

File No. TR100

✓ manifests for tanks

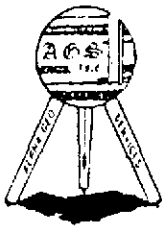
REMOVAL OF 3 UNDERGROUND STORAGE TANKS
FROM TONY'S EXPRESS PROPERTY
LOCATED 3609 EAST 14TH STREET
OAKLAND, CALIFORNIA
JULY 27, 1993

PREPARED FOR:
MR. ABOLGHASSEM RAZI
3609 EAST 14TH STREET
OAKLAND, CALIFORNIA 94601

BY:
ALPHA GEO SERVICES
298 BROKAW ROAD
SANTA CLARA, CALIFORNIA 95050

ALPHA GEO SERVICES

93 AUG -5 PM 4:06



ALPHA GEO SERVICES INC.

GENERAL ENGINEERING CONTRACTOR LICENSE NO. 507520

298 BROKAW Rd.
SANTA CLARA, Ca. 95050

Phone (408) 988-1055
Fax (408) 988-3343

July 27, 1993

File No. TR100

Mr. Abolghassem Razi
Tony's Express Auto Service
3609 East 14th Street
Oakland, California 94601

SUBJECT: REMOVAL OF 3 UNDERGROUND STORAGE TANKS
FROM TONY'S EXPRESS PROPERTY
Located at 3609 East 14th Street, in
Oakland, California

Dear Mr. Razi:

Per your request and authorization, our firm has provided underground storage tanks removal services for the property located at 3609 East 14th Street, in Oakland, California.

After obtaining all the necessary permits from Alameda County Health Care Services Agency--Department of Environmental Health (ACHCSA--DEH) and City of Oakland Fire Prevention Bureau (COFPB), Alpha Geo Services excavated and removed three (one 10,000 gallon, one 6,000 gallon gasoline and one 550 gallon waste oil) underground storage tanks on July 1, 1993. The tanks were transported under a Uniform Hazardous Waste Manifest by H&H Environmental Services, to their facility in San Francisco, California, for proper disposal.

File No. TR100

After removal of the tanks, soil samples were taken from the base of the excavation by Soil Tech Engineering, Inc. (STE), under the direction of Mr. Barney Chan with the Alameda County Health Care Services Agency--Department of Environmental Health (ACHCSA-DEH). The results of the sampling and analysis were submitted by STE in a separate report.

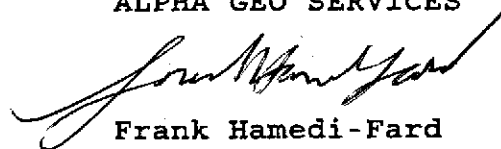
Enclosed, please find copies of all the permits and manifest papers.

We recommend that a copy of this report be forwarded to the proper state and local regulatory agencies.

If you have any questions or require additional information, please feel free to contact our office at your convenience.

Sincerely,

ALPHA GEO SERVICES

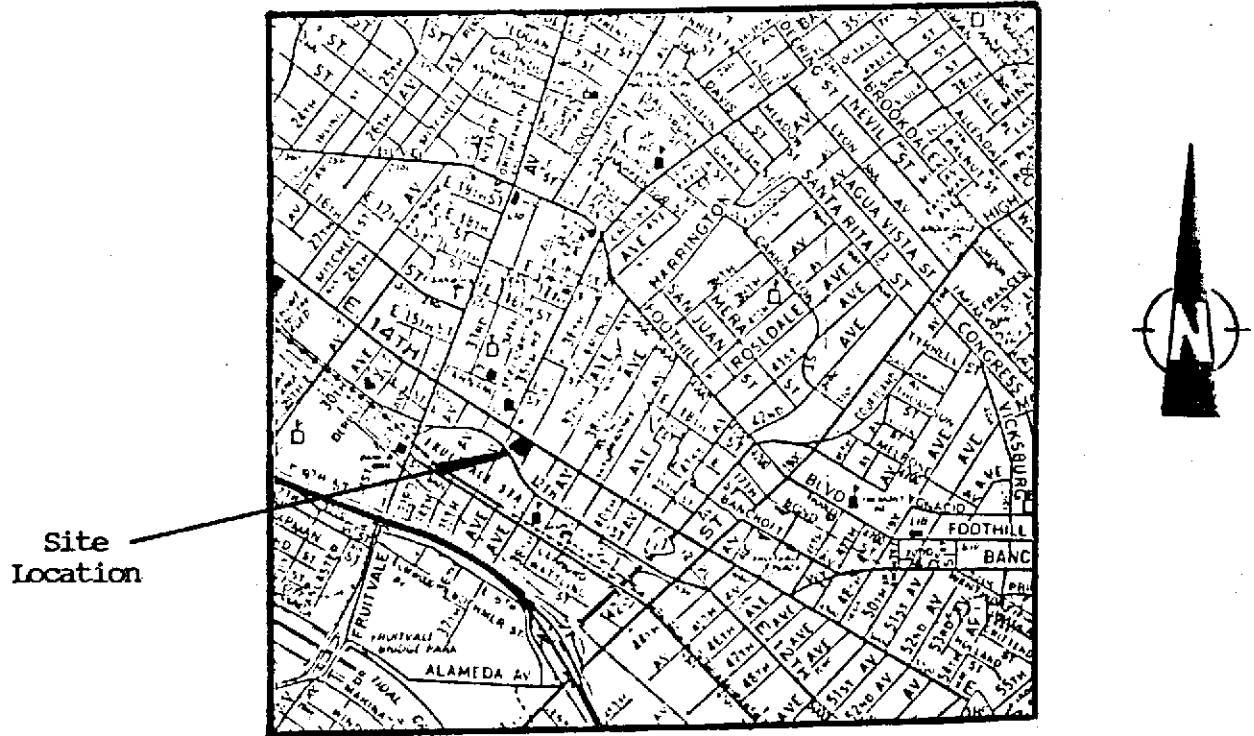


Frank Hamedi-Fard
General Manager

File No. TR100

A P P E N D I X "A"

