

January 10, 1997

Jon Legallet  
Normandy Associates  
1401 Griffith Street  
San Francisco, CA 94124

Re: Risk Assessment and Subsurface  
Investigation  
Telegraph Business Park  
5427 Telegraph Avenue  
Oakland, California  
SES Project #4-719-16

Dear Mr. Legallet:

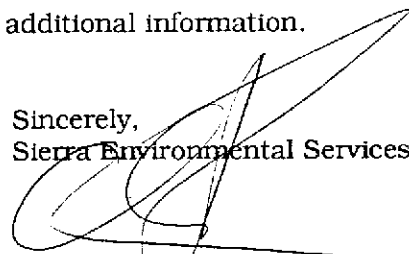
Sierra Environmental Services (SES) has been conducting field work for a risk assessment at the above-referenced site. SES has also completed a subsurface investigation at the site. The subsurface investigation report, dated December 27, 1996, has been mailed to your office and to Susan Hugo of the Alameda County Health Department.

SES plans to complete the risk assessment by mid-February, 1997. In order to meet this time frame, it will be necessary for SES toxicologist Dr. Michael Raybourne to meet with appropriate personnel from Alameda County to discuss methodology used in the risk assessment. Susan Hugo has indicated that she will help expedite this meeting.

After completion of the risk assessment, future investigative/remedial actions at the site will be negotiated with Alameda County and with the San Francisco Regional Water Quality Control Board. Pending the results of these negotiations, we have suspended regular quarterly water monitoring at the site.

Please call if you have questions or require additional information.

Sincerely,  
Sierra Environmental Services



Chris J. Bramer  
Senior Engineer

cc: Susan Hugo ✓  
719ltr.ja7

FACSIMILE COVER SHEET



To: TOM PEACOCK

FAX No. (510) 337-9335

From: MARIO STERNAD

FAX No. (510) 370-7959

Job No./Re: ~~MR~~ 4-719-12

Date: 10-29-96

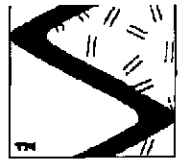
This transmission is 3 pages long (including this page).

Remarks: HERE ARE MAP OF BORINGS ~~LOCATIONS~~ LOCATIONS SENT TO SUSAN  
HUGO FOR SITE AT 5427 TELEGRAPH AVE, OAKLAND (STID # 3160)  
WE HAVE SET DRILLING AT 7AM 10/31/96, THURSDAY. PLEASE  
CONTACT ME TOMMORROW AT THIS #. WE WOULD ALSO LIKE WRITTEN  
APPROVAL SOMETIME, IF POSSIBLE, TOO. THANKS, MARIO

P.O. Box 2546 • Martinez, California 94553 • (510) 370-1280

STID 3160

**FILE**



Environmental Services

October 22, 1996

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

Re: Additional Soil Borings  
5427 Telegraph Avenue  
Oakland, California  
SES Project #4-719-12

Dear Susan:

Pursuant to your conversation with Jim Green of our office, Sierra Environmental Services (SES) proposes to drill three additional soil borings to further investigate the extent of stoddard solvent in ground water to the north of the above-referenced site.

Enclosed is a map of proposed boring locations. The proposed date of drilling is October 31, 1996, pending your approval of the boring locations.

