

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



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

RO0000273

December 11, 2001

Mr. Ralph Trueblood  
42 Bret Harte Road  
Berkeley, CA 94708

**SECOND NOTICE OF VIOLATION**

Dear Mr. Trueblood:

On October 26, 1998, the Alameda County Department of Environmental Health, Hazardous Materials Division, sent you a letter (see enclosure) approving a workplan to advance three hand-augered borings at **660 San Pablo Avenue, Albany, CA**. As of the date of this letter, however, we have not received any communication from you that the work has been completed. Therefore, this letter constitutes a **Second Notice** that you are in violation of specific laws and that the workplan should be implemented now.

According to Section 25298 of the California Health and Safety Code, underground storage tank closure is incomplete until the responsible party characterizes and remediates the contamination resulting from product discharge. Therefore, you, as the responsible party, are in violation of this section of the Code, for which Section 25299 specifies civil penalties of up to \$5,000, for each day of violation. Also, failure to furnish technical reports regarding documented or potential groundwater contamination violates Section 13267(b) of the California Water Code. The Regional Water Quality Control Board (RWQCB) can impose civil penalties of up to \$1,000 per day that such a violation continues.

Field work should commence within 60 days of the date of this letter, **or by February 14, 2002**. Be advised that the workplan called for the collection of a grab groundwater sample from the north borehole. Further review of local topography suggests that groundwater may flow to the east, therefore, grab groundwater should be from the east borehole.

If you have any questions, I can be reached at (510) 567-6762.

eva chu  
Hazardous Materials Specialist

email: James Gribi

ALAMEDA COUNTY  
HEALTH CARE SERVICES

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DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 1351

October 26, 1998

Mr. Ralph Trueblood  
42 Bret Harte Road  
Berkeley, CA 94708

**RE: Work Plan Approval for 660 San Pablo Ave, Albany, CA**

Dear Mr. Trueblood:

I have completed review of Gribi Associates' October 1998 "Workplan to Conduct Soil Boring Investigation" proposed for the above referenced site. Mr. Gribi proposes to advance three hand-augered borings to collect soil samples at approximately 10' bgs. In addition, a grab groundwater sample will also be collected from the north boring. This work plan is acceptable and field work should commence within 30 days of the date of this letter. If you have any questions, I can be reached at (510) 567-6762.

eva chu  
Hazardous Materials Specialist

c: James Gribi, Gribi Associates, 884 Vintage Ave, Suisun CA 94585  
Michael Marsh, National Auto Parts, 1110 Colusa St, Vallejo, CA 94590

4/27/99. Workplan not yet implemented. Trueblood needs  
to accrue some \$ per Gribi

madeinjapan1

10/31/00 Gribi will call Trueblood to see if he  
should implement up

RALPH TRUEBLOOD  
42 BRET HARTE ROAD,  
BERKELEY, CALIFORNIA 94708.

98 FEB 10 AM 9:31

February 5, 1998

Ms. Pam Evans  
Alameda County  
Department of Environmental Health  
1131 Harbor Bay Parkway  
Alameda, California 94502

Dear Ms. Evans:

Enclosed please find a proposal regarding the closure of the underground tank site at 660 San Pablo Avenue Albany, California.

I'm sorry it has taken me so long to submit this to you. I have done much research and have contacted several environmental engineers. They all seem to want around seven thousand dollars to complete the testing. Well, unfortunately I do not have seven thousand dollars. I am only making ends meet by taking odd jobs, and doing some consulting, which can be a very odd job at times. When I spoke with Eva Chew some months back, she suggested that the sampling might be done for around one thousand dollars, which I don't have either, but is much easier to get than seven thousand. I think I have devised a way to accomplish the testing in an affordable way. I hope that you find it acceptable, as I wouldn't know what to do beyond this.