ALPHA GEO SERVICES

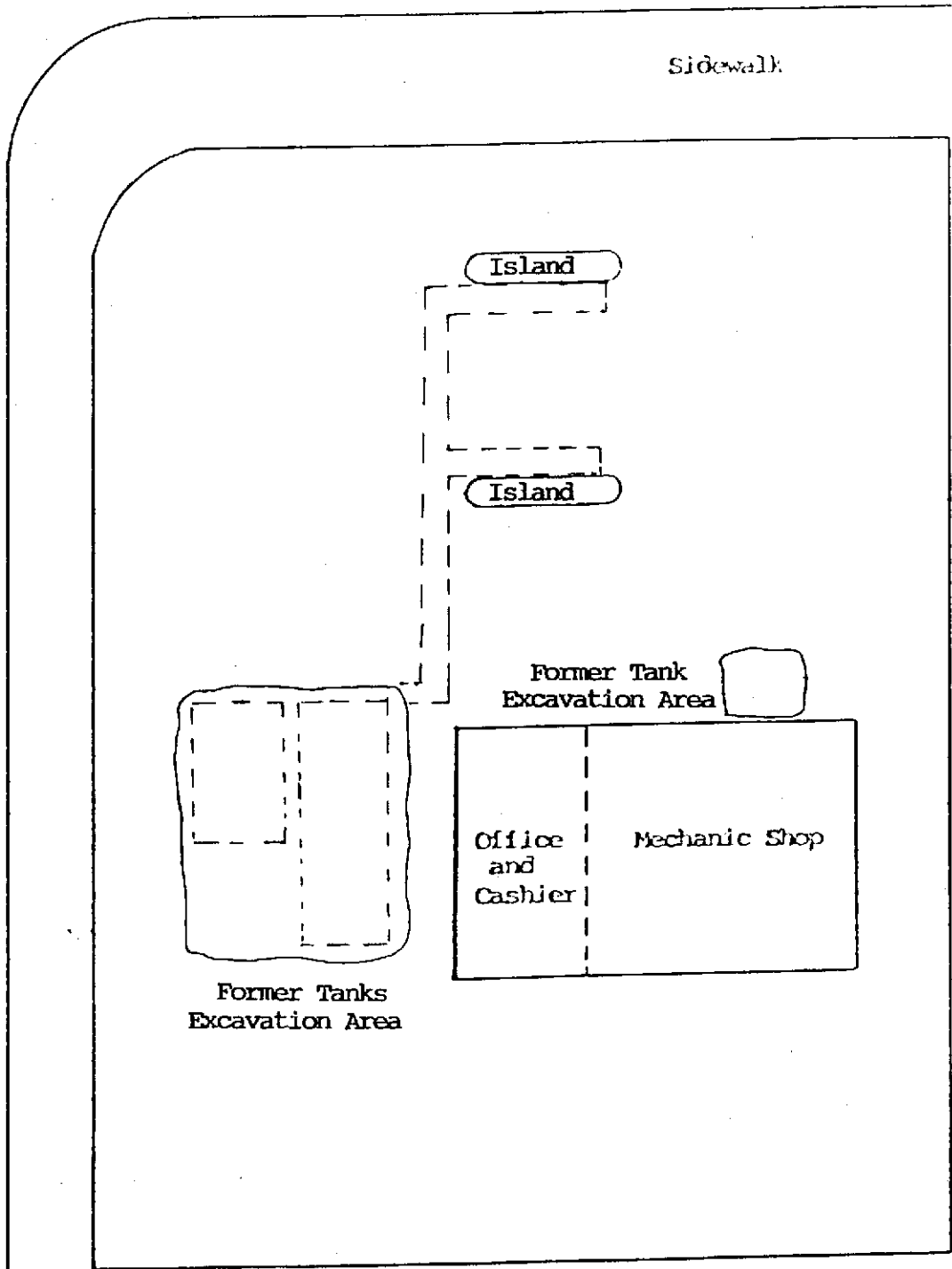


Thomas Brothers Map 1993 Edition
San Francisco, Alameda
and Contra Costa Counties

EAST 14TH STREET

Sidewalk

36TH AVENUE



SCALE: 1"=20'

Figure 2

File No. TR100

A P P E N D I X "B"

ALPHA GEO SERVICES

6. Contractor Alpha Geo Services
Address 298 Brokaw Road
City Santa Clara, CA 95050 Phone 408-988-1032
License Type* General "A" & C57 ID# 507520

*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. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Consultant Soil Tech Engineering, Inc.
Address 298 Brokaw Road
City Santa Clara, CA 95050 Phone 408-496-0265

8. Contact Person for Investigation
Name Frank Hamed Title General Manager
Phone 408-496-0265

9. Number of tanks being closed under this plan 3
Length of piping being removed under this plan 8540
Total number of tanks at facility 3

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 Erickson, Inc. EPA I.D. No. CAD0009466392
Hauler License No. 0019 License Exp. Date 5/97
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD0009466392
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Erickson, Inc. EPA I.D. No. CAD0009466392
Hauler License No. 0019 License Exp. Date 5/97
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD0009466392
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Noori Ameli
Company Soil Tech Engineering, Inc.
Address 298 Brokaw Road
City Santa Clara State CA Zip 95050 Phone 408-496-0265

12. Laboratory

Sub: Superior Lab of Martinez for GCM work
Name Priority Environmental Labs - 408-996-9636
Address 1764 Houret Court
City Milpitas State CA Zip 95035
State Certification No. 1708

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

Dry ice.

