

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



P0267

February 22, 2006

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

Michael Mahoney  
Public Works Superintendent  
City of Emeryville  
1333 Park Street  
Emeryville, California 94608

Craig Stone  
Manager  
Emeryville Sport Fishing  
3310 Powell Street  
Emeryville, California 94608

**Subject: Operating permit for Emeryville Sport Fishing, 3310 Powell Street, Emeryville, CA 94608**

Dear Messrs. Mahoney and Stone:

This letter is intended to guide, the owner and the operator, in the proper management of the underground storage tanks (USTs) located at the subject site and to describe the permit conditions. **This letter contains important information for you to understand and implement.**

The installed tank system at the subject site is one vessel compartmentalized into three tanks. The three tanks are double wall steel fiberglass clad. Tank leak detection is performed continuously in the one annular space of the UST. The double wall fiberglass pressurized piping is monitored continuously in the submersible turbine pump sumps (STPS). The electronic monitor, Gilbarco EMC, is configured to trigger an audible and visual alarm if liquid is detected in the STPS. *Recognizing the alarm condition is critical, since the turbine pumps do not stop pumping fuel when in alarm.* The STPS could fill with fuel when the system is in alarm. Site staff has to manually shut off the turbine pumps when the monitoring system indicates an alarm. The pressurized lines are also monitored hourly with mechanical line leak detectors. A slow flow condition at the nozzle indicates the activation of the leak detector. Each of the dispensers has an under dispenser containment with an electronic sensor. The sensor will shut down the dispensing when in contact with liquid.

The unburied piping, from the shore to the floating dock, is required to be visually inspected daily and records of the inspections maintained for three years. This piping is currently exempt from the regulatory definition of piping. Best management practices would include protection of the piping from degradation by exposure to the sun and maintenance of the flexible containment that moves with the tidal conditions.

The secondary containment structures shall be tested for integrity every three years. The next test date will be October 2008. These tests will include the turbine piping sumps, secondary containment piping, under dispenser containment and the annular space of the tanks. Failure to pass any of these tests will require repairs to make the system tight.

**Compliance with the following conditions is a requirement of the permit to operate:**

1. Perform leak detection using the sensors and monitoring system as described above and in your tank management plan.
2. Provide a qualified maintenance contractor to assist this office in the required annual inspection of the entire UST system. The month of June is the anniversary for annual inspections and certifications of the monitoring system. Annually perform operational tests on the electronic monitoring equipment and the mechanical line leak detectors employing International Code Council and equipment manufacturer certified technicians. Primary piping integrity tests are also required annually. A licensed tank tester shall conduct the integrity tests. The tests shall conform to Title 23 requirements. Submit the results of all testing to this office within 30 days of the tests. A representative of this office is required to witness all monitoring system certifications and testing.
3. Maintain records of all maintenance performed on the tank system for no less than three years.
4. Do not fill the tank greater than 95% of the nominal tank capacity. The tank system is equipped with an automatic shutoff in the drop tube, which will limit the transfer of fuel and alert the delivery operator to cease the filling operation.
5. Maintain written records of all liquid alarm conditions and their resolution. Maintain certification of financial responsibility with documentation on-site.
6. The designated operator shall provide employee training and document such training necessary to operate a marina fueling station including but not limited to responding to fuel spills and emergencies.
7. Report unauthorized releases to this office within 24 hours of discovery. Provide a written report within five working days.
8. Any changes in monitoring equipment or method shall be pre-approved by this office prior to implementation.
9. Report changes in facility operator or tank ownership within 30 days of the change.
10. Maintain a copy of the operating permit and operating conditions on-site.

This permit expires on April 14, 2007. If you have any questions regarding the operation of this tank system please contact me at (510) 567-6781.

Sincerely,



Robert Weston  
Sr. Hazardous Materials Specialist

enclosures

c: Susan Hugo, Manager, ACDEH

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



20267

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

February 2, 2000

Ms. Diane Worall  
C/o Ms. Pat Hardy  
All State Insurance  
5801 Christie Avenue, Suite 230  
Emeryville, CA 94608

RE: Emeryville Marina, 3310 Powell Street, Emeryville, CA

Dear Ms. Hardy:

On January 31, 2000 the City of Emeryville Police Department requested Alameda County Environmental Health to respond to a gasoline release at the above address due to a sunken vessel. (See enclosed HazMat Incident Initial Report)

It is my understanding from the boat is insured by All State Insurance.

