

ENVIRONMENTAL
PROTECTION
95 OCT 12 PM



P.O. Box 3090
Berkeley, California 94703

October 11, 1995

Susan Hugo
Alameda County Department Of Environmental Health
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502

Dear Susan:

Hi! I'm sending you herein the Accutite report
on the removal of my underground storage tank at 489
43rd Street in Oakland, California.

What's next? Thankyou!

Sincerely yours,

Ronn Simpson
Ronn Simpson

(510) 658-9006



Contractor's License #643881

Accutite Environmental Engineering

35 So. Linden Avenue, South San Francisco, CA 94080-6407 Tel: (415) 952-5551 Fax: (415) 952-7631 Tank Testing: (415) 952-0327

**REPORT
ON THE
REMOVAL OF ONE
UNDERGROUND STORAGE TANK
AT 489 43RD STREET
IN OAKLAND, CALIFORNIA**

9/25/95



Contractor's License #643881

Accutite Environmental Engineering

35 So. Linden Avenue, South San Francisco, CA 94080-6407 Tel: (415) 952-5551 Fax: (415) 952-7631 Tank Testing: (415) 952-0327

September 25, 1995

Mr. Ronn Simpson
P.O. Box 3090
Berkeley, California 94703

SUBJECT: REMOVAL OF ONE 1,000-GALLON UNDERGROUND STORAGE TANK AT 489 43RD STREET IN OAKLAND, CALIFORNIA

Dear Mr. Simpson:

This report summarizes the field activities and analytical findings for the removal of one underground storage tank (UST) at 489 43rd Street in Oakland, California (Figure 1). This UST was a 1,000-gallon gasoline tank. The UST was a single wall, non-wrapped steel tank.

PERMITTING

Prior to the tank excavation, Accutite obtained tank removal permits from the Alameda County Department of Environmental Health (ACDEH) and from the City of Oakland. Also, Accutite notified the Bay Area Air Quality Management District and Underground Service Alert (USA). Copies of the permits are provided in Attachment A.

TANK REMOVAL ACTIVITIES

On September 18, 1995, Accutite removed the UST (Figure 1). The UST was emptied prior to the tank removal activities. Accutite excavated, uncovered the UST, and inerted its interior by using CO₂ dry ice. The Lower Explosion Limit (LEL) and oxygen content were measured by a Gas-Tech meter. Mr. Larry James of the City of Oakland Fire Department and Ms. Eva Chu of the ACDEH witnessed the tank removal. Ms. Chu inspected the UST. Several holes were observed on the UST shell. Soil odor and staining were noticed during the tank removal. No ground water was encountered. The soil under the former UST was clay.

Subsequently, the UST was transported to the Erickson Inc. facility in Richmond California, where the UST was steam cleaned, cut and recycled as scrap metal. The UST was accompanied by Hazardous Waste Manifest No. 95592924. Copies of the manifest and the certificate of tank destruction are included in Attachment B.

SOIL SAMPLING

After the UST removal, Accutite's engineer collected a total of four soil samples. These samples are described as follows:

- ◆ Soil sample GAW-1-10 5' was collected from the west end, approximately 10.5 feet below surface grade (approximately 1 foot below the bottom of the UST)

- ◆ Soil sample GAE-1-11' was collected from the east end, approximately 11 feet below surface grade (approximately 1.5 feet below the bottom of the UST).
- ◆ Soil sample GAM-1-13' was collected from the middle, approximately 13 feet below surface grade (approximately 3.5 feet below the bottom of the UST).
- ◆ Soil sample Stok-1 was collected from the soil stockpile generated from the UST removal.

The attached Figure 1 shows the sampling locations.

All samples were collected from the backhoe bucket by driving clean brass tubes into the soil, using a rubber mallet. Samples were completely filled with soil to avoid head space and loss of volatiles. Samples were then covered with aluminum foil, capped, and taped.

The samples were shipped in an ice chest, accompanied by a chain of custody to North State Environmental Laboratory (A State of California Certified Laboratory). All samples were analyzed for Total Petroleum Hydrocarbons as Gasoline (TPH-G); Benzene, Toluene, Ethyl Benzene, and Xylenes (BTEX), with Methyl t-butyl ether (MTBE) distinction; for Total Petroleum hydrocarbons as Diesel (TPH-D); and for total lead.

ANALYTICAL FINDINGS

The analytical findings of the collected samples are summarized in the Table below. Locations of the samples are depicted in Figure 1. The laboratory results are included in Attachment C.

Sample ID	TPH-G ppm*	Benzene ppm	Toluene ppm	Ethyl Benzene ppm	Xylenes ppm	MTBE ppm	TPH-D ppm	Total Lead (TTL) ppm
GAW-1-10.5'	150	0.2	0.46	1.4	10	0.068	140	14
GAE-1-11'	14	0.090	0.13	0.28	1.5	0.016	160	10
GAM-1-13'	1,900	N.D.**	0.19	17	48	1.6	1300	14
STOK-1	13	N.D.	0.024	0.050	0.3	N.D.	24	18

*ppm = Parts per million or mg/kg

**N.D.= Non detect or below the detection limit

CONCLUSIONS AND RECOMMENDATIONS

- ◆ Both Diesel and Gasoline were detected in significant levels in the samples collected from under the UST.
- ◆ The tank owner is required to send a copy of the attached report to the following agency:

Ms Eva Chu
 Hazardous Materials Specialist
 Alameda County Department of Environmental Health (ACDEH)
 Division of Environmental Protection
 1131 Harbor Bay Parkway, 2nd Floor
 Alameda, California 94502



LIMITATIONS:

Our services consist of professional opinions, conclusions and recommendations made today in accordance with generally accepted engineering principles and practices. This warranty is in lieu of all other warranties either expressed or implied. Accutite's liability is limited to the dollar amount of the work performed.