15-20# / 100 gal 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 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, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
10,000	gasoline	Soil & groundwater if present	Soil/backfill intergrade into 2' of native soil. <i>2 spcs @ end</i>
6,000	gasoline	Soil & groundwater if present	Soil/backfill intergrade into 2' of native soil. <i>2 spcs @ end</i>
500	waste oil	Soil & groundwater if present <i>Just @ maximum of 120' of piping, then under excavation</i>	Soil/backfill intergrade into 2' of native soil. <i>1 spc full end</i>

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)	<p>Sampling Plan</p> <p>Soil samples will be placed in brass tubes, sealed with Teflon tape and plastic caps. Samples must be placed on ice and transported to a state-certified lab with chain-of-custody.</p> <p><i>1/2 cu y for reuse, 1/50 cu y (compacted) for disposal</i></p>

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
GASOLINE TANKS	TPH-G	5030 / 8015		0.05 ppm
	BTEX	8020 or 8240		0.5 ppb
	Total Lead	3010 / 3050 / AA or ICAP		
WASTE OIL TANK	TPH-G	5030 / 8015		0.05 ppm
	TPH-D	3550 / 8015		
	BTEX	8020 or 8240		
	TO&G	5520 D&F		50 ppm
	CL HC <i>semi volatile</i>	8010 or 8240 8270		
	HEAVY METALS: Cr, Cd, Ni, Pb, Zn	AA or ICAP		

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Compensation Insurance Fund

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) Frank Hamedi

Signature *Frank Hamedi*

Date 6/22/93

Signature of Site Owner or Operator

Name (please type) Abolghassem Razi

Signature *Abolghassem Razi*

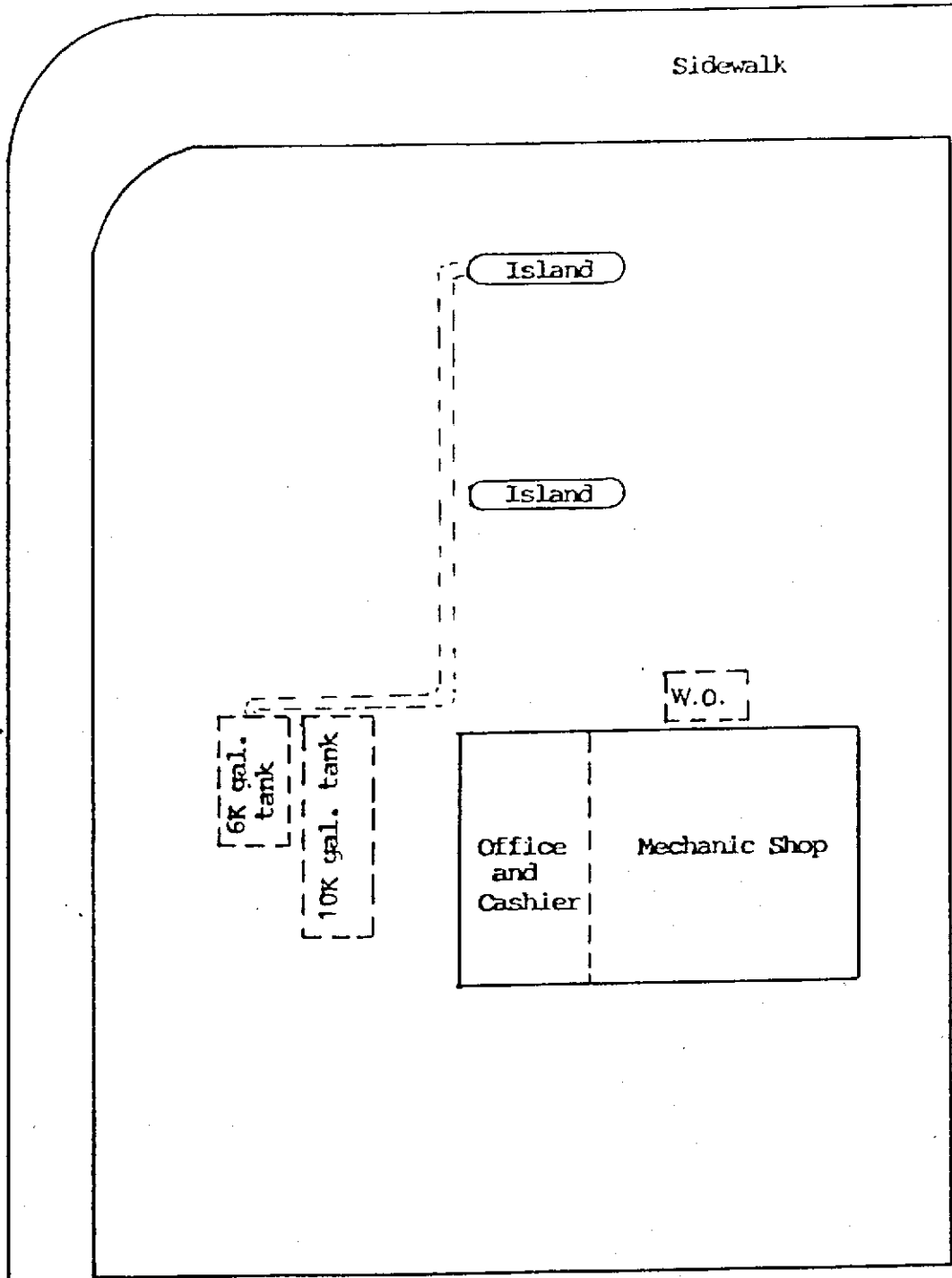
Date 6/22/93

EAST 14TH STREET



Sidewalk

36TH AVENUE



HIGHLAND GENERAL HOSPITAL
1411 E. 31 st (510) 534-8055

SCALE: 1"=20'

INSTRUCTIONS

General Instructions

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

Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Health Services, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION
Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

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

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

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

17. SITE HEALTH AND SAFETY PLAN

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

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

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

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

19. PLOT PLAN

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

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

20. DEPOSIT

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

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

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

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

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TOTAL LEAD AA	
	TOTAL LEAD AA			
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
	EDB	DHS-AB1803	EDB	DHS-AB1803
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E	8260	CL HC AND BTX&E	8260
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TPH and BTX&E	8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E	8260		
	O & G	5520 D & F	O & G	5520 C & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni			
	METHOD 8270 FOR SOIL OR WATER TO DETECT:			
	PCB*		PCB	
	PCP*		PCP	
	PNA		PNA	
	CREOSOTE		CREOSOTE	

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractible, respectively) are to be analyzed and characterized by GC/FID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. "Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

HEALTH AND SAFETY PLAN
FOR
TONY'S EXPRESS AUTO SERVICE
3609 EAST 14TH STREET
OAKLAND, CALIFORNIA

GENERAL:

This Health and Safety Plan (HSP) contains the minimum requirements for the subject site and tank removal. The field activities include: removal of product, excavation, product lines, triple washing the tank, sampling rinsate, removing rinsate with vactruck, removing the tank, and proper disposal. All personnel and contractors will be required to strictly adhere to these HSP requirements.