Sincerely,  
Sierra Environmental Services

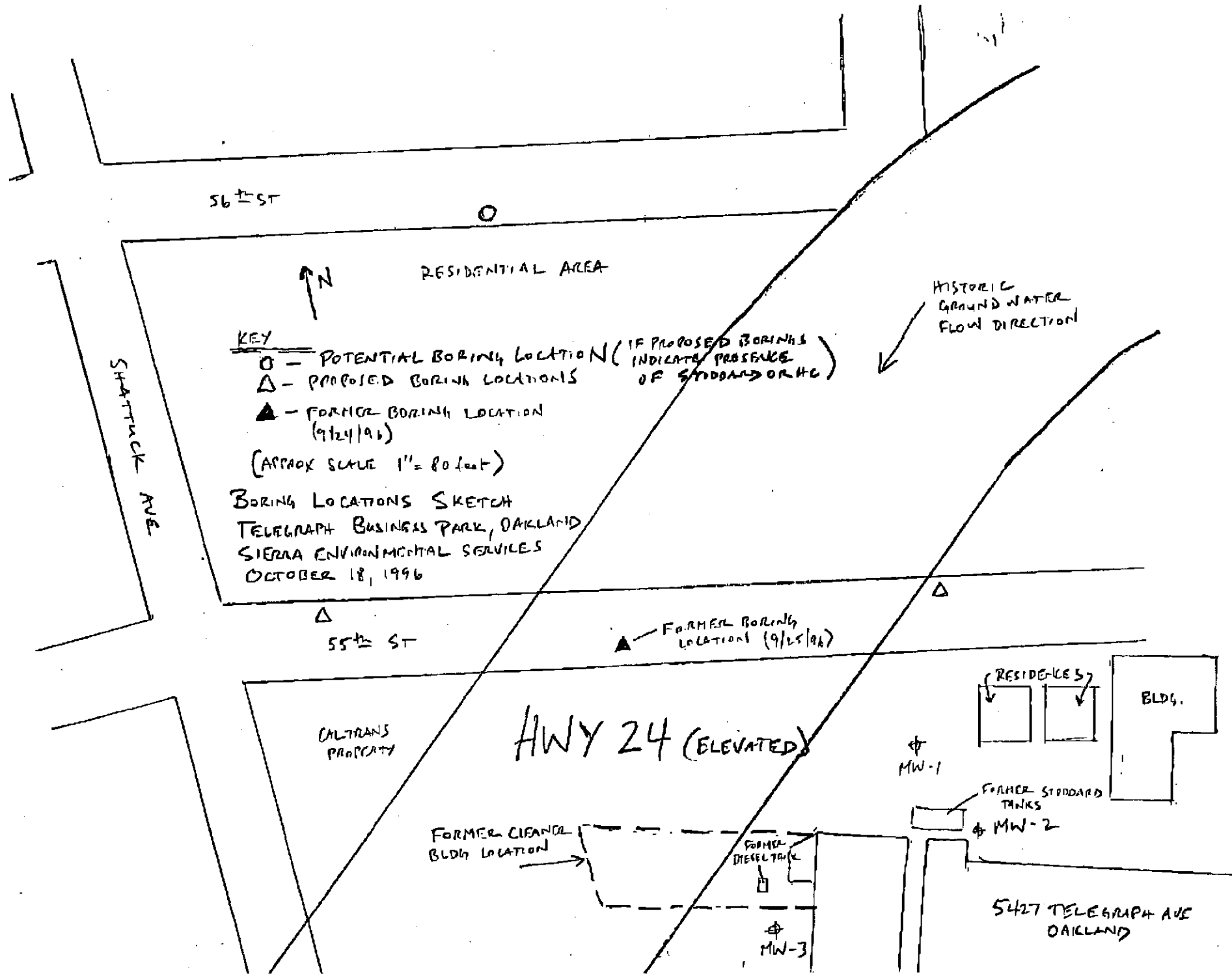
*Jim Green for Mario Sternad.*

Mario Sternad  
Staff Engineer

MAS/ms  
71912L.OC6

Attachments: Boring Location Sketch

cc: Jon Legallet, Telegraph Business Properties



To: Susan

From: Madhulla

Subject: Telegraph Business Park, 5427 Telegraph Avenue, Oakland, CA

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*2 wks  
from 5/14/97*

Based on my review of the risk assessment, I have listed my concerns below:

- They measured the amount of Benzene and Stoddard Solvents in ambient air using sumacansisters and then compared the values to EPA region 9 PRG's. Since stoddard solvent does not have a PRG value, this was calculated using a derived toxicity value. Since ambient air measurement cannot be used to replace RBCA calculations or flux measurements, they need to either calculate the risk using ASTM RBCA or measure the flux.
- They did not give the cleanup levels used for Benzene. They need to show that in the document (I told Micheal Raybourn about it)
- I asked him to submit some info on the toxicity values for stoddard solvent. I have enclosed the faxed info.
- They did not evaluate risk for construction workers as they did not find any contamination in the surface samples. But then, they did not look for benzene in any of the soil samples. How do you know that there is no surface (or any depth) contamination? If you look at Table 1, - Analytical results for Soil, soil samples, except for B-21 to B-25 were not analyzed for Benzene. However B-21 to B-25 are samples that are further away from the source. Hence, near the the source, none of the soil samples were analyzed for benzene.