Sincerely,



Ralph Trueblood

Enclosure:

PHONE: (510) 841-4598

Proposal for Soil Test at 660 San Pablo Avenue  
Albany, California 94708

5000  
PUBLIC  
93 FEB 10 AM 9:36

**Steps:**

- 1) Bay Area Exploration (151 Link Road Suisun, Ca.) to bore hole in floor adjacent to the tank removal site (see attached diagram) and to bore down two feet below the level of the lowest point of the filled hole where the tank resided (approx. seven feet) and remove a soil sample using an approved, clean holding tube, the tube to be immediately sealed with an approved cap and placed in an ice chest and packed in ice. (It may be noted that, this winter, any sample taken below a few inches will be saturated with groundwater.) The tailings from the boring to be stored on site until testing is complete.
- 2) Immediately take the ice chest with the abovementioned soil sample to Superior Labs (525 Del Rey Avenue, Suite E, Sunnyvale, Ca. 94806), via motorcar, where it will be tested for TPH, as diesel fuel and motor oil by EPA method 8015, modified; TPH as gasoline, benzene, toluene, ethylbenzene, and xylene by EPA method 8020; semivolatile organic compounds by EPA method 8270; and halogenated volatile organic compounds by EPA method 8010.
- 3) After seven days (testing takes seven days at Superior Labs) obtain the test results from Superior Labs and hand deliver an original copy of it to Ms. Pam Evans (Alameda County Department of Environmental Health 1131 Harbor Bay Parkway Alameda, Ca. 94502)

Tank  
Removal  
site

X  
Proposed  
boring  
site

rolling door

**San Pablo Avenue**

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



January 28, 1998

Michael Marsh  
National Auto Parts  
1110 Colusa St.  
Vallejo CA 94590

Ralph Trueblood  
42 Bret Harte Rd.  
Berkeley CA 94708

ENVIRONMENTAL HEALTH SERVICES

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

RE: Soil and Groundwater Investigation, 660 San Pablo Av., Albany 94706 (site # 1351)

**NOTICE OF VIOLATION**

Gentlemen:

In previous correspondence and telephone conversations, you were instructed to carry out a Soil and Water Investigation. Tetrachloroethene, toluene, xylene, various semi-volatile organic compounds, as well as total petroleum hydrocarbons as gasoline and diesel were detected in the soil beneath the former underground tank and in the removed soil. A work plan was due to this Office on November 5, 1997. On November 14, Mr. Trueblood informed me that he was still in the process of evaluating contractors' bids, but expected to have selected a contractor by mid-December. I left a telephone message for Mr. Trueblood on January 16, 1998 requesting an update on your investigation, but have not had a response.

Pursuant to California Health & Safety Code, Section 25298, an underground storage tank closure is not complete until the responsible party characterizes and remediates the contamination resulting from a release. At this time, additional investigation is required to define the extent and severity of the release. The information gathered through the investigation will be used to choose an appropriate course of action to remediate the site, if deemed necessary. The SWI must be done in accordance with the Regional Water Quality Control Board (RWQCB) Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, and Article 11 of Title 23, California Code of Regulations. The investigation requirements were described in my letter dated September 24, 1997.

The work plan is due by **February 18, 1998**. Once the proposal is approved, field work should commence within 30 days. A report must be submitted within 45 days after the completion of this phase of work at the site. All reports and proposals must be submitted under seal of a California Registered Geologist, Certified Engineering Geologist, or Registered Civil Engineer.

Michael Marsh, Ralph Trueblood  
RE: Made in Japan  
January 28, 1998  
Page 2 of 2

**Please be advised that this is a formal request for technical reports pursuant to Title 23, CCR, Section 2722(c). Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by this agency.**

Please contact me at (510) 567-6770 with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Pamela J. Evans". The signature is written in black ink and is positioned below the word "Sincerely,".

Pamela J. Evans  
Senior Hazardous Materials Specialist

c: Dick Pantages, Alameda County Environmental Health Services

Site ID #1351

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.
--	--	--

REPORT DATE 09/30/97	CASE # Pamela J. Evans 10/14/97
-------------------------	------------------------------------

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Ralph Trueblood	PHONE (510) 841-4598	SIGNATURE <i>[Signature]</i>
	REPRESENTING <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME	
	ADDRESS 42 Bret Harte Rd. Berkeley Ca 94708		

RESPONSIBLE PARTY	NAME Michael Marsh <input type="checkbox"/> UNKNOWN	CONTACT PERSON Ralph Trueblood	PHONE (510) 841-4598
	ADDRESS 1110 Colusa St. Vallejo Ca 94590		