The objective of the HSP plan is to describe procedures and actions to protect the worker, as well as unauthorized person, from inhalation and ingestion of, and direct skin contact with potentially hazardous materials that may be encountered at the site. The plan describes (1) personnel responsibilities and (2) protective equipment to be used as deemed when working on the site. At a minimum, all personnel working at the site must read and understand the requirements of this HSP. A copy of this HSP will be on-site, easily accessible to all staff and government field representative.

ALPHA GEO SERVICES

PERSONNEL RESPONSIBILITIES:

The key personnel directly involved in the investigation will be responsible for monitoring the implementation of safe work practices and the provisions of this plan are (1) Alpha Geo Services (AGS) supervisor, Mr. Richard Manley and (2) Soil Tech Engineering, Inc. (STE) project field engineer, Mr. Noori Ameli. These personnel are responsible for knowing the provisions of the plan, communicating plan requirements to workers under their supervision and regulatory agencies inspectors and for enforcing the plan.

The personnel-protective equipment will be selected to prevent field personnel from exposure to fuel hydrocarbons that may be present at the site. To prevent direct skin contact, the following protective clothing will be worn as appropriate while working at the site:

1. Tyvek coveralls.
2. Butyl rubber or disposable vinyl gloves.
3. Hard hat with optional face shield.
4. Steel toe boots.
5. Goggles or safety glasses.

The type of gloves used will be determined by the type of work being performed. Excavation and tank removal personnel will be required to wear butyl rubber gloves because they may have long

duration contact with the subsurface materials. The triple washing (decontaminated) and vactruck crews shall wear butyl rubber gloves as they may have long duration contact with the rinsate. STE sampling staff will wear disposable gloves when handling any sample. These gloves will be changed between each sample.

Tank destruction and removal personnel will be required to wear hard hats and when appropriate wear a protective face shield.

Personnel protective equipment shall be put on before entering the immediate work are. The sleeves of the overalls shall be outside of the cuffs of the gloves to facilitate removal of clothing with the least potential contamination of personnel. If at any time protective clothing (coveralls, boots or gloves) become torn, wet or excessively soiled, it will be replaced immediately.

Total organic vapors will be monitored at the site with a portable PID and portable LEL meter. Should the total organic vapor content approach that of the threshold limit value (TLV) for any of the substances listed in Table 1, appropriate safety measures will be implemented under the supervision of the site project engineer. These precautions include, but are not limited to, the following: (1) Donning of respirators (with appropriate cartridges) by site personnel, (2) forced ventilation of the site, (3) shutdown of work until such time as appropriate safety measures sufficient to insure the health and safety of site personnel can be implemented.

TABLE 1
THRESHOLD LIMIT VALUES
FOR
COMMON GASOLINE CONSTITUENTS

Benzene	10 ppm
Toluene	100 ppm
Ethylbenzene	100 ppm
Xylenes	100 ppm

No eating, drinking or smoking will be allowed in the vicinity of the drilling operations. AGS will designate a separate area on-site for eating and drinking. Smoking will not be allowed at the vicinity of the site except in designated areas. No contact lenses will be worn by field personnel.

WORK ZONES AND SECURITY MEASURES:

The project engineer will call Underground Service Alert (USA), and the utilities will be marked before any excavation is conducted on-site, and excavation will be at safe distances from the utilities. The client will also be advised to have a representative on-site to advise us in selecting locations of piping trenches with respect to utilities, underground or above ground structures. AGS assumes no responsibility to utilities not so located. The excavation will be hand dig or using small power tools. Each of the areas where the tank or piping will be excavated will be designated as exclusion zones. Only essential

personnel will be allowed into an exclusion zone. When it is practical and local topography allows, approximately 25 to 75 feet of space surrounding those exclusion zones will be designated as contamination reduction zones.

Cones, wooden barricades or a suitable alternative will be used to deny public access to these contamination reduction zones excavation area. The general public will not be allowed closed to the work area under any conditions. If for any reason the safety of a member or the public (e.g. motorists or pedestrians) may be endanger, work will cease until the situation is remedied. Cones and working signs will be used when necessary to redirect motorists or pedestrians.

LOCATION AND PHONE NUMBERS OF EMERGENCY FACILITIES:

The fire department and hospital addresses and phone numbers are listed below:

City of Oakland Fire Department 911

Highland General Hospital (510) 534-8055
1411 East 31st Street, Oakland, CA

ADDITIONAL CONTINGENCY TELEPHONE NUMBERS:

Poison Control Center (800) 523-2222

Soil Tech Engineering Administrative Office (408) 496-0265
CHEMTREC (800) 424-9300

NOTE: Only call CHEMTREC stands for Chemical Transportation Emergency Center, a public service of the Chemical Manufacturer's Association. CHEMTREC can usually provide hazard information, warnings and guidance when given the identification number or the name of the product and the nature of the problem. CHEMTREC can also contact the appropriate experts.

TYPES OF PROTECTIVE CLOTHING AND RESPIRATION THAT
SHOULD BE USED AT HAZARDOUS WASTE SITES
TONY'S EXPRESS AUTO SERVICE
3609 EAST 14TH STREET
OAKLAND, CALIFORNIA

The degree of hazard is based on the waste material's physical, chemical, and biological properties and anticipated concentrations of the waste. The level of protective clothing and equipment worn must be sufficient to safeguard the individual. A four category system is described below.