M. Rabinowitz

### Petroleum Hydrocarbon Toxicity Studies

#### III. Animal and Human Response to Vapors of Stoddard Solvent<sup>1,2</sup>

C. P. CARPENTER, E. R. KINKEAD,<sup>3</sup> D. L. GEARY, JR.,  
L. J. SULLIVAN AND J. M. KING<sup>4</sup>

The Chemical Hygiene Fellowship, Carnegie-Mellon Institute of Research,  
Carnegie-Mellon University, Pittsburgh, Pennsylvania 15213

Received June 29, 1974; accepted January 7, 1975

Petroleum Hydrocarbon Toxicity Studies. III. Animal and Human Response to Vapors of Stoddard Solvent. CARPENTER, C. P., KINKEAD, E. R., GEARY, D. L., JR., SULLIVAN, L. J. AND KING, J. M. (1975). *Toxicol. Appl. Pharmacol.* 32, 282-297. The suggested hygienic standard for inhalation of Stoddard Solvent for man is 1.2 mg/liter (200 ppm) based upon the results of inhalation studies with rats and dogs and sensory response of human subjects. Inhalation of 8.2 mg/liter (1400 ppm), substantial saturation at 25°C, caused the death of 1 of 15 rats at the termination of 8 hr. Beagle dogs had clonic spasms in 5 hr and cats died between 2.5 and 7.5 hr in roughly equivalent concentrations after signs indicative of central nervous system effect. There were no statistically significant differences between the controls and groups of beagle dogs that inhaled 1.9 mg/liter (330 ppm), 1.1 mg/liter (190 ppm) and 0.48 mg/liter (84 ppm) 6 hr daily, 5 days/wk for 13 wk or 65 exposure days in any of the criteria used for hematology, clinical chemistry, and histopathology. However, rats exposed to 1.9 mg/liter (330 ppm) level for 65 days exhibited slight pathological changes in the kidney, which were related at least in part to the inherent murine nephrosis of the Harlan-Wistar rats employed. The odor threshold as determined in a sniff test by six people is below 0.005 mg/liter (0.9 ppm). In a 15-min inhalation period only slight eye irritation was reported by one of six persons at 0.85 mg/liter (150 ppm). Olfactory fatigue occurred in a short time but 10 min in fresh air restored acuity.

The investigation of the animal and human response to vapor inhalation of Stoddard Solvent parallels the study on Varnish Makers' and Painters' naphtha (Carpenter *et al.*, 1975b) which is the first in the series of hydrocarbons under investigation. The objectives of these studies have been presented by Carpenter *et al.* (1975a), in a paper which contains the detailed protocol, compounds under investigation, and details of procedure common to the whole series.

<sup>1</sup> Supported by the American Petroleum Institute.  
<sup>2</sup> Urbano C. Pozzani, before his death in July of 1970, was involved in the planning and execution of this series of inhalation studies of commercially available hydrocarbons. His was to have been the senior authorship of the formal publications as recognition for his devotion to this project.  
<sup>3</sup> Present address: University of California Irvine, Toxic Hazards Research Unit, Wright-Patterson Air Force Base, Dayton, Ohio.  
<sup>4</sup> Present address: New York State Veterinary College, Cornell University, Ithaca, N.Y. 14850.

294

CARPENTER *ET AL.*

mg/liter. The responses are summarized in Table 12. A corrected concentration of 0.005 mg/liter (0.9 ppm) was readily perceived as indicated by the 83% incidence of detection, but no one was able to detect 0.0005 mg/liter (0.09 ppm) in either of the trials.

TABLE 12  
ODOR DETECTION AND SENSORY THRESHOLD FOR STODDARD SOLVENT  
(HUMAN SUBJECTS)

Odor threshold				
Corrected concentration, mg/liter	0.05	0.005	0.0005	0.000
Corrected concentration, ppm	9.0	0.9	0.09	0
Number of volunteers (two trials)	6:6	6:6	6:6	6:6
Number detecting odor (two trials)	6:6	5:5	0:0	0:0
Sensory threshold				
Measured concentration, mg/liter	2.7	0.85	0.14	
Measured concentration, ppm	470	150	24	
Exposure order	Second	Third	First	
Number detecting odor	6	6	6	
Number with olfactory fatigue	5	6	6	
Number throat irritation	1	0	0	
Number eye irritation	6	1	0	
Number with tears	3	0	0	
Number with slight injection of sclera	2	0	0	
Number with dizziness	2	0	0	
Number tasting	1	0	0	

*Sensory thresholds.* The sensory threshold for humans was determined in 15-min periods using six volunteers between the ages of 25 and 59 yr. Exposures were limited to one per day to prevent any build-up of symptoms. The group inhaled the measured concentrations in the following order: 0.14, 2.7, and 0.85 mg/liter corresponding to 24, 470, and 150 ppm, respectively. Responses are summarized in Table 12.