Thank you for the opportunity to provide you with our services. If you have any questions, please call me at (415) 952-5551.

Sincerely,
Accutite Environmental Engineering




Sami Malaeb, P.E., R.E.A.
Project Manager



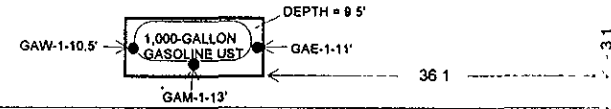
FIGURE



 RECYCLED PAPER

43RD STREET

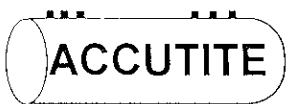
SIDEWALK



T
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489 43RD AVENUE
BUILDING



ACCUTITE ENVIRONMENTAL ENGINEERING
35 SOUTH LINDEN AVENUE
SOUTH SAN FRANCISCO, CA 94080

TITLE: REMOVAL OF A 1,000-GALLON GASOLINE
UNDERGROUND STORAGE TANK

FIGURE 1

DRAWN BY: SM

KEY:

APPROXIMATE SCALE: 1 INCH = 20 FEET



SITE: 489 43RD STREET
OAKLAND, CALIFORNIA

DATE: 9/18/95

REVISED:

900ELC

1

PHOTOS





PHOTO #1: Tank Inside Excavation

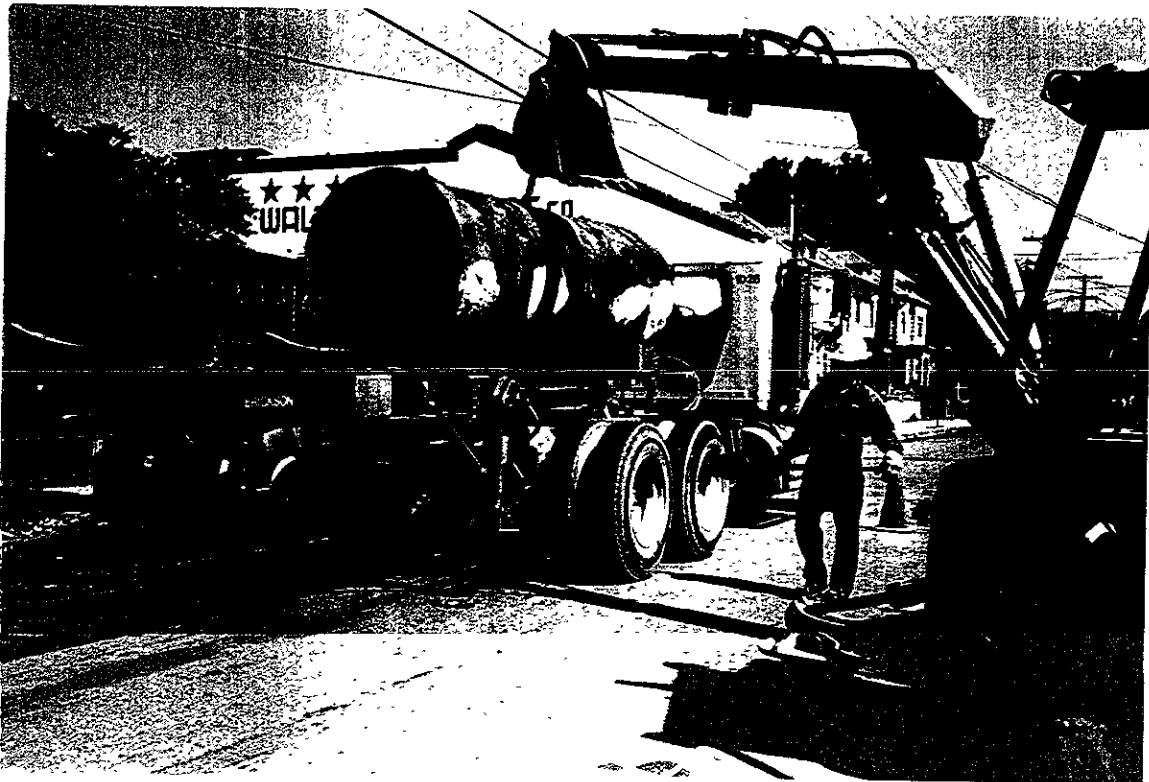


PHOTO #2: Tank Transportation

ATTACHMENT A
PERMITS



Excavation Permit Granted _____ No. _____

CITY OF OAKLAND

Tank Permit

Permit to Excavate and Install, Repair, or Remove Inflammable Liquid Tanks. No. 9930

Oakland, California, June 16, 19 95

PERMISSION IS HEREBY GRANTED TO ~~XXXX~~ remove ~~XXXX~~ Gasoline tank and excavate commencing _____ feet inside property line

on the West side of Telegraph Avenue Street Avenue Estimated 50' of 43rd Street Street Avenue

House No. 491 43rd Street Street Avenue Present Storage Empty 500 gal. Reg. Gas. UST.