LEVEL A

Level A consists of a pressure-demand SCBA (air supplying respirator with back mounted cylinders), fully encapsulated resistant suit, inner and outer chemical resistant gloves, chemical resistant steel safety boots (toe, shank, and metatarsal protection), and hard hat. Optional equipment might include cooling systems, abrasive resistant gloves, disposal oversuit and boot covers, communication equipment, and safety line. Level A is worn when the highest level of respiratory, skin, and eye protection is required. Most samplers will never wear Level A protection.

LEVEL B

Level B protection is utilized in areas where full respiratory protection is warranted, but a lower level of skin and eye protection is sufficient (only a small area of head and neck

is exposed). Level B consists of SCBA, splash suite (one or two piece) or disposal chemical resistant coveralls, inner and outer chemical resistant gloves, chemical resistant safety boots, and hard hat with face shield. Optional items include glove and boot covers and inner chemical resistant fabric coveralls.

LEVEL C

Level C permits the utilization of air-purifying respirators. Level B body, foot, and hand protection is normally maintained. Many organizations will permit only the use of approved full-face masks equipped with a chin or harness-mounted canister. However, many sites are visited by personnel wearing a half-mask cartridge respirator.

LEVEL D

Level D protection consists of a standard work uniform of coveralls, gloves, safety shoes or boots, hard hat, and goggles or safety glasses.

Respirators are of two basic types, air-purifying and air-supplying. Air-purifying respirators are designed to remove specific contaminants by means of filters and/or sorbents. Air-purifying respirators come in various sizes, shapes, and models and can be outfitted with a variety of filters, cartridges, and canisters. Each mask and cartridge or canister is designed for

protection against certain contaminant concentrations. Just because a cartridge says it is for use against organic vapors does not mean that it is good for all organic vapors.

Air-supplying respirators are utilized in oxygen-deficient atmospheres (less than 19.5 percent) or when an air-purifying device is not sufficient. Air is supplied to a face-mask from an uncontaminated source of air via and air line from stationary tanks, from a compressor, or from air cylinders worn on the back (SCBA). Rated capacities of the SCBA's are normally between 30 and 60 minutes. Only positive pressure (pressure demand) respirators should be used in high concentration hazardous environments.

Contact lenses are not permitted for use with any respirator. Contact lenses should not be worn at any site since they tend to concentrate organic materials around the eyes; soft plastic contact lenses can absorb chemicals directly. In addition, rapid removal of contact lenses may be difficult in an emergency. Although eye glasses can prevent a good seal around the temple when wearing goggles or full face masks, spectacle adapters are available for masks and goggles. Respirators often malfunction during cold weather or after continued use. Only NIOSH (National Institute for Occupational Safety and Health) MSHA (Mine Safety and Health Administration) approved respirators should be used.

This Site Safety Plan has been reviewed by the project engineer, STE field personnel and all subcontractors.

Amendments or modifications to this Plan may be written on a separate page and attached to this Plan. Any amendments or modifications must be reviewed and approved by the personnel name above.

This Site Safety Plan has been reviewed by the following persons:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

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 checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input 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)

DEA OR FACILITY NAME Tony's Express Auto Service		NAME OF OPERATOR			
ADDRESS 3609 East 14th Street		NEAREST CROSS STREET 36th Avenue	PARCEL # (OPTIONAL)		
CITY NAME Oakland		STATE CA	ZIP CODE 94601	SITE PHONE # WITH AREA CODE 510-614-3339	
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input checked="" 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					
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 3 E.P.A. I.D. # (optional) CAL000087674

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Razi, Abolghassem		PHONE # WITH AREA CODE 510-261-4444	DAYS: NAME (LAST, FIRST)	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	
		PHONE # WITH AREA CODE		

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Abolghassem Razi		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 3216 Ramona Street		<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" 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 Pinole		STATE CA	ZIP CODE 94564	PHONE # WITH AREA CODE 510-261-4444

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Abolghassem Razi		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 3216 Ramona Street		<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" 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 Pinole		STATE CA	ZIP CODE 94564	PHONE # WITH AREA CODE 510-261-4444

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 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 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"/> 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. <input type="checkbox"/>	II. <input type="checkbox"/>	III. <input type="checkbox"/>
--	--	--	-----------------------------	------------------------------	-------------------------------

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) Abolghassem Razi	APPLICANT'S TITLE Owner	DATE MONTH/DAY/YEAR 6/22/93
---	-----------------------------------	---------------------------------------

LOCAL AGENCY USE ONLY

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

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	<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

DEA OR FACILITY NAME WHERE TANK IS INSTALLED: **Tony's Express Auto Service**

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# 1	B. MANUFACTURED BY: N/A
C. DATE INSTALLED (MO/DAY/YEAR) N/A	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 type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
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"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<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"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
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
	<input checked="" type="checkbox"/> 99 OTHER		
B. CONSTRUCTION	<input checked="" type="checkbox"/> 1 SINGLE WALL	<input type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 3 LINED TRENCH
	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER	
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)
	<input type="checkbox"/> 5 ALUMINUM	<input type="checkbox"/> 6 CONCRETE	<input type="checkbox"/> 7 STEEL W/ COATING
	<input type="checkbox"/> 9 GALVANIZED STEEL	<input type="checkbox"/> 10 CATHODIC PROTECTION	<input type="checkbox"/> 95 UNKNOWN
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING
	<input checked="" type="checkbox"/> 99 OTHER		

V. TANK LEAK DETECTION				
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) Unknown	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING Unknown 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

APPLICANT'S NAME (PRINTED & SIGNATURE) Abolghassem Razi	DATE 6/22/93
--	---------------------

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	

UNDERGROUND STORAGE TANK INFORMATION and/or PERMIT APPLICATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 TANK REMOVED
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 PERMANENTLY CLOSED TANK
FACILITY/SITE NAME WHERE TANK IS INSTALLED: Tony's Express Auto Service			FARM TANK - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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

A. OWNERS TANK I.D. # 2	B. MANUFACTURED BY: N/A
C. YEAR INSTALLED N/A	D. TANK CAPACITY IN GALLONS: 6,000

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM B. IF (A.1), IS NOT MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 OTHER PETROLEUM PRODUCT <input type="checkbox"/> 3 CHEMICAL PRODUCT <input type="checkbox"/> 4 WASTE OIL <input type="checkbox"/> 5 OTHER HAZARDOUS WASTE <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 UNLEADED <input type="checkbox"/> 2 LEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM C, BELOW)
C. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. #	
C.A.S. #:	