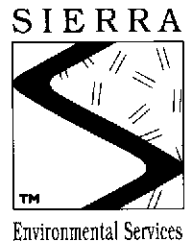
No one exposed to the 0.14-mg/liter concentration experienced any irritation but one of six volunteers had slight and transitory eye irritation while in the 0.85-mg/liter concentration. At 2.7 mg/liter all six experienced eye irritation, three with tears. Two people also reported slight dizziness while inhaling this concentration. However, all of the named effects disappeared 15 min after leaving the chamber. The volunteer who experienced olfactory fatigue reported full recovery of acuity within 10 min. Vapor concentrations were determined by the gas chromatographic method.

#### DISCUSSION

A summary of the results obtained appear in Table 13. Ten rats survived the inhalation of a measured 8.2 mg/liter (1400 ppm) for 8 hr with eye irritation the only sign of distress after 4 hr, plus bloody exudate around the nostrils and slight loss of coordination by the end of the exposure. A female beagle exposed to a metered 8 mg/liter

ENVIRONMENTAL  
PROTECTION

96 OCT 24 AM 8:18



October 22, 1996

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

Re: Additional Soil Borings  
5427 Telegraph Avenue  
Oakland, California  
SES Project #4-719-12

Dear Susan:

Pursuant to your conversation with Jim Green of our office, Sierra Environmental Services (SES) proposes to drill three additional soil borings to further investigate the extent of stoddard solvent in ground water to the north of the above-referenced site.

Enclosed is a map of proposed boring locations. The proposed date of drilling is October 31, 1996, pending your approval of the boring locations.

Sincerely,  
Sierra Environmental Services

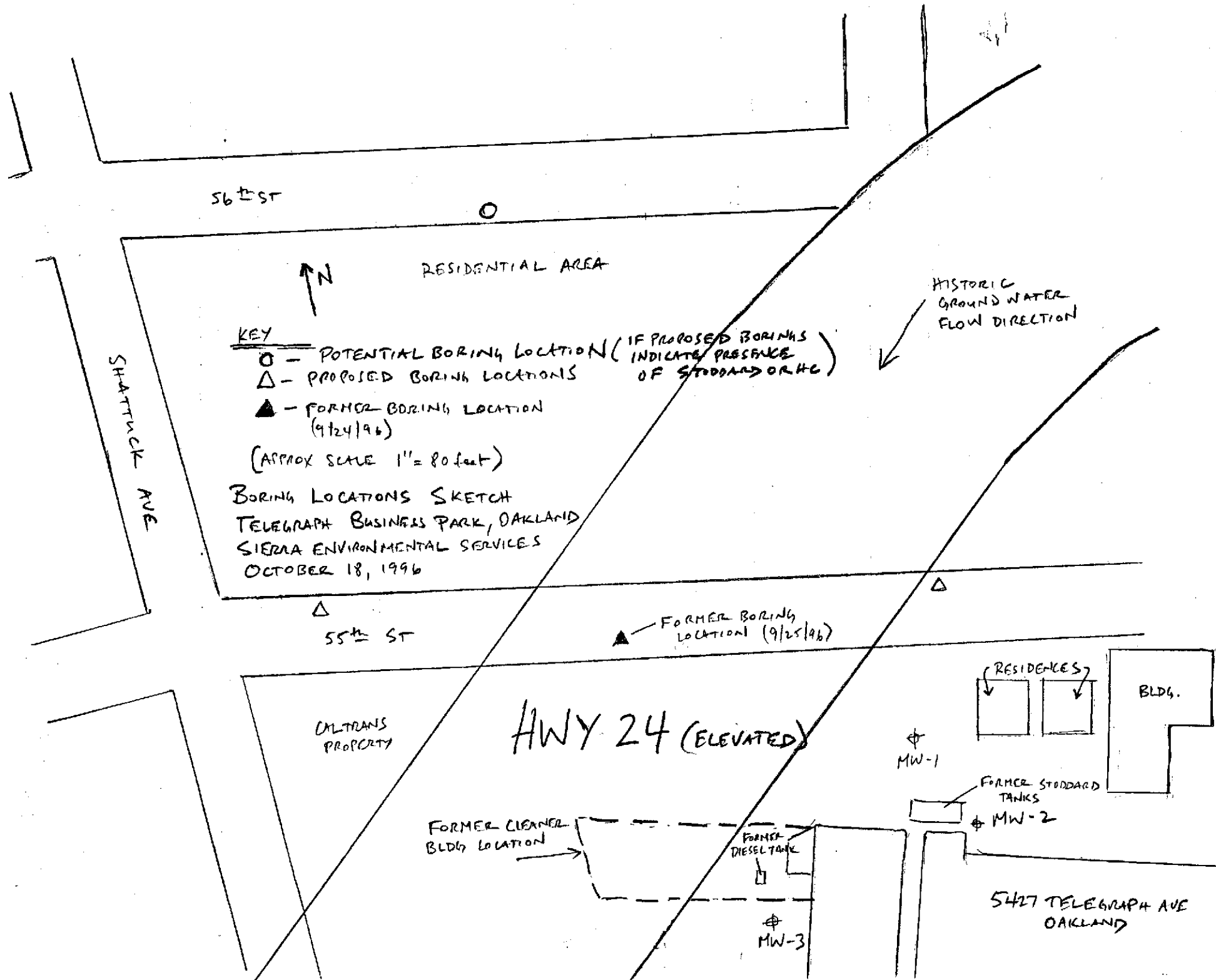
*Jim Green for Mario Sternad.*  
Mario Sternad  
Staff Engineer