SITE LOCATION	FACILITY NAME (IF APPLICABLE)	OPERATOR	PHONE ( )
	ADDRESS 660 San Pablo Ave. Albany Alameda 94706		
	CROSS STREET Castro		

IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Env. Health Svcs	AGENCY NAME	CONTACT PERSON Pamela Evans	PHONE (510) 567-6770
	REGIONAL BOARD SF Regional Water Quality CB		Kevin Graves	PHONE (510) 286-0435

SUBSTANCES INVOLVED	(1) NAME Waste Oil	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 03/12/97	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER	<input type="checkbox"/> NIUISANCE CONDITIONS
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING	
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE	<input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER <i>See attached letter</i>	

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
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CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
-----------	--

CURRENT STATUS	CHECK ONE ONLY		
	<input type="checkbox"/> NO ACTION TAKEN	<input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED	<input type="checkbox"/> POLLUTION CHARACTERIZATION
	<input checked="" type="checkbox"/> REMEDIATION PLAN	<input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY)	<input type="checkbox"/> CLEANUP UNDERWAY

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)	<input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED)	<input type="checkbox"/> REMOVE FREE PRODUCT (FP)	<input type="checkbox"/> ENHANCED BIO DEGRADATION (IT)
	<input type="checkbox"/> CAP SITE (CS)	<input type="checkbox"/> EXCAVATE & TREAT (ET)	<input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT)	<input type="checkbox"/> REPLACE SUPPLY (RS)
	<input type="checkbox"/> CONTAINMENT BARRIER (CB)	<input type="checkbox"/> NO ACTION REQUIRED (NA)	<input type="checkbox"/> TREATMENT AT HOOKUP (HU)	<input type="checkbox"/> VENT SOIL (VS)
	<input type="checkbox"/> VACUUM EXTRACT (VE)	<input type="checkbox"/> OTHER (OT)		

COMMENTS: Sampling results from tank removal show some chlorinated & other compounds present in soil. (PC)



9703-8 PM 3:25  
HSC 05 (8/90)



ENVIRONMENTAL  
PROTECTION

September 30, 1997

97 OCT --8 PM 3: 25

# 1351

*Made in Japan*

To Whom It May Concern:

The underground storage tank at 660 San Pablo Ave., Albany, CA has been monitored every year for the last number of years and reports have been filed with the Alameda County Environmental Health Department. *No leak has ever been detected.*

When the tank was removed, it came out of the ground completely dry with no oil spots on its surface. As the tank has only been used to store waste engine and transmission oil, even a pinhole leak would have caused a visible stain on the outside. Once removed from the ground, the tank was inspected closely by a number of people and no such stain was visible.

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



September 24, 1997

Michael Marsh  
National Auto Parts  
1110 Colusa St.  
Vallejo CA 94590

Ralph Trueblood  
42 Bret Harte Rd.  
Berkeley CA 94708

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

**RE: Soil Contamination Findings, 660 San Pablo Av., Albany 94706 (site # 1351)**

Gentlemen:

I have reviewed the soil analysis reports submitted for the tank removal. Tetrachloroethene, toluene, xylene, various semi-volatile organic compounds, as well as total petroleum hydrocarbons as gasoline and diesel were detected in the soil beneath the tank and the removed soil. The presence of these contaminants is evidence that a release from your tank system occurred. **You are required to complete and submit an Unauthorized Release Report to this Office by October 8, 1997.** A blank form is enclosed.

Pursuant to California Health & Safety Code, Section 25298, an underground storage tank closure is not complete until the responsible party characterizes and remediates the contamination resulting from a release. At this time, additional investigation is required to define the extent and severity of the release. In order to proceed with this site investigation, you should obtain the professional services of a reputable environmental consultant. Your responsibility is to have the consultant submit for review a proposal outlining planned activities for the investigation.

The investigation shall be in the form of a Soil and Water Investigation, or SWI. The information gathered through the SWI will be used to choose an appropriate course of action to remediate the site, if deemed necessary. The SWI must be done in accordance with the Regional Water Quality Control Board (RWQCB) Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, and Article 11 of Title 23, California Code of Regulations. The major elements of the SWI are summarized in the enclosed Appendix A. A health and safety plan should be submitted in the event of construction and/or excavation along the sidewalk for the exposure to, and/or proper disposal of, residual hydrocarbon contamination in soil.