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input checked="" type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER
	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL	<input checked="" type="checkbox"/> 1 STEEL/IRON	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE FRP
			<input type="checkbox"/> 99 OTHER _____
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 81 NONE
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER _____

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A <u>U</u> 99 OTHER
B. CONSTRUCTION	A <u>U</u> 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL	A <u>U</u> 1 STEEL/IRON	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 CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER	

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY

P S 1 VISUAL CHECK	P S 2 INVENTORY RECONCILIATION	P S 3 VADOSE WELLS	P S 4 ELECTRONIC MONITOR	P S 5 GROUND WATER MONITORING WELLS
P S 6 PRECISION TESTING	P S 7 PRESSURE TESTING	P S 91 NONE	P S 95 UNKNWDN	P S 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR) Unknown	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS Unknown	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> 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) Abolghassem Razi	DATE 6/22/93
---	------------------------

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT LOCAL AGENCY ID #				
PERMIT NUMBER		PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE	FEE CODE
CHECK #	AMOUNT	CHURCHARGE AMT.	RECEIPT #	BY:

A. Lew



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

REGULATION 8, RULE 40
Aeration of Contaminated Soil and
Removal of Underground Storage Tanks

NOTIFICATION FORM

- Removal or Replacement of Tanks
- Excavation of Contaminated Soil

SITE INFORMATION

SITE ADDRESS 3609 East 14th Street
 CITY, STATE, ZIP Oakland, CA 94601
 OWNER NAME Mr. Abolghassem Razi
 SPECIFIC LOCATION OF PROJECT southeast corner of 14th Street and 36th Avenue, in Oakland.

<p>TANK REMOVAL</p> <p>SCHEDULED STARTUP DATE <u>6/29/93</u></p> <p>VAPORS REMOVED BY:</p> <p><input checked="" type="checkbox"/> WATER WASH</p> <p><input checked="" type="checkbox"/> VAPOR FREEING (CO²)</p> <p><input type="checkbox"/> VENTILATION</p>	<p>CONTAMINATED SOIL EXCAVATION</p> <p>SCHEDULED STARTUP DATE _____</p> <p>STOCKPILES WILL BE COVERED? YES _____ NO _____</p> <p>ALTERNATIVE METHOD OF AERATION (DESCRIBE BELOW):</p> <p>_____</p> <p style="text-align: center;">(MAY REQUIRE PERMIT)</p>
---	---

CONTRACTOR INFORMATION

NAME Alpha Geo Services CONTACT Frank Hamedi
 ADDRESS 298 Brokaw Road PHONE (408) 988-1032
 CITY, STATE, ZIP Santa Clara, CA 95050

CONSULTANT INFORMATION (IF APPLICABLE)

NAME Soil Tech Engineering, Inc. CONTACT Frank Hamedi
 ADDRESS 298 Brokaw Road PHONE (408) 496-0265
 CITY, STATE, ZIP Santa Clara, CA 95050

FOR OFFICE USE ONLY

DATE RECEIVED 6-22-93 BY *AM*
 CC: INSPECTOR NO. I-553 DATE 6/23/93 (INIT.) BY *AM* (INIT.)
 TELEPHONE UPDATE: CALLER _____ CHANGE MADE _____
 BAAQMD # _____

Excavation Permit Granted _____ No. _____

CITY OF OAKLAND

Tank Permit

Permit to Excavate and Install, Repair, or Remove Inflammable Liquid Tanks. No. 97004

Oakland, California, July 1, 19 93

PERMISSION IS HEREBY GRANTED TO XEROX remove XEROX Gasoline tank and excavate commencing _____ feet inside PROPERTY line

on the wouth side of E. 14th St. Street Avenue 20 feet EAST of 36th Avenue Street Avenue

House No. 3609 E. 14th Street Street Avenue Present Storage _____ 261-6144

Owner Abioghassem Razi Address 3216 Pamela St. Pinole 94566 Phone 614-3339

Applicant Alpha Geo Services Address 298 Breakay Rd. Santa Clara 95050 Phone 408-988-1032

Dimensions of street (sidewalk) surface to be disturbed _____ X Number of Tanks _____ Capacity 10,000 Gallons each
6,000
500

Remarks: _____

This Permit is granted in accordance with existing City Ordinances.
Owner hereby agrees to remove tanks on discontinuance of use or when notified by the City Authorities.
When installing, removing or repairing tanks, no open flame to be on or near premises.

Approved _____ Fire Marshal

Approved _____ Drainage Division Engineering Dept.



EXCAVATING PERMIT

Issued in accordance with Ord. No. 278 CMS, Sec. 4-2.04

_____ square feet of digging or removal granted.

The receipt of \$ _____ special deposit is hereby acknowledged

GENERAL DEPOSIT.

BUREAU OF PERMITS AND LICENSES.

CERTIFICATE OF TANK AND EQUIPMENT INSPECTION

Inspected and passed on _____ 19 _____

By _____ Fire Marshal

Inspection Fee Paid - - - - - \$160.00 ck#9522 rec#685606

Received by D. Clemons
FIRE PREVENTION BUREAU

NOTICE

Before Covering Tanks, Above Certificate Must Be Signed.
When ready for inspection notify Fire Prevention Bureau, 278-3851

THIS PERMIT MUST BE LEFT ON THE WORK AS AUTHORITY THEREFOR.