Owner Bucate Plata/DBA Brand X Address P.O. Box 3090 Berkeley Phone 658-9006

Applicant Accutite Environmental Address 35 So. Linden Ave. Phone 952-5551

Dimensions of street (sidewalk) surface to be disturbed X So. San Francisco, CA 94080 Number of Tanks 1 Capacity 500 Gallons, each.

R ks _____

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. 6-2.04

_____ square feet of digging or removal granted.

The receipt of \$ _____ special deposit is hereby acknowledged.

GENERAL DEPOSIT.

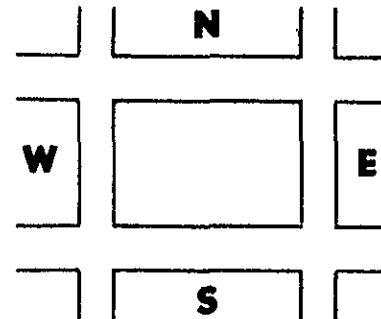
BUREAU OF PERMITS AND LICENSES.

Inspection Fee Paid _____ \$150.00

Received by D. Clemons, 6/15/95 Rec. #725316

FIRE PREVENTION BUREAU ck. #1863

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



CERTIFICATE OF TANK AND EQUIPMENT INSPECTION

Inspected and passed on _____ 19 _____

By _____

Fire Marshal

NOTICE

Before Covering Tanks, Above Certificate Must Be Signed.

When ready for inspection notify Fire Prevention Bureau, 273-3851



EXCAVATION PERMIT

TO EXCAVATE IN STREETS OR OTHER SPECIFIED WORK

Engineering Services Info
 1330 Broadway, 2nd Flr
 Oakland, CA 94612
 (510) 238-4777

PAGE 2 of 2

PERMIT NUMBER X9500353		SITE ADDRESS/LOCATION 491-43RD ST.
APPROX. START DATE	APPROX. END DATE	24-HOUR EMERGENCY PHONE NUMBER (Permit not valid without 24-Hour number)
CONTRACTOR'S LICENSE # AND CLASS 643881 C-61 also A		CITY BUSINESS TAX #

- ATTENTION:**
- State law requires that the contractor/owner call *Underground Service Alert (USA)* two working days before excavating. This permit is not valid unless applicant has secured an inquiry identification number issued by USA. The USA telephone number is 1 (800) 642-2444. **UNDERGROUND SERVICE ALERT (USA) #:** _____
 - 48 hours prior to starting work, you must call **(510) 238-3651** to schedule an inspection.

OWNER/BUILDER

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5 Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License law Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professions Code, or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than \$500):

I, as an owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale).

I, as owner of the property, am exempt from the sale requirements of the above due to: (1) I am improving my principal place of residence or appurtenances thereto, (2) the work will be performed prior to sale, (3) I have resided in the residence for the 12 months prior to completion of the work, and (4) I have not claimed exemption on this subdivision on more than two structures more than once during any three-year period. (Sec. 7044 Business and Professions Code).

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project, (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License law).

I am exempt under Sec. _____, B&PC for this reason _____.

WORKER'S COMPENSATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3700, Labor Code).

Policy # _____ Company Name _____

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California (not required for work valued at one hundred dollars (\$100) or less).

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked. This permit is issued pursuant to all provisions of Chapter 6, Article 2 of the Oakland Municipal Code. It is granted upon the express condition that the permittee shall be responsible for all claims and liabilities arising out of work performed under the permit or arising out of permittee's failure to perform the obligations with respect to street maintenance. The permittee shall, and by acceptance of the permit agrees to defend, indemnify, save and hold harmless the City, its officers and employees, from and against any and all suits, claims, or actions brought by any person for or on account of any bodily injuries, disease or illness or damage to persons and/or property sustained or arising in the construction of the work performed under the permit or in consequence of permittee's failure to perform the obligations with respect to street maintenance. This permit is void 90 days from the date of issuance unless an extension is granted by the Director of the Office of Planning and Building.

I hereby affirm that I am licensed under provisions of Chapter 9 of Division 3 of the Business and Professions Code and my license is in full force and effect (if contractor), that I have read this permit and agree to its requirements and that the above information is true and correct under penalty of law

William Chan *for* Contractor Agent for Contractor Owner Date 6/15/95

DATE STREET LAST RESURFACED	SPECIAL PAVING DETAIL REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOLIDAY RESTRICTION? (NOV 1 - JAN 1) <input type="checkbox"/> YES <input type="checkbox"/> NO	LIMITED OPERATION AREA? (7AM-9AM & 4PM-6PM) <input type="checkbox"/> YES <input type="checkbox"/> NO
ISSUED BY <u>Shawn M. Reed</u>		DATE ISSUED <u>6/15/95</u>	