In order to recover cost for our emergency response service that is not funded by the County General Fund, County Ordinance, Section 3-141.6 authorizes this Department to bill responsible parties for reimbursement of expenses incurred. We charge an hourly rate of \$100.00 per hour for our services. This office sent 7.5 hours responding to the release, follow-up and writing up the incident report. **Please submit a check to this office made payable to the County of Alameda for the amount of \$750.00.**

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

Sincerely,

  
Larry Seto  
Sr. Hazardous Materials Specialist

Enclosure (1) Hazmat Incident Initial Report, incident date January 31, 2000

Cc: Tom Peacock, Supervisor, Haz Mat, Alameda County Environmental Health  
Ariu Levi, Chief Haz Mat, Alameda County Environmental Health  
Pat Hardy, All State Insurance, 5801 Christie Avenue, Suite 230, Emeryville,  
CA 94608

Files

# HAZMAT INCIDENT INITIAL REPORT

Incident Date 1 / 31 / 2000

Name of Responder Carry Seto

Time of OES page \_\_\_\_\_ : \_\_\_\_\_  
Arrival time 10 : 00AM  
Departure time 2 : 00PM

ALCO HM Incident  
Report #96- \_\_\_\_\_  
OES Control # \_\_\_\_\_

Agency requesting assistance Emergency Fire Dept.

## 1. Incident Information

Stid# \_\_\_\_\_

a. Facility Name City of Emergency Marina Telephone \_\_\_\_\_

b. Name(s) Owner/Operator City of Emergency

c. Location of Incident 3310 Powell St.  
Street address

Emergencyville  
City

Zip Code \_\_\_\_\_

d. During Transportation \*Yes \_\_\_\_\_ No   
\*If yes, then list company name, driver's name etc in a, b, c.

Highway/Street \_\_\_\_\_  
Milepost or Cross street \_\_\_\_\_

e. Type of Incident	Occurred	Potential
<input type="checkbox"/> Abandoned Hazwaste	_____	_____
<input type="checkbox"/> Spill	_____	_____
<input checked="" type="checkbox"/> Fire/Explosion	_____	_____
<input type="checkbox"/> Other	_____	_____

(Describe) Boat sank in harbor

## f. Material(s) Released

- Oil
- Fuel (gasoline, diesel) unk.
- waste oil
- Solvent
- PCBs (greater than 50ppm)
- None
- Other (specify) \_\_\_\_\_

Extremely hazardous substance? Yes \_\_\_\_\_ No  Don't know \_\_\_\_\_

g. Multiple spilled/dumped materials  
unk. gallons or \_\_\_\_\_ pounds  
other (units) \_\_\_\_\_

h. Do you think you had a chemical exposure? Yes \_\_\_\_\_ No   
Is a health check-up/doctor's visit needed? Yes \_\_\_\_\_ No   
Describe exposure: \_\_\_\_\_

- |                                      |      |        |                                     |                                     |
|--------------------------------------|------|--------|-------------------------------------|-------------------------------------|
|                                      | High | Medium | Low                                 | NA                                  |
| i. Potential for a continued release | ___  | ___    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| j. Potential of surface water impact | ___  | ___    | ___                                 | <input checked="" type="checkbox"/> |
| k. Potential for groundwater impact  | ___  | ___    | ___                                 | <input checked="" type="checkbox"/> |

l. Weather conditions: (place an X on the line to best describe)

Rain or runoff

No rain \_\_\_\_\_ Heavy

Temperature

30 \_\_\_\_\_ 40 \_\_\_\_\_ 50 \_\_\_\_\_ 60 \_\_\_\_\_ 70 \_\_\_\_\_ 80 \_\_\_\_\_ 90+

Wind speed

0 mph \_\_\_\_\_ 25+mph

direction (from the \_\_\_\_\_)

m. Deaths: 0

n. Injuries: 0

Transported to:  
Hospital: N.A.

o. Actions Taken:                      Started                      Planned                      Completed

Fire Fighting	___	___	___
Evacuate facility	___	___	___
Evacuate facility & surrounding area	___	___	___
Advise on cleanup	___	___	<input checked="" type="checkbox"/>
Control/stopped release	___	___	<input checked="" type="checkbox"/>
Clean-up/decontamination	___	___	<input checked="" type="checkbox"/>
Place dams or sorbents	___	___	___
Hazcat unknown	___	___	___
Take samples/evidence	___	___	___
Contacted Supervisor	___	___	___
None	___	___	___

Other (describe) \_\_\_\_\_

p. Evaluate effectiveness of actions taken at the scene:  
Highly effective  Some help \_\_\_\_\_ None \_\_\_\_\_ NA \_\_\_\_\_

