for

Romak Iron Works Jobsite

The below signed personnel have read this plan, understand it's content, and agree to follow the guidelines set forth.

Employee Name (print)	Signature	Date

AQUA SCIENCE ENGINEERS, INC.
HEALTH & SAFETY PLAN
for the
ROMAK IRON WORKS JOBSITE

A. GENERAL DESCRIPTION

Site: 3250 HOLLIS STREET, OAKLAND CALIFORNIA

Work Scope: AQUA SCIENCE ENGINEERS WILL REMOVE TWO 1,000 GALLON GASOLINE TANKS, HAVE THE TANKS DISPOSED OF ACCORDING TO THE STATE AND LOCAL REGULATIONS. BACKFILL THE EXCAVATION USING CLEAN IMPORTED SOIL AND CLEAN OVERBURDEN FROM THE EXCAVATION. RESURFACE THE EXCAVATION WITH ASPHALT AS PER CONTRACT.

SAFETY POLICY:

This Health and Safety Plan is written specifically for the Romak Iron Works jobsite, located at 3250 Hollis Street, Oakland California. All persons on site will follow OSHA safe operating practices as outlined in 29 CFR 1910 and 1926, as well as established guidelines from their respective companies or organizations.

Plan Prepared by: Michael D. Dirk Date: 1/8/92

Plan Approved by: David Prull Date: 1/8/92

Proposed Start Date: TO BE DETERMINED

Background Review Done? Complete: XXXXX
Preliminary:

Overall Hazard Level: Serious: Low: XXX
Moderate: XXX Unknown:

Project Organization:

Site Manager for A.S.E.: David Prull
A.S.E. Safety Officer: Michael Dirk
Other A.S.E Personnel: ~~Steve DeHope~~, Craig Hertz

B. SITE/WASTE CHARACTERISTICS

Waste Type(s): Solid: XXXX Sludge:
Liquid: Gas:

Characteristics: GASOLINE RESIDUALS, COMBUSTIBLE, TOXIC

Site Parameter: THE EXCAVATION PIT AS WELL AS ANY STOCKPILED MATERIAL ARE IDENTIFIED AS EXCLUSION ZONES. A MINIMUM BOUNDARY OF THREE FEET SURROUNDING BOTH IS TO BE MAINTAINED IN AS MUCH AS IS POSSIBLE.

C. HAZARD EVALUATION

CHEMICAL HAZARDS

Potential chemical hazards include skin and eye contact or inhalation exposure to potentially toxic concentrations of hydrocarbon vapors. The potential toxic compounds that may exist at the site are listed below, with descriptions of specific health effects of each. The list includes the primary potential toxic constituents that may be found in gasoline. (excerpted from NIOSH Pocket Guide to Chemical Hazards, June 1990).

1. BENZENE
a. Colorless, clear, highly flammable liquid with characteristic odor.
b. High exposure levels may cause acute restlessness, convulsions, depression, respiratory failure. *BENZENE IS A SUSPECTED CARCINOGEN.*
c. Permissible exposure level (PEL) for a time weighted average (TWA) over an eight hour period is 1.0 ppm.

2. TOLUENE
a. Colorless liquid with a benzene-like odor.
b. High exposure levels may cause fatigue, euphoria, confusion, dizziness. *TOLUENE IS LESS TOXIC THEN BENZENE.*
c. PEL for a ten hour TWA is 100 ppm.

3. XYLENE
a. Colorless, flammable liquid with aromatic odors.
b. high exposure levels may case dizziness, drowsiness, narcosis.
c. PEL for a ten hour TWA is 100 ppm.

4. ETHYLBENZENE
a. Clear, colorless, highly flammable liquid with characteristic odor.
b. High exposure levels may cause irritation to skin, nose and throat, constriction in chest, loss of consciousness, respiratory failure.
c. PEL for an eight hour TWA is 100 ppm.

5. LEAD
(Lead Arsenate)

a. Odorless, colorless solid with properties that vary depending upon specific compounds.
b. High exposure levels may cause nausea, diarrhea, inflamed mucous membranes, abdominal pains, weakness. *LEAD IS A SUSPECTED CARCINOGEN.*
c. PEL for an eight hour TWA is .05 milligrams per cubic meter (airborne).

ALL SUBSTANCES AS THEY EXIST ON SITE ARE EXPECTED TO BE STABLE.

Site Status: ACTIVE: XXX INACTIVE:

Site History: THE SITE IS CURRENTLY A STEEL FABRICATION FACILITY.

PHYSICAL HAZARDS

Under no circumstances will anyone enter the excavation pit or climb on any excavated material piles. Personnel shall otherwise maintain the maximum distance possible from the pit while performing their activities. On-site hazards include physical injuries due to the proximity of workers to engine-driven heavy equipment and tools. Equipment used during excavation may include a backhoe or other excavator, and a mechanical tamper or other equipment as part of the subsequent backfilling operations. Only trained personnel will operate machines, tools and equipment; all equipment will be kept clean and in good repair. Minimum safety apparel required around heavy equipment will include a hardhat and steel-toed boots. The parameter of the excavation will be sloped to create acceptable stable walls for personnel entry if needed. ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH OSHA GUIDELINES.