EXCAVATION

Job Site 491 43RD ST

Parcel#

Appl# X9500353

Descr EXCAVATION PERMIT FOR TANK REMOVAL IN CITY RIGHT OF WAY

Filed 06/15/95

Work Type EXCAVATION PRIVATE P

EXCV 195.00

APPL 40.00

SUBTL 235.00

USA #

Util Co. Job #

Applicant

CHECK

235.00

Util Fund #:

TEH

1593 13:21TK

2CL

Applicant

Phone#

License

Classes

Owner

Contractor ACCUTITE ENVIRONMENTAL

(415)952-5555 643881 B 636 C61

Arch/Engr

Agent

Public Addr 260 MICHELE CT, SO SAN FRANCISCO, CA 94080

\$235.00 TOTAL FEES PAID AT FILING

\$0.00 TOTAL FEES PAID AT ISSUANCE

\$40.00 Applic

\$195.00 Permit

\$0.00 Process

\$0.00 Rec Mgmt

\$0.00 Gen Plan

\$0.00 Invsig

\$0.00 Other

CITY OF OAKLAND

Telegraph Avenue

Figure 23 May 95

COLOR CODES & SYMBOLS

Color	Symbol	Name
Blue	W	Water
	FA	Fire Alarm
	Te	Telephone
Orange	R	Railroad
	TV	Television
	WU	Western Union
	S	Sewer
	D	Storm Drain
	L	Street Lighting
Red	E	Electric
	T	Traffic Signals
Yellow	G	Gas
	Co Name	Oil & Chemical

COLOR CODE FOR EXCAVATORS

Note — Paint outline of proposed excavation area with white dotted line.

ADVANCE NOTICE

The Underground Service Alert Center is designed for planned work operations.

EACH

Location Request is good for a 14 Calendar Day Period to insure marking integrity.

Please call U.S.A. two working days prior to the scheduled work operations, between 7:30 a.m. and 4:30 p.m., Monday through Friday, excluding Saturdays, Sundays, and Holidays.

EMERGENCY EXCAVATIONS

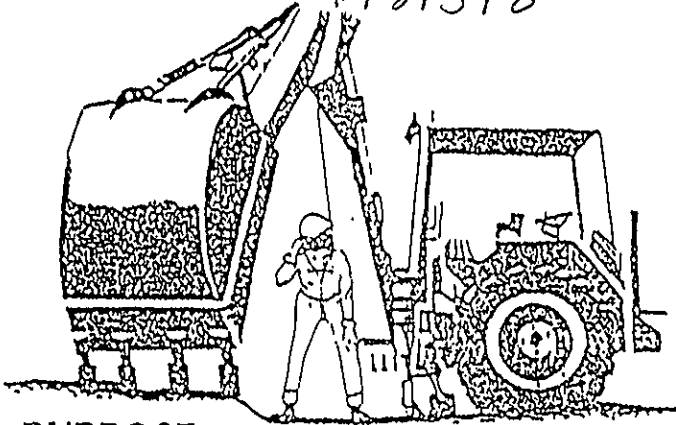
Emergencies during normal working hours of the Center will be processed as promptly as possible. Emergencies after hours should be called directly to the organizations whose facilities are involved.



#111516
#165470 8/8/95

A community one call system that will let you know what's underground ...before you dig!

#181318



PURPOSE

Established through the combined efforts of underground facility operators for your convenience.

WHEN YOU CALL

You will be asked information pertaining to your job, and assigned a ticket number.

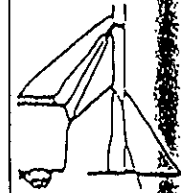
Your "LOCATION REQUEST" will be immediately transmitted over our communication systems to all of our PARTICIPATING MEMBERS that might have facilities near your work site. Our list of members is rapidly increasing; however, it is your responsibility to contact any non-member utilities operating in your working area.

**CALL USA TOLL FREE
(2) Working Days
Before You Excavate.
800-642-2444**

**USA
UNDERGROUND
SERVICE
ALERT**



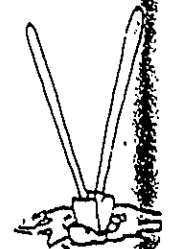
BACK



AUGER



BLAST



HAND DIG

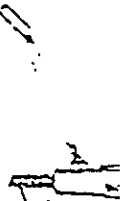
**A
PARTNERSHIP
IN**



PORTABLE TOOLS

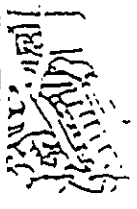


DREDGE OR POWER SHOVELS



PIPE

SAFETY





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 491-43rd Street,
CITY, STATE Oakland, CA ZIP 94609
OWNER NAME Mr. Ron Simpson
SPECIFIC LOCATION OF PROJECT _____

TANK REMOVAL

SCHEDULED STARTUP DATE 6/20/95

VAPORS REMOVED BY:

- WATER WASH
- VAPOR FREEING (CO²)
- VENTILATION

CONTAMINATED SOIL EXCAVATION

SCHEDULED STARTUP DATE _____

STOCKPILES WILL BE COVERED? YES _____ NO _____

ALTERNATIVE METHOD OF AERATION (DESCRIBE BELOW):

(MAY REQUIRE PERMIT)

Removal on one 500 gallon empty underground steel regular gasoline storage tank.