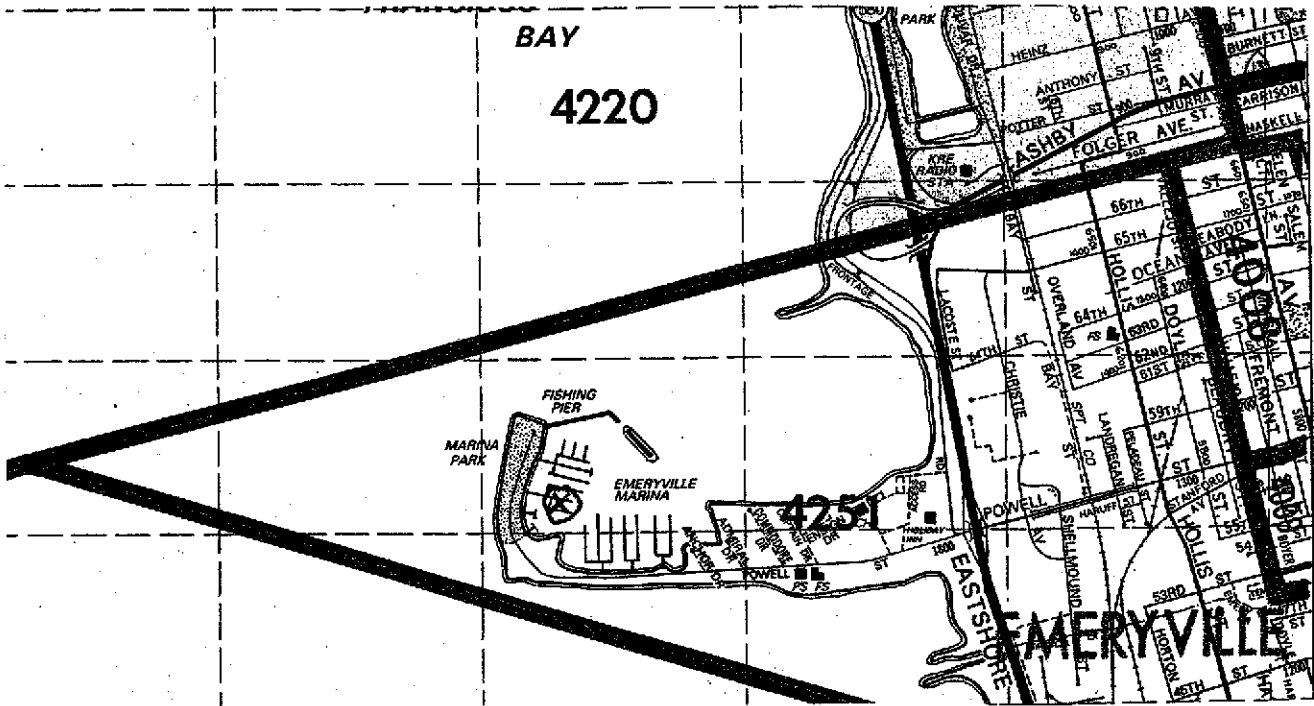
q. Public Health and Safety  
Observed or anticipated acute or chronic health affects  
None

r. Estimated timetable to control, contain, and/or clean-up  
None

s. Personnel/Agencies On Site

Boat Owner Agency/Co.	Name	Telephone#
	Diane Worall	510-420-1081
Emeryville Marina	Steve Burton	510-654-3716
Fish & Game	Jim Hardwick	707-864-4905
Fish & Game	Ted Martin	707-864-4903
U.S. Coast Guard	Sean Kuschel	510-437-3086
All State Inshore Prog. - Worldwide Marine Survey	Peter Minkwitz	510-465-2527
Foss Environmental	Don Fetrov	510-749-4133
Emeryville Police	Sergeant Barbara McDaniel	

2. Incident Location (Sketch - use facility plot plan if available) or attach Thomas Bros. map page indicating location



3. List PPE (number of items used), sampling equipment and monitoring equipment used during the incident:

- Hard Hat
- Safety boots

- 4. Provide a brief description of your actions; describe follow-up needed, include time spent on the call and all other action

Sergeant Barbara McDaniel of the Emeryville Police Department called our office and requested that we respond to the Emeryville Marina. I arrived at the scene and met with persons identified in section 1(s) on the previous page. I was informed a boat owned Diane Worall sank in the harbor at approximately 1:30 am. The sunken vessel was leaking gasoline into the water, and there was gasoline odor in the air. Divers went into the water and determined that the gas was coming out of the fill pipe of the gas tank. The cap was on the gas tank, but apparently it was not sealed properly. Sergeant McDaniel contacted the insurer of the boat, All State insurance. All State sent their representative, Peter Minkwitz of Worldwide Marine Surveys, Ltd. to the scene. Ted Martin and Jim Hardwick of Fish and Game, the Incident Commanders instructed the clean up company Foss to pick up the gas (sheen) on top of the water. The boat, after it is brought afloat will be taken out of the harbor, and disposed of. The boat has not been used in the past five years.