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

II, III

white -env.health
yellow -facility
pink -files

Site ID # _____ Site Name Tony's Express Auto Ser Today's Date 7/13/93
Site Address 3609 814th St
City Oak Zip 94601 Phone 261-4444

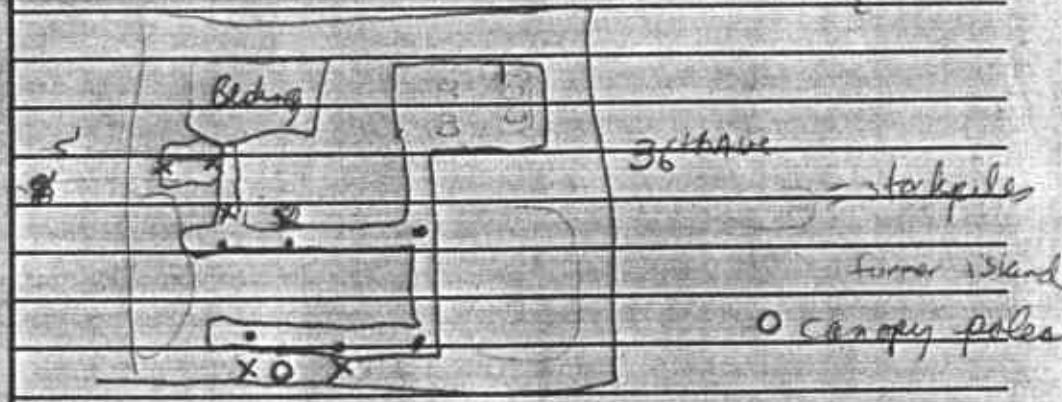
- II.A BUSINESS PLANS (Title 19)**
- ___ 1. Immediate Reporting 2703
 - ___ 2. Bus. Plan Stds. 25503(b)
 - ___ 3. RR Cars > 30 days 25503.7
 - ___ 4. Inventory Information 25504(a)
 - ___ 5. Inventory Complete 2730
 - ___ 6. Emergency Response 25504(b)
 - ___ 7. Training 25504(c)
 - ___ 8. Deficiency 25505(a)
 - ___ 9. Modification 25505(b)

- II.B ACUTELY HAZ. MAT'L S**
- ___ 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)

Comments:



III. UNDERGROUND TANKS (Title 23)

- General**
- ___ 1. Permit Application 26284 (H&S)
 - ___ 2. Pipeline Leak Detection 26292 (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 soil
 - 3) Daily Vadose
 - One time soil
 - Annual tank test
 - 4) Monthly Groundwater
 - One time soil
 - 5) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - Vadose/groundwater mon.
 - 6) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - 7) Weekly Tank Gauge
 - Annual tank test
 - 8) Annual Tank Testing
 - Daily inventory
 - 9) Other

- ___ 7. Fresh 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

E. 814th St
Witness soil splines after dispenser, piping had been removed & after excavation of former waste oil pit. Now only Alpha (or) Service present - splines. Piping run has been excavated to ~ 5' depth. Splines @ • piping X - under former dispenser. Estimate stackpile amt 40x20x8 ft = 250 30x10x10 ft = 100. Dispenser splines taken ~ 2' under former dispenser. Corroded odor observed on NE island, so piping, no piping. NE corner piping, NW island (hot). - Witnessed tank splines on NIS end in deeper end (18') x

II, III

Contact: Nouri Ameli
Title: _____
Signature: [Signature]

Inspector: B Chan
Signature: [Signature]

92215773
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A L 0 0 0 0 8 7 6 7 4		Manifest Document No. 0 0 0 0 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ABOLGHASSEM RAZI 3216 Ramona Street, Pinole, CA. 94564						A. State Manifest Document Number 92215773							
4. Generator's Phone (408) 261-4444						B. State Generator's ID							
5. Transporter 1 Company Name H & H Ship Service Company			6. US EPA ID Number C A D 0 0 4 7 7 1 1 6 8			C. State Transporter's ID 401998		D. Transporter's Phone (415) 543-4835					
7. Transporter 2 Company Name						E. State Transporter's ID							
7. Transporter 2 Company Name						F. Transporter's Phone							
9. Designated Facility Name and Site Address H & H Ship Service Company 220 China Basin Street San Francisco, CA. 94107						10. US EPA ID Number C A D 0 0 4 7 7 1 1 6 8		G. State Facility's ID CAD0004771168					
9. Designated Facility Name and Site Address						H. Facility's Phone (415) 543-4835							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) RESIDUE GASOLINE TANK NON-RCRA HAZARDOUS WASTE SOLID					12. Containers		13. Total		14. Unit				
					No. Type		Quantity		Wt/Vol		L. Waste Number		
					0 0 1 T P		1 0 0 0 0 P		State 512				
b.									EPA/Other				
c.									State				
									EPA/Other				
									State				
									EPA/Other				
J. Additional Descriptions for Materials Listed Above EMPTY 10,000 gallon tank last containing gasoline. Tank inerted with dry ice for PROPER WARE						K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information JOB #12899 24 Hr. Emergency Contact: H & H # (415) 543-4835 APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR						JOB SITE: OLD GAS STATION East 14 & 34th Streets Oakland, California							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, pocked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name FRANK HAMBRO				Signature <i>Frank Hambro</i>				Month 0 7		Day 0 1		Year 9 3	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ROBERT F. PETRUCCI				Signature <i>Robert Petrucci</i>				Month 0		Day 0 1		Year 9 3	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month		Day		Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name													
Signature				Month		Day		Year					

DO NOT WRITE BELOW THIS LINE.