CONTRACTOR INFORMATION

NAME Accutite Environmental CONTACT Willie Green
ADDRESS 35 So. Linden Avenue PHONE (415) 952-5551
CITY, STATE, ZIP So. San Francisco, CA 94080

CONSULTANT INFORMATION
(IF APPLICABLE)

NAME _____ CONTACT _____
ADDRESS _____ PHONE () _____
CITY, STATE, ZIP _____

FOR OFFICE USE ONLY

DATE RECEIVED FAX _____ BY _____ (init.)
DATE POSTMARKED _____ BY _____ (init.)
CC: INSPECTOR NO. _____ DATE _____ BY _____ (init.)
UPDATE: CONTACT NAME _____ DATE _____ BY _____ (init.)
BAAQMD N # _____ DATA ENTRY _____

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

1131 HARBOR BAY PARKWAY, STE 250
ALAMEDA, CA 94502-6577
TELE: (510) 567-6700
FAX: (510) 337-9335

ENVIRONMENTAL
MAY 24 PM 1:19

*W. S. ... 6/13/95
Note additions/changes in Red!*

ACCEPTED

Underground Storage Tank Closure Permit Application
Alameda County Division of Hazardous Materials
80 Swan Way, Suite 200,
Oakland, CA 94621
Telephone: (510) 271-4320

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of the State and Local Health Laws. Changes to your closure plans must be submitted to this Department to assure compliance with State and Local Health Laws. This Department reserves the right to require any required building permits for construction jobs. One copy of the accepted plans must be on file with the Department and a copy must be provided to all contractors and craftsmen involved with the project. Any changes or extensions of these plans must be submitted to this Department and to the Environmental Health Inspections Department to determine if such changes meet the requirements of State and local laws.

Notify this Department at least 72 hours prior to the following required inspections: *

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

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

*THERE IS A FINANCIAL PENALTY FOR
NOT OBTAINING THESE INSPECTIONS

Contact Specialist:

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name Brand X
Business Owner Ronn C Simpson
 2. Site Address 491-43rd Street,
City Oakland, CA Zip 94609 Phone (510) 658-9006
 3. Mailing Address P.O. Box 3090
City Berkeley, California Zip 94703 Phone (510) 658-9006
 4. Land Owner Bucate Plata/DBA Brand X Huaraches
Address P.O. Box 3090 City, State Berkeley, CA Zip 94703
 5. Generator name under which tank will be manifested Brand X
- EPA I.D. No. under which tank will be manifested CAC001041648

6. Contractor Accutite Environmental
Address 35 So. Linden Avenue
City So. San Francisco, CA 94080 Phone (415) 952-5551
License Type B, C36, C61/D40 HAZ Lic. # 643881 ID# 94-3074925

*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 Accutite Environmental
Address 35 So. Linden Avenue
City So. San Francisco, CA 94080 Phone (415) 952-5551

8. Contact Person for Investigation
Name Willie Green Title Project Foreman
Phone (415) 952-5551

9. Number of tanks being closed under this plan One
Length of piping being removed under this plan None
Total number of tanks at facility One

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 EPA I.D. No. CAD009466392
Hauler License No. #0019 License Exp. Date 7/31/95
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson EPA I.D. No. CAD009466392
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Erickson EPA I.D. No. CAD009466392
Hauler License No. #0019 License Exp. Date 7/31/95
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson EPA I.D. No. CAD009466392
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Geoffrey Garrison or Sami Malaeb
Company Accutite Environmental Engineering
Address 35 So. Linden Avenue
City So. San Francisco State CA Zip 94080 Phone (415) 952-5551

12. Laboratory

Name Sequoia Analytical Laboratory
Address 680 Chesapeake Drive
City Redwood City State CA Zip 94063
State Certification No. #145

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

If yes, describe. *(Unknown to Accutite)

14. Describe methods to be used for rendering tank inert

Dry Ice at least 15 lbs / 1000 gallon UST

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)		
500	Regular Gasoline	TPH-G & BTE&X Soil, and groundwater, if encountered	2' beneath the tank. in native soil

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) 3 yards	Sampling Plan Samples will be taken 2' beneath the tank. Samples will be collected in a brass tube and sealed with Teflon tape and placed on ice. Samples will be transported to an Analytical Laboratory. <i>Sample stockpile 1/50 cy for disposal OR 1/20 cy for re-use</i>

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-G & BTE&X <i>and</i>	GCFID 5030		5.0
MTBE	8020 or 8240		0.5
Total lead	AA		

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

TO :
FROM : BUCATE PLATA

PHONE : 14159527631

MAY.23.1995 11:55AM P 1
PHONE NO. : 5106589006

FROM : ACCUTITE

MAY.23.1995 11:10AM P 2
PHONE NO. : 4159525551

8. Submit Worker's Compensation Certificate copy

Name of Insurer California Indemnity Ins. Co.

9. Submit Plot Plan (See Instructions)

0. Enclose Deposit (See Instructions)

1. 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)

2. 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.

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

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 his plan is approved.

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

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.