- 5. Billed for service?  Yes  No

(Must be completed)

Who was billed All State Insurance - Pat Hardy, 5801 Christie Ave  
 Amount billed Suite 230, Emeryville, CA  
 94608

DISTRIBUTION OF REPORT

COPY TO:

- CHIEF
- OPERATIONAL TEAM LEADER
- AREA MANAGER
- JB





**Steve Burton**  
Marina Manager

3310 Powell Street  
Emeryville, CA 94608

(510) 654-3716  
Fax (510) 654-4879



**State of California**

Department of Fish and Game  
Marine Region  
Spill Prevention and Response  
425 G Executive Court North  
Suisun, CA 94585



**Jim Hardwick**  
Environmental Specialist III

(707) 864-4905  
FAX (707) 864-4910

jhardwic@ospr.dfg.ca.gov  
Cellular (707) 322-6681  
Dispatch (916) 445-0045

**WORLDWIDE MARINE SURVEYS, LTD.**

**Peter Minkwitz**  
Marine Surveyor

351 Embarcadero [510] 463-2527  
Oakland, CA 94606 Fax [510] 465-7014

**State of California**

Department of Fish and Game  
Marine Region  
Spill Prevention and Response Unit  
425G Executive Court North  
Suisun, CA 94585



**Ted Martin**  
Oil Spill Prevention  
Specialist

Office (707) 864-4903  
FAX (707) 864-4910  
E-mail: tmartin@ospr.dfg.ca.gov

U.S. Department  
of Transportation  
**United States  
Coast Guard**



**Sean Kuschel**  
Marine Science Technician

Port Operations Department  
Marine Environmental Response

(510) 437-3086 Office  
(510) 437-3073 24-hour  
(510) 437-3072 fax  
email: SKuschel@d11.uscg.mil

U.S. Coast Guard  
Marine Safety Office  
San Francisco Bay  
Bldg. 14, C.G. Island  
Alameda, CA. 94501-5100



1605 Ferry Point  
Alameda, CA 94501

Emergency Response  
1-800-FE SPILL

**Dan Fetrow**  
Chemist  
dfetrow@fossenv.com

Phone: 510-749-4133  
Fax: 510-749-1391  
Pager: 510-321-8004

www.fossenv.com

PR0500887

Alameda County Department of Environmental Health

Underground Storage Tank Operating Permit

Issue Date- February 22, 2006
Expiration Date- April 14, 2007

This permit is issued to the underground storage tank owner. It must be kept at the UST location at all times.
An application for the renewal of this permit must be filed with this office prior to the expiration date.
The permit holder shall notify Alameda County Department of Environmental Health within 30 days of any changes to the permit or UST systems, unless required to obtain approval before making the change.

UST Facility Name- Emeryville Sport Fishing
Tank Operator- Craig Stone
Tank Owner- City of Emeryville

Address-3310 Powell Street, Emeryville, CA 94608 (tank location)

Phone- (510) 654-6040

Address- 1333 Park Avenue, Emeryville, CA 94608

Phone- (510) 596-4300

Total Number of USTs- 3
Emergency/Spill Response Plan- Yes
Certification of Financial Responsibility- Yes

Emergency Contact Person (day)- Craig Stone
Emergency Contact Person (night)- Mike Mahoney
BOE # TY (TK) HQ 44-000529

Phone- (510) 654-6040
Phone- (24hr) 510-508-9895
Current Plot Plan- Yes

Owner's Tank ID # -----

Table with 4 columns: Item description, 1, 2, 3. Rows include State UST I.D., Capacity, Hazardous Substance Stored, Monitoring Method for Tank, Tank Monitoring Frequency, Tank Monitoring Alarm, Tank Integrity Test, Monitoring Method for Piping, Piping Monitoring Frequency, Piping Monitoring Alarm, Positive Shutdown/Fail Safe Operation, Piping Precision Test, Overfill prevention, Spill Container/Size, Corrosion Protection, and Under dispenser containment sensor.