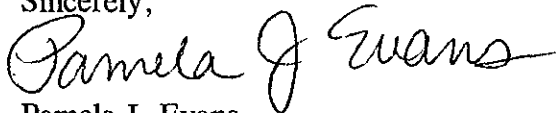
Michael Marsh, Ralph Trueblood  
RE: Made in Japan  
September 19, 1997  
Page 2 of 2

The SWI proposal is due **within 45 days** of the date of this letter (**by November 5, 1997**). Once the proposal is approved, field work should commence **within 60 days**. A report must be submitted **within 45 days** after the completion of this phase of work at the site. All reports and proposals must be submitted under seal of a California Registered Geologist, Certified Engineering Geologist, or Registered Civil Engineer.

**Please be advised that this is a formal request for technical reports pursuant to Title 23, CCR, Section 2722(c). Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by this agency.**

Please contact me at (510) 567-6770 with any questions.

Sincerely,



Pamela J. Evans

Senior Hazardous Materials Specialist

u  
Enclosures

ULR

Appendix A

c: Gordon Coleman, Alameda County Environmental Health Services

LOP - CHANGE RECORD REQUEST FORM

printed:  
09/17/97

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

Insp:

AGENCY # : 10000      SOURCE OF FUNDS: F      SUBSTANCE: 12035  
 StID : 1351      LOC:  
 SITE NAME: Made In Japan      DATE REPORTED : 03/12/97  
 ADDRESS : 660 San Pablo Ave      DATE CONFIRMED: 03/12/97  
 CITY/ZIP : Albany      94702      MULTIPLE RPs : Y

SITE STATUS

-----  
 CASE TYPE: S    CONTRACT STATUS: 2    PRIOR CODE:2A4    EMERGENCY RESP:  
 RP SEARCH: S      DATE COMPLETED: 09/17/97  
 PRELIMINARY ASMNT:    DATE UNDERWAY:    DATE COMPLETED:  
 REM INVESTIGATION:    DATE UNDERWAY:    DATE COMPLETED:  
 REMEDIAL ACTION:    DATE UNDERWAY:    DATE COMPLETED:  
 POST REMED ACT MON:    DATE UNDERWAY:    DATE COMPLETED:

ENFORCEMENT ACTION TYPE:      DATE ENFORCEMENT ACTION TAKEN:  
 LUFT FIELD MANUAL CONSID: 2HSCA  
 CASE CLOSED:      DATE CASE CLOSED:  
 DATE EXCAVATION STARTED :      REMEDIAL ACTIONS TAKEN:

RESPONSIBLE PARTY INFORMATION

-----  
 RP#1-CONTACT NAME: Michael Marsh  
 COMPANY NAME: National Auto Parts  
 ADDRESS: 1110 Colusa Street  
 CITY/STATE: Vallejo, C A 94590

RP#2-CONTACT NAME: Ralph Trueblood  
 COMPANY NAME: Na  
 ADDRESS: 42 Bret Harte Road  
 CITY/STATE: Berkeley, C A 94708

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

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



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

July 31, 1997

Bill Oldford  
Made in Japan  
660 San Pablo Avenue  
Albany, Ca 94702

STID 1351

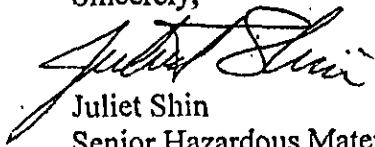
Re: Required Tank Removal Report for the site located at 660 San Pablo Avenue, Albany, CA

Dear Mr. Oldford,

On February 6, 1997, one 300-gallon waste oil underground storage tank (UST) was removed from the above site. Soil samples were collected from beneath the tank and analyzed for the waste oil tank constituents outlined in Table 2 of the Regional Water Quality Control Board's (RWQCB) guidelines. Per the guidelines of the RWQCB and the Alameda County Environmental Protection Division, you are required to submit a Tank Removal Report documenting the tank removal activities, which should include the laboratory analytical results of the samples taken, as well as the fate of the excavated soil and UST and the contractor's field notes and site plan showing sample locations. **This report is due to this office within 30 days of the date of this letter, i.e., by August 28, 1997.**

If you have questions or comments, please contact me at (510) 567-6763.