Daily inspections of the excavation, the adjacent areas, and protective systems are to be made by a qualified person while personnel are on site. Attention will be made to note if any evidence of potential cave-in exists.

1. USE SAFETY EQUIPMENT, MASK RESPIRATORS WITH NIOSH APPROVED C-21 CARTRIDGES FOR ORGANIC VAPORS, AS NECESSARY.

2. HAVE AT LEAST ONE DRY CHEMICAL MODEL PA-200 A-B-C FIRE EXTINGUISHER PRESENT.

3. HAVE 100 LBS GRANULAR SORBENT MATERIAL AVAILABLE FOR POTENTIAL SPILLAGE.

LEVEL OF PROTECTION

A contamination Reduction Zone (CRZ) will be maintained and adjusted as work proceeds and moves around the site. The workers on site will wear level 'D' protective clothing. (This protection level may be upgraded after on-site conclusions of data are completed). THE LEVEL OF PROTECTION FOR PERSONNEL WORKING IN THE AREA WILL BE UPGRADED IF; the organic vapor levels in the equipment operator's breathing zone exceeds 5 ppm above background levels continuously for more then five minutes. In this event, personnel protective equipment will include full face respirators with double-cartridge filters for organic vapors and particulates, in addition to hardhat, steel-toed boots and coveralls. Excavation will cease, equipment shutdown, and personnel will withdraw from the area if either 1.) the organic concentration in the operator's breathing zone exceeds 200 ppm for 5 minutes or 2.) the organic vapor concentration two feet above the excavation exceeds 2,000 ppm or 25% of the lower explosive limit. If work proceeds in an environment where organic vapor concentrations exceed 200 ppm, a self contained breathing apparatus or airline respirator will be utilized by the personnel.

Levels of Protective Clothing are defined on the following pages as described in the "EPA Standard Operating Safety Guidelines":

LEVEL A PROTECTION

Components:

1.) Pressure-demand, supplied air respirator that is MSHA and NIOSH approved. Respirators may be pressure demand, self contained breathing apparatus (SCBA), or pressure demand, airline respirator with an escape bottle for atmospheres with an extreme IDLH.

2.) Fully encapsulating chemical resistant suit.

3.) Inner, chemical resistant gloves.

4.) Disposable gloves and boot covers, worn over the fully encapsulating suit.

5.) 2-way radio communications is highly recommended.

LEVEL B PROTECTION
Components:

1.) Pressure-demand, supplied air respirator that is MSHA and NIOSH approved. Respirators may be pressure demand, self contained breathing apparatus (SCBA), or pressure demand, airline respirator with an escape bottle for atmospheres with an extreme IDLH.

2.) Chemical resistant clothing which includes overalls and long sleeved jacket or, hooded one or two piece chemical splash suit or disposable chemical resistant one piece suit..

3.) Outer chemical resistant gloves.

4.) Inner chemical resistant gloves.

5.) Chemical resistant, steel toed and shank boots.

6.) Disposable chemical resistant boot covers.

7.) Hardhat.

8.) 2-way radio communications is highly recommended.

LEVEL C PROTECTION
Components:

1.) Air purifying respirator, full face, with twin cartridge or cannister equipped filters, that are MSHA and NIOSH approved.

2.) Chemical resistant clothing which includes coveralls or, hooded one-piece or two-piece chemical splash suit or chemical resistant hood and apron; disposable chemical resistant coveralls.

3.) Outer chemical resistant gloves.

4.) Inner chemical resistant gloves.

5.) Chemical resistant, steel toed and shank boots.

6.) Disposable chemical resistant boot covers.

7.) Hardhat.

8.) 2-way radio communications is recommended.

LEVEL D PROTECTION

Components:

1.) Coveralls.

2.) Gloves.

3.) Leather boots, shoes or chemical resistant, with steel toe and shank.

4.) Safety glasses or chemical splash goggles.

5.) Hardhat or face shield.

COMBUSTIBLE GAS AND ORGANIC VAPOR MONITORING

Site personnel will monitor ambient levels of combustible gas vapors using a Thermo Environmental Instruments model 580A or a Gastech model GX-88 OVM. Volatile organic vapor levels greater then 5 ppm above background levels in the hot zone are not anticipated. If the OVM measurements do not decrease below 5 ppm, level 'C' protection will be required. The site Project Manager will be notified if organic vapor levels in the air samples exceed ambient concentrations.

A wetting agent or some form of dust control is recommended to reduce the airborne dust level and subsequent particulate hazard. HEPA respirator cartridges are also recommended as needed.

SITE ENTRY PROCEDURES

Any personnel entering the site will observe all conditions set forth by the owner of the property, including vehicle travel speeds, restricted areas and conduct.

Eating, drinking, smoking and other practices which increase the probability of hand-to-mouth transfer of contamination is prohibited in the work zone. All field personnel will be instructed to thoroughly wash their hands and face upon leaving the work area for breaks or cessation of day's activities. A first aid kit and at least one 20 pound A-B-C fire extinguisher will be available at the site.