This operating permit is granted subject to the following conditions:

- A. All applicable state UST requirements contained in the California Code of Regulations, Title 23, Division 3, Chapters 16 and 18, the California Health & Safety Code, Division 20, Chapters 6.7 and 6.75.
B. The owner or operator must report any unauthorized releases to the environment to Alameda County Environmental Health Department within 24 hours after the release has been detected or should have been detected.
C. The owner or operator must comply with the approved routine monitoring procedures and response plan submitted to support this permit.
D. Monitoring and maintenance records must be maintained on-site for 3 years.

Issued by

[Signature]

Date

FEB 22 2006

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



R0267

RAFAT A. SHAHID, Assistant Agency Director

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

July 11, 1994

Juan Arreguin  
City of Emeryville,  
2200 Powell St.,  
Emeryville, CA 94608

**Subject: Five Year Underground Storage Tank Operating Permit for  
City of Emeryville Marina, 3310 Powell Street,  
Emeryville, CA 94608**

Dear Mr. Arreguin:

Enclosed you will find a five year permit to operate one (1) underground petroleum storage tank at the above referenced facility. The tank is a double-walled fiberglass-wrapped, steel tank. There are three (3) sections in this tank with regular unleaded in one section and two different grades of diesel in the other two sections. The monitoring alternative for the tank is "continuous interstitial monitoring".

To operate under a valid permit, you are required to comply with the conditions as described in Title 23, of the California Code of Regulations (CCR). Any changes in the reported monitoring /leak detection system should be reported to this office with an accompanying State Form "B", attached.

Please consult Title 23, CCR for any additional requirements. To obtain a copy of the regulations, you may contact the State Water Resources Control Board at (916) 657-0917. This office may be reached at (510) 337-9231.

Sincerely,

A handwritten signature in cursive script, appearing to read "Brian P. Oliva".

Brian P. Oliva, REHS, REA  
Hazardous Materials Specialist

cc: Edgar Howell, Chief, Division of Hazardous Materials  
George Warren, Emeryville Fire Dept.

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



R0267

RAFAT A. SHAHID, Assistant Agency Director

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

December 7, 1992

Juan Arreguin  
City of Emeryville,  
2200 Powell St.,  
Emeryville, CA 94608

Subject: Emeryville Marina, 3310 Powell St., Emeryville, CA

Dear Mr. Arreguin:

In order to permit the Underground Storage Tank(s) (USTs) at the above facility it will be necessary to submit the information requested in the December 7, 1992 letter that is included in this correspondence. Please complete/submit the information required by our office and relay the information to this office within thirty (30) days.

The information should include the "Board of Equalization UST Storage Fee Account Number", which was not appropriately submitted with the State Form "A".

Enclosed you will find examples of a "Site Safety Plan" as well as a "Site Monitoring Plan". These are examples only, and should be used only to serve such a purpose.

You will also need to submit a check for \$444.00 to cover the costs of installation as the final cost of the project was \$1403.00. There were an extraordinary amount of site visits due to the inability to achieve positive results in the primary and secondary containment systems, as well as the alarms systems.

If you have any questions, please call this office. The number is (510) 271-4320.

Sincerely

Brian P. Oliva, REHS, REA  
Hazardous Materials Specialist

cc: Ed Howell/files

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

R0267

RAFAT A. SHAHID, Assistant Agency Director

December 7, 1992

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

Juan Arreguin  
City of Emeryville  
2200 Powell St.,  
Emeryville, CA, 94608

Re: **FIVE-YEAR PERMITS FOR OPERATION OF ONE  
UNDERGROUND STORAGE TANKS (UST's) AT  
3310 Powell St., Emeryville, CA 94608**

According to our records the above mentioned facility has not received a five-year permit to operate UST's. Please complete the following items marked below and return them to me within 30 days. The example plans enclosed should be used only as guidelines and may not meet your requirements under Title 23.

- X 1. Complete UST PERMIT FORM A - one per facility. (enclosed)
- 2. Complete UST PERMIT FORM B - one per tank. (enclosed)
- 3. Complete UST PERMIT FORM C - one per tank if information is available. (enclosed)
- X 4. A written tank monitoring plan. (enclosed)
- X 5. Results of precision tank test(s) (initial and annual).
- X 6. Results of precision pipeline leak detector tests (initial and annual).
- X 7. An accurate and complete plot plan. (enclosed)
- X 8. A written spill response plan. (enclosed)

Title 23 of the California Code of Regulation prohibits the operation of ANY UST without a permit. Please feel free to contact Brian P. Oliva, REHS, REA, at 510/271-4320 if you have any questions which may arise in completing the mandatory five year permit process.

Sincerely,

Brian P. Oliva  
Hazardous Materials Specialist

cc: Gil Jensen, Alameda County District Attorney  
Rafat Shahid, Assistant Agency Director, Alameda County  
Department of Environmental Health