Sincerely,



Juliet Shin  
Senior Hazardous Materials Specialist

cc: Deno Milaño  
HK<sub>2</sub>, Inc./SEMCO  
1751 Leslie St.  
San Mateo, CA 94402

Post-It™ brand fax transmittal memo 7671 # of pages ▶ 1

To	Attop Kerosa	From	Mr. Residual
Co.	Board of Eng.	Co.	
Dept.		Phone #	
Fax #		Fax #	

white -env.health  
yellow -facility  
pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy  
Alameda CA 94502  
510/567-6700

## Hazardous Materials Inspection Form

II, III

Site ID # \_\_\_\_\_ Site Name Made in Japan Today's Date 2/6/97  
Site Address 660 San Pablo Av.  
City Albany Zip 94702 Phone \_\_\_\_\_

\_\_\_\_ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?  
**Inspection Categories:**  
\_\_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTER  
\_\_\_\_ II. Hazardous Materials Business Plan, Acutely Hazardous Materials  
 III. Under ground Storage Tanks  
*Removal of 300-gal waste oil UST from inside the auto shop*

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

10:30 onsite.

**Comments:**

Albany PD onsite. Tank manifest # 96434235  
Mark Dysert + Jim Cox fm Semco onsite. Mark said they hadn't exposed the UST; they understand it had been "a few ~~years~~ months ago. 10:45 tank removal: 5 gal wall steel, no obvious holes, but rusted; painted #19613.  
10:55 Took one soil sample fm center of pit, directly below UST (with no soil removal), using hand auger. Soil sample 1-300-WO@6' : gravelly clay, damp, no HC odor  
Bottom of UST at 4' bgs. Also sampled the stockpile (~1.5 yd<sup>3</sup> soil mixed w/concrete) - 2-SPOILS : sand, no HC odor.  
Dexanna hauled UST.

11:22 offsite

Contact Mark Dysert  
Title Semco  
Signature Mark Dysert

Inspector J. Eberle  
Signature J. Eberle

II, III

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 ENVIRONMENTAL PROTECTION DIVISION  
 1131 HARBOR BAY PARKWAY, RM 250  
 ALAMEDA, CA 94502-6577  
 PHONE # 510/567-6700  
 FAX # 510/337-9330

*1/20/96*  
*Project Specialist*  
*Tubet Shin*  
*Please notify this agency at least*  
*one week in advance of tank removal.*

**ACCEPTED**

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

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is not released for issuance of any required building permits or construction/abatement.  
 One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.  
 Any changes or alterations of these plans and specifications must be submitted to this Department and to the State and Building Inspectors Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the subsequent required inspections:

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

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

**\*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:**

Contact Specialist:

**UNDERGROUND TANK CLOSURE PLAN**

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

1. Name of Business Made in Japan  
 Business Owner or Contact Person (PRINT) Bill Oldford

2. Site Address 1660 San Pablo Avenue  
 City Albany Zip 94702 Phone 510-526-8905  
*disconnected*

3. Mailing Address 1660 San Pablo Avenue  
 City Albany Zip 94702 Phone 510-526-8905

4. Property Owner Made in Japan, Inc.  
 Business Name (if applicable) Same  
 Address 1660 San Pablo Avenue  
 City, State Albany, California Zip 94702

5. Generator name under which tank will be manifested  
Made in Japan, Inc.  
 EPA ID# under which tank will be manifested CAE000032522

6. Contractor HK2, INC. / SEMCO  
Address 1751 Leslie Street  
City San Mateo, California 94402 Phone 415-572-8033  
License Type A,B,C61/D40 HAZ ID# 719103

\*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board.