MAS/ms  
71912L.OC6

Attachments: Boring Location Sketch

cc: Jon Legallet, Telegraph Business Properties





ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Alameda County  
Environmental Health  
1131 Harbor Bay Pkwy., #250  
Alameda CA 94502-6577  
(510)567-6700 FAX(510)337-9335

July 10, 1996

Mr. Jon Legallet  
Telegraph Business Properties  
1401 Griffith Street  
San Francisco, California 94124

RE: Telegraph Business Park (STID #3160)  
5427 Telegraph Avenue, Oakland, CA 94609

Dear Mr. Legallet:

This office has recently reviewed the case file regarding the removal of seventeen underground storage tanks at the above referenced site. A meeting with your consultants, John Trigg and Jim Green of Sierra Environmental Services (SES) was held today to discuss the proposed interim groundwater remediation system and the status of the site.

A preliminary site assessment was conducted on December 1993 where three groundwater monitoring wells were installed and nine borings (B-1 to B-9) were drilled on site. The wells has been monitored consistently every quarter since 1/5/94 and the latest sampling event occurred on 4/26/96. Results indicate the presence of dissolved petroleum hydrocarbon in all the wells. Further site characterization was conducted by drilling five borings (B-10 to B-14) on site and three downgradient borings (B-15 to B-17) off site on 11/94 and 1/95 respectively. PCE has been detected in the grab water sample collected from borings B-16 (290 ppb) and B-53 (53 ppb). Stoddard solvent (SS) was also found in the grab water sample collected from the downgradient off site boring B-15 at 9100 ppb.

The following issues must be addressed regarding the investigation / remediation at the subject site:

- 1) The extent of the soil/groundwater contamination remains undefined. In order to delineate the extent of the plume, sampling points downgradient of MW-2 (81,000 ppb SS), B-2 (400,000 ppb SS), B-17 (53 ppb PCE), B-16 (290 ppb PCE), B-15 (9100 ppb SS) and upgradient of B-10 (120,000 ppb SS), B-6 (9000 ppb SS), B-7 (18,000 SS), B-3 (780,000 ppb SS) are required. Please submit a work plan to characterize the extent of the plume.
- 2) Chlorinated solvents had been detected at two neighboring sites (ARCO Station located at 5131 Shattuck Avenue and the former Chevron Station located at 5101 Telegraph Avenue) which are downgradient of the subject property. Please provide our office with additional data that has been collected or will be collected to document that the chlorinated solvent plume from the subject site is not migrating off site.