When 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) Willie Green

Signature Willie Green

Date 5/18/95

Signature of Site Owner or Operator

Name (please type) Mr. Ronn Simpson

Signature Ronn Simpson

Date 5/23/95

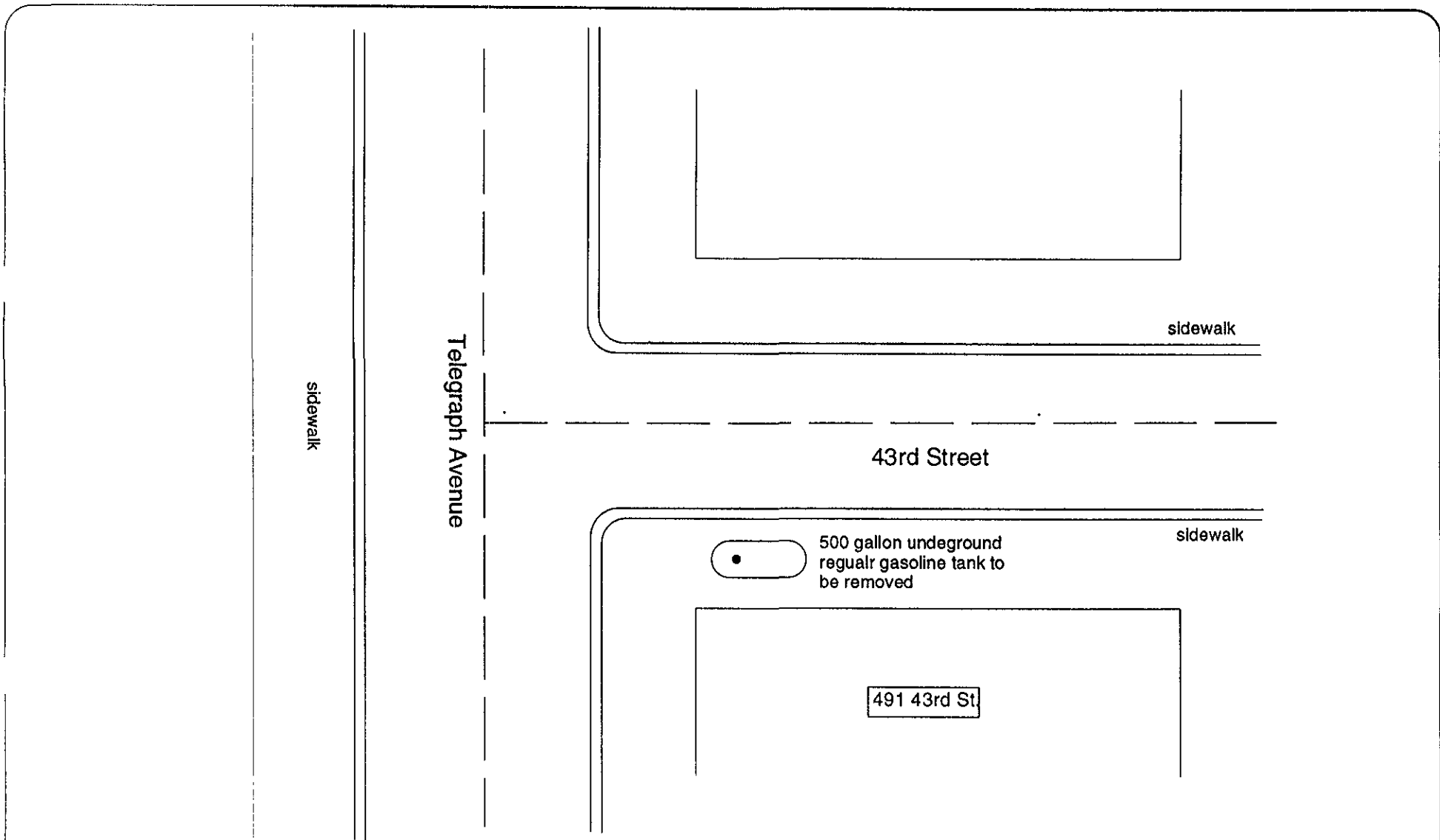




Figure	Date: 23 May 95	Revised:	 not to scale	Title: Tank Removal Site Plan	 ENVIRONMENTAL ENGINEERING 35 South Linden Avenue South San Francisco California 94080
Key:				Site: 491 43rd Street Oakland, California	

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)

DBA OR FACILITY NAME Brand X		NAME OF OPERATOR Ronn Simpson			
ADDRESS 491-43rd Street		NEAREST CROSS STREET Telegraph Ave.	PARCEL # (OPTIONAL)		
CITY NAME Oakland		STATE CA	ZIP CODE 94609	SITE PHONE # WITH AREA CODE (510) 658-9006	
<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 checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 500 E. P. A. I. D. # (optional) CAC001041648

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Simpson, Ronn		PHONE # WITH AREA CODE (510) 658-9006		DAYS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Bucate Plata		CARE OF ADDRESS INFORMATION Ronn Simpson		
MAILING OR STREET ADDRESS P.O. Box 3090		<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 Berkeley		STATE CA	ZIP CODE 94703	PHONE # WITH AREA CODE (510) 658-9006

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Bucate Plata		CARE OF ADDRESS INFORMATION Ronn Simpson		
MAILING OR STREET ADDRESS P.O. Box 3090		<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 Berkeley		STATE CA	ZIP CODE 94703	PHONE # WITH AREA CODE (510) 658-9006

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 739-2582 if questions arise.