7. Consultant (if applicable) N/A  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Phone \_\_\_\_\_

8. Main Contact Person for Investigation (if applicable)  
Name Chuck Kiper Title President  
Company HK2, Inc. / SEMCO  
Phone 415-572-8033

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

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

\*\* Underground storage tanks must be handled as hazardous waste \*\*

a) Product/Residual Sludge/Rinsate Transporter  
Name Evergreen Environmental EPA I.D. No. CAD980695761  
Hauler License No. 0242 License Exp. Date 97  
Address 6880 Smith Avenue  
City Newark State CA Zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site  
Name Evergreen Environmental EPA ID# CAD980695761  
Address 6880 Smith Avenue  
City Newark State CA Zip 94560



c) Tank and Piping Transporter

Name Rexanna, LTD EPA I.D. No. CAD982438566  
Hauler License No. 2883 License Exp. Date 97  
Address 3104 Athens Ct.  
City Concord State CA Zip 94519

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD009446392  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

11. Sample Collector

Name Chuck Kuper, Stan Klemetson or Mark Dyser  
Company HK2, Inc. / SEMCO  
Address 1751 Leslie St.  
City San Mateo State CA Zip 94402 Phone 415-572-8033

12. Laboratory

Name North State Environmental  
Address 90 So. Spruce St.  
City So. San Francisco State CA Zip 94080  
State Certification No. 1753

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

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

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

*High pressure hot water detergent wash,  
20 lbs dry ice per 1000 gallons*

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

The Bay Area Air Quality Management District, 415/771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of a combustible gas indicator to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert.

15. Tank History and Sampling Information \*\*\* (see instructions) \*\*\*

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
<i>300</i>	<i>Waste Oil</i>	<i>Soil and/or Water</i>	<i>2 feet below free end of tanks into native soil @ soil/water interface.</i>

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

**Excavated/Stockpiled Soil**

<p><b>Stockpiled Soil Volume (estimated)</b></p> <p><i>2-7 yards estimated</i></p> <p><i>One discreet soil sample per every 20 yd<sup>3</sup> if planning to reuse on site.</i></p>	<p align="center"><b>Sampling Plan</b></p> <p>Soil Samples Taken from tank excavation will be collected, placed in brass tubes, sealed with Teflon Tape, caps and placed on ice, transported to a State Certified lab under chain of custody and analyzed for the constituents of the tank.</p>
---	---

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

Will the excavated soil be returned to the excavation immediately after tank removal? [ ] yes [ ] no [ ] unknown

If yes, explain reasoning \_\_\_\_\_

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from Alameda County. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling operations.

16. Chemical methods and associated detection limits to be used for analyzing samples:  
 The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed.  
 See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G
	TPH D	GCFID(3550)	TPH D
	TPH AND BTX&E	8260	
	O & G	5520 D & F	O & G
	BTX&E	8020 or 8240	BTX&E
	CL HC	8010 or 8240	CL HC

18. Submit Worker's Compensation Certificate copy

Name of Insurer CAL Comp

19. Submit Plot Plan **\*\*\* (See Instructions) \*\*\***

20. Enclose Deposit (See Instructions)

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

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

23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business HKa, Inc / SEMCO

Name of Individual Phong Pham-Kip

Signature [Signature] Date 11/7/96

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

X Name of Business MADE IN JAPAN

X Name of Individual Bill Oldford

X Signature [Signature] Date \_\_\_\_\_

18. Submit Worker's Compensation Certificate copy

Name of Insurer CAI Comp

19. Submit Plot Plan **\*\*\* (See Instructions) \*\*\***

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery.

The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.