Mr. Jon Legallet  
RE: 5427 Telegraph Avenue, Oakland, CA 94609  
July 10, 1996  
Page 2 of 2

- 3) The three wells at the site must be monitored every quarter and samples must be analyzed for the following target compounds: TPH gasoline, TPH diesel, TPH stoddard solvent, BTEX, and chlorinated solvents. The groundwater monitoring program will be modified in the future.
- 4) Please submit copies of the boring logs for borings B-1 to B-9 which are missing from the SES's Subsurface Investigation Report dated April 15, 1994.
- 5) The practical quantitation reporting limits of 0.5 ppb (**not 250 ppb**) for BTEX in water should be used.
- 6) Implementation of the proposed groundwater remediation system should be evaluated based on the following criteria:
  - plume is migrating off site and hydraulic control of the plume (containment) is necessary
  - sensitive receptors have been identified and likely to be adversely impacted
  - cost effectiveness of the chosen remediation treatment

In order to facilitate site closure, the subject site should be considered as a low risk site using the following criteria:

- a) The leak has been stopped and ongoing sources, including free product, removed or remediated.
- b) The site has been adequately characterized.
- c) The dissolved hydrocarbon plume is not migrating.
- d) No water wells, deeper drinking water aquifers, surface water, or other sensitive receptors are likely to be impacted.
- e) The site presents no significant risk to human health, safety and the environment.

Response to issues #1 through #6 must be submitted to this office **no later than August 26, 1996.**

You may reach me at (510) 567-6780 for any questions you may have concerning this letter.

Sincerely,

*Susan L. Hugo*

Susan L. Hugo, Sr. Hazardous Materials Specialist

c: Mee Ling Tung, Director, Environmental Health  
Gordon Coleman, Acting Chief, Environmental Protection / files  
Kevin Graves, San Francisco Bay RWQCB  
John Trigg, SES, P.O. Box 2546, Martinez, CA 94553

STD 3/60

FACSIMILE COVER SHEET



To: Susan Hugo - ACEH

FAX No. 510-337-9335

From: JOHN M. TRIGG - SES MARTINEZ

FAX No. (510) 370-7959

Job No./Re: 4-719-02 / Tel. Bus. Park - Oakland Date: 12/20/94

This transmission is 2 pages long (including this page).


Remarks: Map w/ analytic data summary follows.  
WPlan addendum for 3 additional off-site  
borings follows after 1 Jan 1995. Full Report  
on investigation due to you early February  
1995. Call if you have questions.

P.O. Box 2546 • Martinez, California 94553 • (510) 370-1280

1/23/95: on site - met Jim Green (Sierra Env.)  
completed 3 soil borings in the street  
DTW - approx 6ft. Strong HC odor in one of the  
soil borings.

neighboring sites { Chevron - 5101 Telegraph  
Aves - 5131 Shattuck



MW-3 

**B-10**

120,000 - Stoddard  
ND - BTEX  
ND - VOCs  
ND - O+G

**B-5**

waste tank

VOCs = Volatile Organic Compounds  
O+G = Oil + Grease  
TCE = Trichloroethene  
PCE = Tetra(Per)chloroethene

All results in parts per billion

parking

**B-11**

210 - Stoddard  
ND - BTEX  
ND - VOCs  
ND - O+G

*forms proposed time*

150 - Stoddard  
ND - BTEX  
ND - VOCs  
ND - O+G


**B-12**

220 - Stoddard  
2.3 - Benzene  
430 - Vinyl Chloride  
340 - TCE  
360 - PCE  
ND - O+G