TY (TK) HQ **44** -

V. 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) Willie Green	APPLICANT'S TITLE Project Foreman	DATE MONTH/DAY/YEAR 5/18/95
---	---	---------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # <input type="text"/> <input type="text"/>	JURISDICTION # <input type="text"/> <input type="text"/> <input type="text"/>	FACILITY # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPERVISOR - 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	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **Brand X**

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# CAC001041648	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) Unknown	D. TANK CAPACITY IN GALLONS: 500

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.		
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED		<input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Regular Gasoline		C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D		
A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER

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 Unknown
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL
	A U 3 LINED TRENCH	A U 95 UNKNOWN
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	<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 Unknown

V. TANK LEAK DETECTION	
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION
<input type="checkbox"/> 3 VAPOR 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 checked="" 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 0 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) Willie Green	DATE 5/18/95
---	------------------------

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		

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) **12/29/1994**

INSURED
 ndreini & Company
 20 W 20th Ave.
 San Mateo, CA 94403
 (415) 573-1111

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** CALIFORNIA INDEMNITY INS. CO.
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

DESCRIPTION
 CCUTITE ENVIRONMENTAL ENG.
 DIVISION OF OLYMPIAN OIL CO.
 5 SO. LINDEN AVE.
 SOUTH SAN FRANCISCO, CA. 94080

COVERAGE
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	N2030776	01/01/95	01/01/96	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE - POLICY LIMIT \$ 1,000,000 DISEASE - EACH EMPLOYEE \$ 1,000,000
OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