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

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

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

CONTRACTOR INFORMATION

Name of Business HKA, INC / SEMCO

Name of Individual Shonda Reames-Kiper

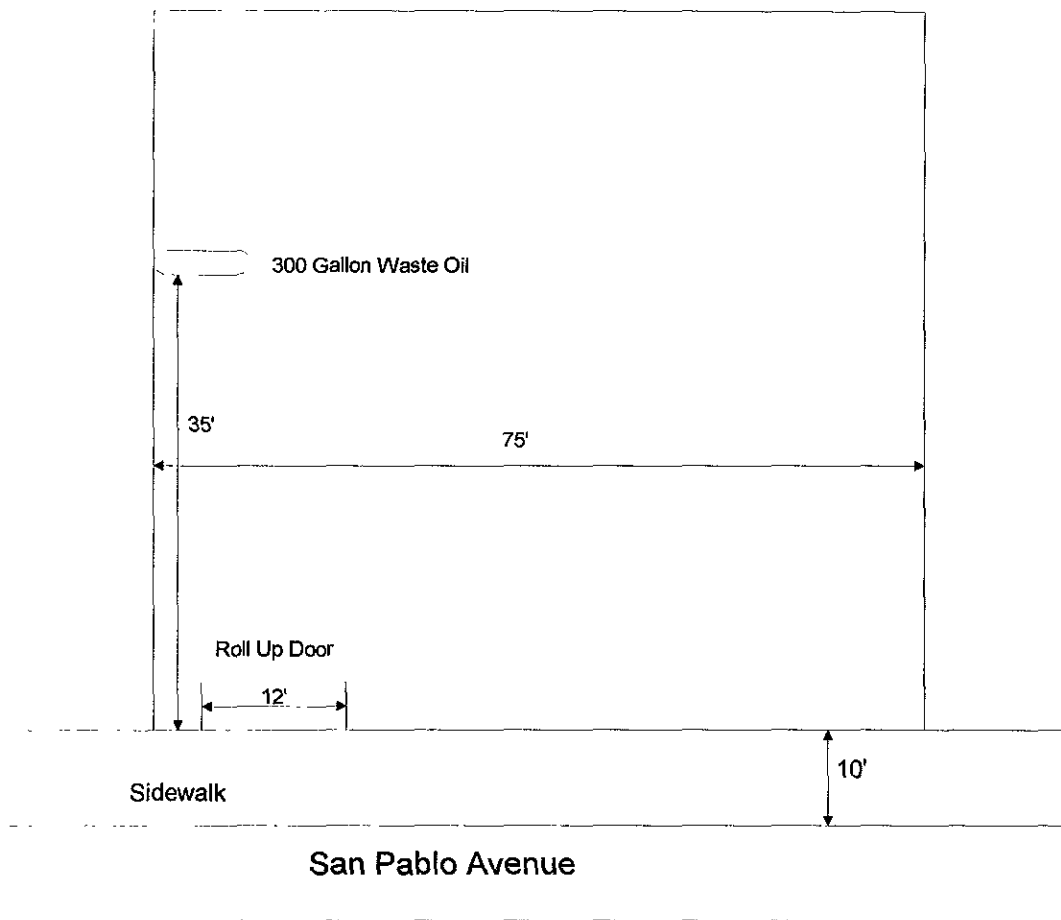
Signature Shonda Reames-Kiper Date 11/7/96

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

X Name of Business \_\_\_\_\_

X Name of Individual \_\_\_\_\_

X Signature \_\_\_\_\_ Date \_\_\_\_\_



HK2, INC./ SEMCO  
1751 Leslie Street  
San Mateo, California  
65400

Made In Japan  
660 San Pablo Avenue  
Albany, 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 type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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)**

OBA OR FACILITY NAME <i>Made in Japan</i>		NAME OF OPERATOR <i>Bill Oldford</i>		
ADDRESS <i>660 San Pablo Avenue</i>		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME <i>Alhambra</i>		STATE <i>CA</i>	ZIP CODE <i>94702</i>	SITE PHONE # WITH AREA CODE <i>510-526-8905</i>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY				
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 <i>1</i>	E. P. A. I. D. # (optional) <i>CAL000032522</i>

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <i>Oldford, Bill</i>	PHONE # WITH AREA CODE <i>510-526-8905</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>Same</i>	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <i>"Same as site"</i>	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS	<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY
CITY NAME	STATE	ZIP CODE	PHONE # WITH AREA CODE

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

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

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

TY (TK) HQ   -

**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 checked="" type="checkbox"/> 99 OTHER	

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

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

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

APPLICANT'S NAME (PRINTED SIGNATURE) <i>Shonda Kearnes-Kepner</i>	APPLICANT'S TITLE <i>Operations Manager</i>	DATE <i>11/7/96</i>
LOCAL AGENCY USE ONLY		

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

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.  
FORM A (5-91) FOR0033A-5

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: Made in Japan - 6600 San Pablo Ave, Albany