92215774

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

GENERATOR


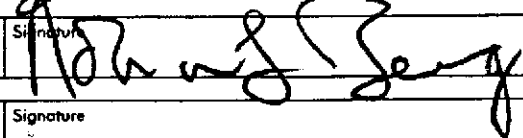
TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A L 0 0 0 0 8 7 6 7 4		Manifest Document No. 0 0 0 0 2		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ABOLGHASSEM RAZI 3216 Ramona Street, Pinole, CA. 94564						A. State Manifest Document Number 92215774			
4. Generator's Phone (408) 261-4444						B. State Generator's ID			
5. Transporter 1 Company Name H & H Ship Service Company			6. US EPA ID Number C A D 0 0 4 7 7 1 1 6 8			C. State Transporter's ID 101894		D. Transporter's Phone (415) 543-4835	
7. Transporter 2 Company Name						8. US EPA ID Number		E. State Transporter's ID	
9. Designated Facility Name and Site Address H & H Ship Service Company 220 China Basin Street San Francisco, CA. 94107						10. US EPA ID Number C A D 0 0 4 7 7 1 1 6 8		G. State Facility's ID	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) RESIDUE GASOLINE TANK NON-RCRA HAZARDOUS WASTE SOLID						12. Containers No. Type 0 0 1 T P 0 6 0 0 0		13. Total Quantity P	
b.								14. Unit Wt/Val P	
c.								1. Waste Number State 512	
d.								EPA/Other	
1. Additional Descriptions for Materials Listed Above EMPTY 6,000 gallon tank last containing gasoline. Tank inserted with dry air for transport. PROFILE #A28						K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information JOB #12899 24 Hr. Emergency Contact: H & H #(415) 543-4835 APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR						JOB SITE: OLD GAS STATION East 14 & 34th Streets Oakland, California			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name FRANK HAMED I				Signature 				Month Day Year 0 7 0 1 9 3	
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name NORMAN L. BERG		Signature 	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name		Signature	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						Printed/Typed Name		Signature	
						Month Day Year			

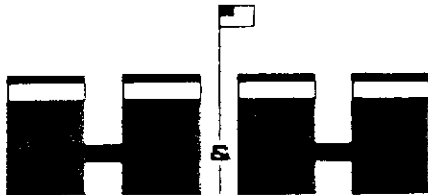
DO NOT WRITE BELOW THIS LINE.

92215775
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A L 0 0 0 0 8 7 6 7 4		Manifest Document No. 1 5 7 7 5		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address ABOLGHASSEM RAZI 3216 Ramona Street, Pinole, CA. 94564					A. State Manifest Document Number 92215775												
4. Generator's Phone (510) 261-4444					B. State Generator's ID												
5. Transporter 1 Company Name H & H Ship Service Company			6. US EPA ID Number C A D 0 0 4 7 7 1 1 6 8		C. State Transporter's ID			D. Transporter's Phone (415) 543-4835									
7. Transporter 2 Company Name					E. State Transporter's ID												
8. US EPA ID Number					F. Transporter's Phone												
9. Designated Facility Name and Site Address Erickson, Inc. 255 Parr Blvd. Richmond, Ca. 94801					10. US EPA ID Number C A D 0 0 9 4 6 6 3 9 2		G. State Facility's ID										
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol								
a. WASTE EMPTY STORAGE TANK NON-RCRA HAZARDOUS WASTE SOLID					1		550		P								
b.																	
c.																	
d.																	
J. Additional Descriptions for Materials Listed Above Qty: 1 Empty Storage Tank (200 Gallon Capacity) with 25 lbs. of waste and one 200 Gallon Capacity.					K. Handling Codes for Wastes Listed Above												
15. Special Handling Instructions and Additional Information Keep away from sources of ignition. Always wear hardhats when working around U.S.T.'s. 24 Hr. Contact Name H & H Phone #(415) 543-4835. JOB SITE: OLD GAS STATION E. 14th & 34th Sts. JOB #12899 Oakland, California																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name FRANK HAMEDI				Signature 				Month 0 7		Day 0 1		Year 9 3					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name NORMAN E. BERG				Signature 				Month 0 7		Day 0 1		Year 9 3					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month		Day		Year					
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name										Signature		Month		Day		Year	

DO NOT WRITE BELOW THIS LINE.

Blue: GENERATOR SENDS THIS COPY TO DTSC WITHIN 30 DAYS.
 To: P.O. Box 400, Sacramento, CA 95812-0400



ENVIRONMENTAL SERVICES
(DIVISION OF H&H SHIP SERVICE CO., INC.)

220 CHINA BASIN, SAN FRANCISCO, CA 94107 . DAY AND NIGHT: (415) 543-4835 FAX (415) 543-8265

CERTIFICATE OF DISPOSAL

JULY 6, 1993

H&H Ship Service Company hereby certifies to ALPHA GEO


1. The storage tank(s), size(s) ONE (1) 10,000 AND
ONE (1) 6,000 GALS.

removed from the OLD GAS STATION
facility at EAST 14TH AND 34TH STREETS
OAKLAND, CALIFORNIA

were transported to H&H Ship Service Company, 220 China Basin St., San Francisco, California 94107.

2. The following tank(s), H&H Job Number 12899
have been steam cleaned, cut with approximately 2' X 2' holes, rendered harmless and disposed of as scrap metal.
3. Disposal site: SCHNITZER STEEL, OAKLAND, CALIFORNIA.
4. The foregoing method of destruction/disposal is suitable for the materials involved, and fully complies with all applicable regulatory and permit requirements.
5. Should you require further information, please call (415) 543-4835 or (415) 905-5510.

Very Truly Yours,


Lourdes B. Lopez
Operations Coordinator





ENVIRONMENTAL SERVICES
(DIVISION OF H&H SHIP SERVICE CO., INC.)

220 CHINA BASIN, SAN FRANCISCO, CA 94107 . DAY AND NIGHT: (415) 543-4835 FAX (415) 543-8265

CERTIFICATE OF DISPOSAL

JULY 6, 1993

H & H Ship Service Company hereby certifies to ALPHA GEO

1. The storage tank(s), size(s) ONE (1) 550 GALS.

removed from the OLD GAS STATION

facility at EAST 14TH AND 34TH STREETS

OAKLAND, CALIFORNIA

were transported to H & H Ship Service Company, 220 China Basin St., San Francisco, California 94107.

2. The following tank(s), H & H Job Number 12899

have been steam cleaned, cut with approximately 2' X 2' holes, rendered harmless and disposed of as scrap metal.

3. Disposal site: LEVIN METALS, RICHMOND, CALIFORNIA.

4. The foregoing method of destruction/disposal is suitable for the materials involved, and fully complies with all applicable regulatory and permit requirements.

5. Should you require further information, please call (415) 543-4835 or (415) 905-5510.

Very Truly Yours,

Lourdes B. Lopez
Lourdes B. Lopez
Operations Coordinator