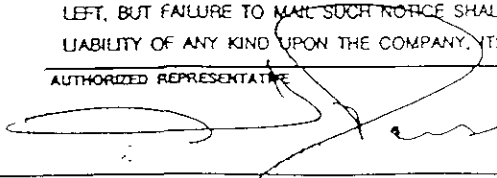
30 DAYS CANCELLATION EXCEPT WITH RESPECT TO NON-PAY, WHICH IS 10 DAYS

CERTIFICATE HOLDER **CANCELLATION**

CITY OF OAKLAND
 OFFICE OF PLANNING & BUILDING
 50 BROADWAY, 2ND FLOOR
 OAKLAND CA 94612

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



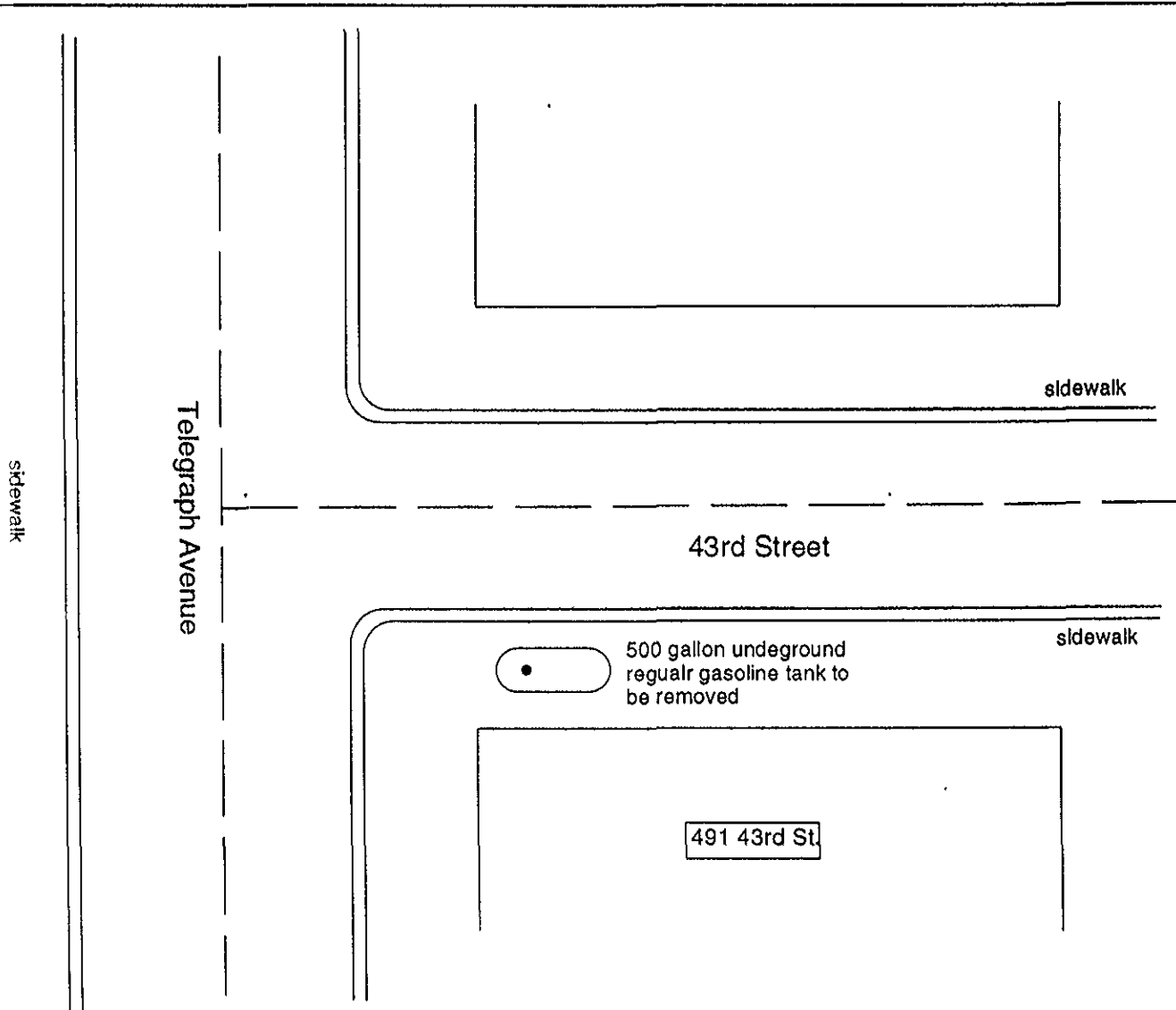

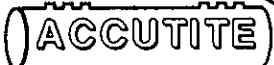


Figure Key:	Date: 23 May 95	Revised:	 N not to scale	Title: Tank Removal Site Plan	 ACCUTITE ENVIRONMENTAL ENGINEERING 35 South Linden Avenue South San Francisco California 94080
				Site: 491 43rd Street Oakland, California	

ATTACHMENT B

**COPY OF THE HAZARDOUS WASTE
MANIFEST**



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	Manifest Document No	2 Page 1 of 1	Information in the shaded areas is not required by Federal law	
3 Generator's Name and Mailing Address <i>ERICSSON INC.</i>		A. State Manifest Document Number 95592924		B. State Generator's ID		
4 Generator's Phone <i>(510) 235-1393</i>		C. State Transporter's ID 427434		D. Transporter's Phone <i>(510) 235-1393</i>		
5 Transporter 1 Company Name <i>EPICORP INC</i>		6 US EPA ID Number <i>0143002141161513</i>		E. State Transporter's ID		
7 Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone		
9. Designated Facility Name and Site Address <i>ERICSSON INC. 255 BARR BLVD. RICHMOND CA 94801</i>		10. US EPA ID Number <i>0143002141161513</i>		G. State Facility's ID		
				H. Facility's Phone <i>(510) 235 - 1393</i>		
11 US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers		13. Total Quantity	14. Unit Wt/Val	I. Waste Number
		No.	Type			
a. <i>NON-FLAMMABLE HAZARDOUS WASTE TO BE WASTE EMPTY STORAGE TANK ERG # NONE</i>		1	TP	1		State 512 EPA/Other NONE
b.						State EPA/Other
c.						State EPA/Other
d.						State EPA/Other
J. Additional Descriptions for Materials Listed Above <i>QTY. 1 EMPTY STORAGE TANK(S) # 16528 TANKS HAVE BEEN INERTED WITH 15 LBS. DRY ICE PER 1000 GALLON CAPACITY.</i>		K. Handling Codes for Wastes Listed Above		a. b. c. d.		
15 Special Handling Instructions and Additional Information <i>KEEP AWAY FROM SOURCES OF IGNITION. ALWAYS WEAR HARD HATS WHEN WORKING AROUND WASTE.</i>		NAME: <i>24 HR. EMERGENCY CONTACT</i>		PHONE: <i>24 HR. EMERGENCY PHONE</i>		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this 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 international and national government regulations						
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 <i>D. Ryan</i>		Signature <i>[Signature]</i>		Month Day Year <i>01 19 95</i>		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name <i>ALCO WOOD</i>		Signature <i>[Signature]</i>		Month Day Year <i>01 19 95</i>
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: I certify that the hazardous materials listed on this manifest except as noted in item 19						
Printed/Typed Name		Signature		Month Day Year		

DO NOT WRITE BELOW THIS LINE

DAY OR NIGHT
TEST TIME
(51) 893

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 967

CUSTOMER
ACQUITTANCE
JOB NO.
866635

FOR: ERICKSON, INC. TANK NO. 16528

LOCATION: RICHMOND DATE: 95/09/20 TIME: 14:53

TEST METHOD VISUAL GASTECH/1314 SMPN LAST PRODUCT LC

I hereby certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 1000 GALLON TANK CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

ERICKSON, INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS WASTE FACILITY.
ERICKSON, INC. HAS THE APPROPRIATE PERMITS FOR, AND HAS ACCEPTED THE TANK TO BE DESTROYED TO US FOR PROCESSING.

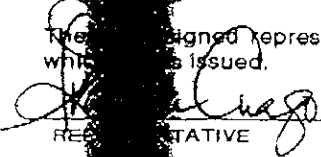
In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION

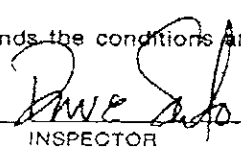
SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions when maintained as directed on the Inspector's certificate.

SAFE FOR FIRE: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration that permitted under existing atmospheric conditions in the presence of fire and maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.


REPRESENTATIVE

TITLE


INSPECTOR

ATTACHMENT C
LABORATORY RESULTS