Work Limitations (time, weather):

NONE ARE ANTICIPATED, HOWEVER, PERSONNEL WORKING ON SITE MAY EXPERIENCE ELEVATED TEMPERATURES DURING THE WORK DAY. IN THE EVENT THAT AMBIENT TEMPERATURES REACH OR EXCEED 80 DEGREES FAHRENHEIT, THE FOLLOWING GUIDELINES ARE RECOMMENDED.

1. Periods of work should be reduced to no less then one hour time frames and separated by breaks intended to reduce personnel stress due to reduced natural ventilation from wearing protective clothing.

2. All personnel wearing level C protective clothing or greater, will be subject to medical monitoring of body temperature after work periods, by the following guidelines;

a. Heart Rate (HR) should be measured by counting the radial pulse rate for 30 seconds and doubling count for the correct pulse rate. This should be done as early as possible in the resting period. The HR at the beginning of the rest period should not exceed 110 beats per minute. If the HR is higher, the next work period should be shortened by 10 minutes, while the length of the rest period remains the same. If the HR is 100 beats per minute at the beginning of the next rest period, the following work period should be shortened by an additional 10 minutes.

b. Body temperatures should be measured orally with a clinical thermometer as soon as possible in each resting period. Oral Temperatures (OT) should not exceed 99 degrees Fahrenheit. If it does, the next work period should be reduced by 10 minutes while the length of the resting period remains the same. If the OT exceeds 99 degrees Fahrenheit at the beginning of the next work period, the following work period should be reduced by an additional 10 minutes. OT should be measured at the end of each rest period to ensure that the body's temperature has dropped below 99 degrees Fahrenheit.

Body Water Loss (BWL) from sweating, could result in dehydration and further complications and stress on personnel working in protective clothing under adverse weather conditions. It is strongly recommended that plenty of stress relief beverages be available on site to replace body fluids. Commercial drink mixes that provide electrolyte balancing solutions or water are adequate for replacing body fluids.

Alternate methods of heat stress reduction can be made available such as,

Portable showers or hose-down facilities,
Shelter cover to protect against direct sunlight,
Rotating teams of personnel wearing protective clothing,
Performing extremely arduous tasks early in the workday.

EMERGENCY INFORMATION

In the event of an injury or suspected chemical exposure, the first responsibility of the Project Manager will be to prevent any further injury. This objective will normally require an immediate stop to work until the situation is remedied. The Project Manager may order the evacuation of the work party. Other primary responsibilities in the event of an accident will be the first aid and decontamination of the injured team member(s). The injured party will be moved to a designated safe area and initial first aid will be rendered.

Employees are asked to make every effort and take personnel responsibility to prevent accidents involving machinery or any other aspect of the job, either by individual action or by notifying the Project Manager immediately of any unsafe condition that may exist.

In the event of an unexpected hazardous material discovery on site, the following actions will be taken by any employee involved;

1. The person having uncovered the unexpected material will notify the Project Manager and other workers of the danger. The site will be cleared of personnel if deemed necessary by the Project Manager. If site evacuation is required, appropriate local agencies such as the Fire Department or Health Department will be notified as well.

2. Immediate action will be taken to contain the hazardous material, provided the workers involved are properly attired with adequate protective clothing to avoid exposure.

3. Proper containment procedures will be determined for the hazardous material encountered prior to cleanup commencing. All personnel involved in the containment effort will be properly protected to prevent exposure. Backup personnel will be similarly protected while monitoring the work being done for any additional dangers.

4. The container(s) will be staged on site, away from the major activity areas and in such a way that if loss of containment occurs, the material will be withheld from further spread by a secondary containment berm or vessel.

5. The owner or agent controller of the property will be notified promptly of the incident and will be apprised as to the options available for proper disposal.

ACUTE EXPOSURE SYMPTOMS AND FIRST AID

EXPOSURE ROUTE	SYMPTOMS	FIRST AID
Skin	Dermatitis, itching redness, swelling	Wash immediately with soap and water contact ambulance if evacuation is needed.
Eyes	Irritation, watering	Flush with water, transport directly to emergency room, if necessary.
Inhalation	Vertigo, tremors	Move person to fresh air, cover source of exposure.
Ingestion	Nausea, vomiting	Call Poison Control Center, DO NOT INDUCE VOMITING, transport to medical facility.

Local Resources:

HEALTH AND SAFETY CONTACT FOR ASE:

Michael D. Dirk
Office: (415) 820-9391

Ambulance
Police : **911**
Fire

POISON CONTROL: SF (415) 476-6600

Emergency Route to nearest Medical Facility:

Exit site, Travel south on Hollis Street
LEFT onto Peralta Street
RIGHT onto 34th Street
LEFT into emergency entrance just after
Andover Street and before Webster Street.

HOSPITAL IS NEAR THE CORNER OF 34th STREET AND WEBSTER STREET

Hospital: - MERRITT HOSPITAL
350 HAWTHORNE AVENUE, OAKLAND 420-6080