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. # <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>300</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input checked="" 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
			<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 D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>Waste Oil</u>			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
			<input type="checkbox"/> 4 PHENOLIC LINING
	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
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE				
A. SYSTEM TYPE	<input checked="" type="radio"/> 1 SUCTION	<input type="radio"/> 2 PRESSURE	<input type="radio"/> 3 GRAVITY	<input type="radio"/> 99 OTHER
B. CONSTRUCTION	<input checked="" type="radio"/> 1 SINGLE WALL	<input type="radio"/> 2 DOUBLE WALL	<input type="radio"/> 3 LINED TRENCH	<input type="radio"/> 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	<input type="radio"/> 1 BARE STEEL	<input type="radio"/> 2 STAINLESS STEEL	<input type="radio"/> 3 POLYVINYL CHLORIDE (PVC)	<input type="radio"/> 4 FIBERGLASS PIPE
	<input type="radio"/> 5 ALUMINUM	<input type="radio"/> 6 CONCRETE	<input type="radio"/> 7 STEEL W/ COATING	<input type="radio"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="radio"/> 9 GALVANIZED STEEL	<input type="radio"/> 10 CATHODIC PROTECTION	<input checked="" type="radio"/> 95 UNKNOWN	<input type="radio"/> 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 <u>UNK</u>

V. TANK LEAK DETECTION				
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input checked="" 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)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Shonda James Kiper</u>	DATE <u>11/7/96</u>
--	---------------------

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

DATE (MM/DD/YY)  
05/07/96

**PRODUCER**

Insurance Center of Merced  
2908 North G Street  
P. O. Box 2268  
Merced, CA 95344

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

**COMPANIES AFFORDING COVERAGE**

COMPANY  
**A California Comp**

COMPANY  
**B**

COMPANY  
**C**

COMPANY  
**D**

**INSURED**

Hk2, Inc.  
Semco, Inc.  
1741 Leslie Street  
San Mateo, Ca 94402

**COVERAGES**

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

CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	W964137662	04/05/96	04/05/97	<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

**CERTIFICATE HOLDER**

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

*Wayne Medore*

State of California  
Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code  
and the Rules and Regulations of the Contractors State License Board,  
the Registrar of Contractors does hereby issue this license to:

HK2 INC dba SEMCO



to engage in the business or act in the capacity of a contractor  
in the following classification(s):

- A - GENERAL ENGINEERING CONTRACTOR
- B - GENERAL BUILDING CONTRACTOR
- C57 - WELL DRILLING (WATER)
- D40 - SERVICE STATION EQUIPMENT AND MAINTENANCE

Witness my hand and seal this day,

February 22, 1996

Issued February 21, 1996

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Signature of License Qualifier

This license is the property of the Registrar of Contractors, is not  
transferrable, and shall be returned to the Registrar upon demand  
when suspended, revoked, or invalidated for any reason. It becomes  
void if not renewed.



State of  
California  
Department of  
Consumer  
Affairs

*Paul W. Johnson*  
\_\_\_\_\_  
Registrar of Contractors

719103

\_\_\_\_\_  
License Number

State of California  
Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code  
and the Rules and Regulations of the Contractors State License Board,  
the Registrar of Contractors does hereby issue this license to:

HK2 INC dba SEMCO



to engage in the business or act in the capacity of a contractor  
in the following classification(s):

ASB - ASBESTOS  
HAZ - HAZARDOUS SUBSTANCES REMOVAL



Witness my hand and seal this day,

February 22, 1996

Issued February 21, 1996

Registrar of Contractors

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Signature of License Qualifier

719103

\_\_\_\_\_  
License Number

This license is the property of the Registrar of Contractors, is not  
transferrable, and shall be returned to the Registrar upon demand  
when suspended, revoked, or invalidated for any reason. It becomes  
void if not renewed.



*Building Quality*



## HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

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



Qualifier: STANLEY LOUIS KLEMETSON

License No.: 719103

Business Name: HK2, INC., DBA SEMCO

WITNESS my hand and official seal this  
21ST day of FEBRUARY 1996

*David R. Phillips*  
Registrar of Contractors

13L-36 (12/91)

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

A 6875



State of California  
CONTRACTORS STATE LICENSE BOARD  
ACTIVE LICENSE



License Number **719103** Entity **CORP**

Business Name **HK2 INC DBA SENCO**

Classification(s) **A B C57 C61/D40 ASB HAZ**

Expiration Date **02/28/98**