**B-13**

150 - Stoddard  
ND - BTE  
0.8 - Xylene  
21 - TCE  
360 - PCE  
ND - O+G

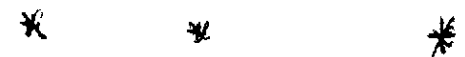
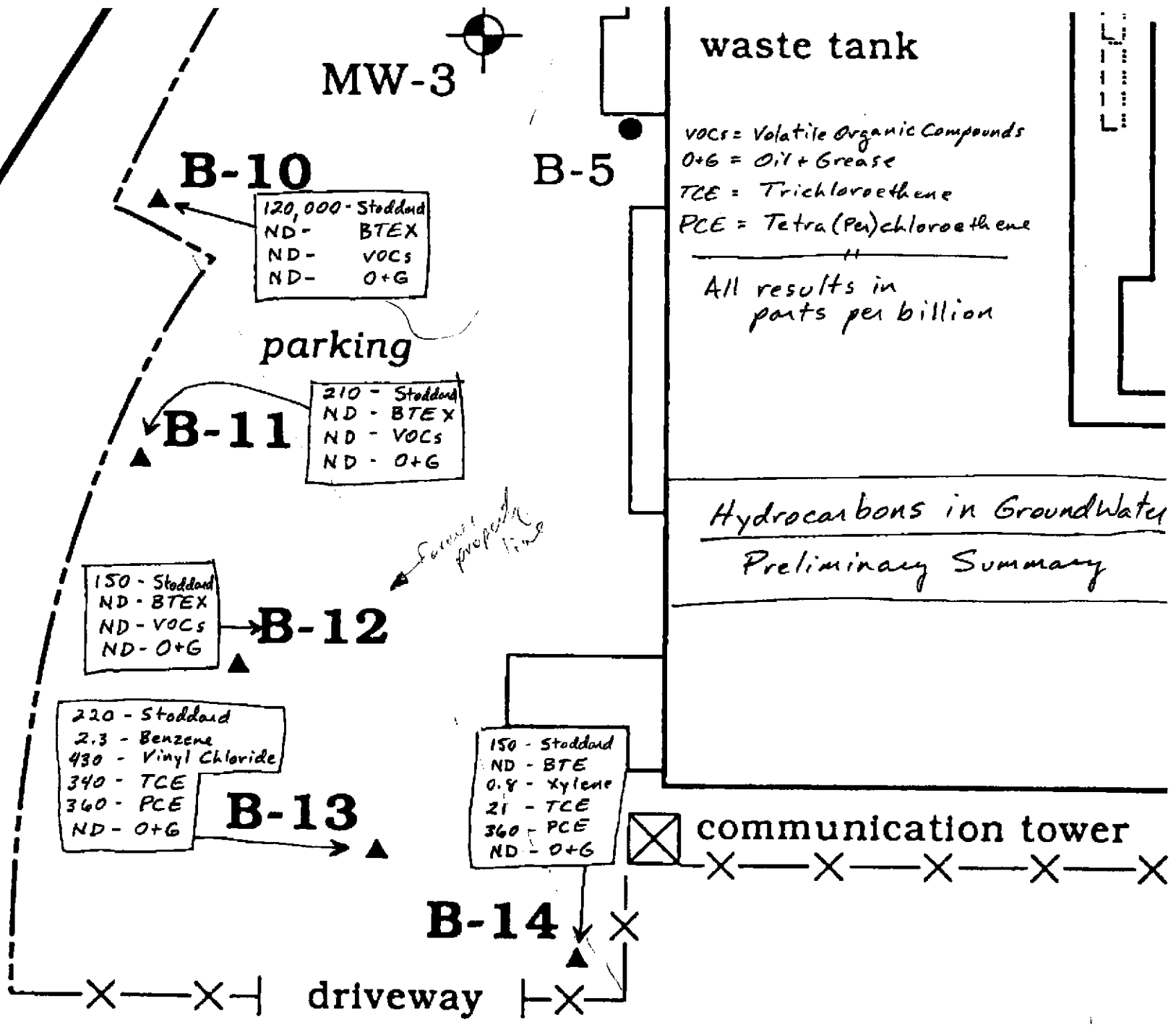
Hydrocarbons in Groundwater  
Preliminary Summary

 communication tower

**B-14**

driveway

Caltrans Property



STD 3/60

FACSIMILE COVER SHEET



To: Susan Huger

FAX No. 337-9335

From: Jim Green

FAX No. \_\_\_\_\_

Job No./Re: 4-719-02

Date: 11/29/94 12:10 PM

This transmission is 5 pages long (including this page).

Remarks: As I informed you this morning will drill soil borings at 5427 Telegraph Ave., Oakland, tomorrow at 8:00 AM

~~870 Market Street • San Francisco CA 94102 • (415) 392-5566~~  
~~P.O. Box 2546 • Martinez CA 94553 • (510) 370-1280~~

*Drop by on site by 2:00 PM*

white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # 3160 Site Name Telegraph Business Park Today's Date 10/11/94

Site Address 5427 Telegraph Ave

City Oakland Zip 94609 Phone \_\_\_\_\_

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

Inspection Categories:

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

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

Comments:

*on site meeting with:*  
 - *Jim Legallet - O*  
 - *Chris Bruner & John Trigg (Sierra Ent.)*  
 re: further work at site  
 1) Will submit WP for further plume delineation down gradient of MWS  
 2) Continue analyzing for Cl solvents include Vinyl Chloride  
 3) Analyze for OEG (55-20 EGF)  
 4) due to site constraints plume could be defused on the area next to Highway 24  
 5) groundwater remediation - working on permitting process for sanitary district  
 6) drop monthly groundwater elevation readings to quarterly

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

- |  |  |
|--|--|
| General  | <input type="checkbox"/> 1. Permit Application 25284 (H&S)                     |
|  | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S)                |
|  | <input type="checkbox"/> 3. Records Maintenance 2712                           |
|  | <input type="checkbox"/> 4. Release Report 2651                                |
|  | <input type="checkbox"/> 5. Closure Plans 2670                                 |
| Monitoring for Existing Tanks                        | <input type="checkbox"/> 6. Method   |
|  | 1) Monthly Test  |
|  | 2) Daily Vadose Semi-annual groundwater One time soils                         |
|  | 3) Daily Vadose One time soils Annual tank test                                |
|  | 4) Monthly Groundwater One time soils  |
|  | 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/gndwater mon. |
|  | 6) Daily Inventory Annual tank testing Cont pipe leak det                      |
|  | 7) Weekly Tank Gauge Annual tank testing                                       |
|  | 8) Annual Tank Testing Daily Inventory   |
|  | 9) Other _____   |
| New Tanks  | <input type="checkbox"/> 7. Precs Tank Test Date: 2643                         |
|  | <input type="checkbox"/> 8. Inventory Rec. 2644                                |
|  | <input type="checkbox"/> 9. Soil Testing 2646                                  |
|  | <input type="checkbox"/> 10. Ground Water. 2647                                |
| <input type="checkbox"/> 11. Monitor Plan 2632       |  |
| <input type="checkbox"/> 12. Access. Secure 2634     |  |
| <input type="checkbox"/> 13. Plans Submit Date: 2711 |  |
| <input type="checkbox"/> 14. As Built Date: 2635     |  |

Rev 6/88

Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Inspector: \_\_\_\_\_  
 Signature: Susan J. Hugo

II, III

white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # 3160 Site Name Telegraph Business Park Today's Date 10/11/94

Site Address 5427 Telegraph Ave  
 City Oakland Zip 94609 Phone \_\_\_\_\_

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

Inspection Categories:

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

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

Comments:

On site meeting with:  
 - ~~John~~ ~~Leal~~ - J  
 - ~~Robert~~ ~~Brown~~ & ~~John~~ ~~Trigg~~ (Senior Eng.)  
 re: further work at site  
 1) will submit WP for further phone consultation regarding MW3  
 2) concrete walkways for all solvent include vinyl chloride  
 3) address for DEG (5120 EGF)  
 4) due to site constraints phone will be relied on the area next to Highway 24  
 5) groundwater remediation - working on permitting process for sanitary district  
 6) deep monitoring/evaluation needed to partially

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Stds. 25503(b)
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- 4. Inventory Information 25504(a)
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II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
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- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- |  |   |
|--|---|
| General  | <input type="checkbox"/> 1. Permit Application 25284 (H&S)                              |
|  | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S)                         |
|  | <input type="checkbox"/> 3. Records Maintenance 2712                                    |
|  | <input type="checkbox"/> 4. Release Report 2651   |
|  | <input type="checkbox"/> 5. Closure Plans 2670  |
| Monitoring for Existing Tanks                  | <input type="checkbox"/> 6. Method  |
|  | 1) Monthly Test   |
|  | 2) Daily Vadose<br>Semi-annual groundwater<br>One time soils                            |
|  | 3) Daily Vadose<br>One time soils<br>Annual tank test                                   |
|  | 4) Monthly Gndwater<br>One time soils   |
|  | 5) Daily Inventory<br>Annual tank testing<br>Cont pipe leak det<br>Vadose/gndwater mon. |
|  | 6) Daily Inventory<br>Annual tank testing<br>Cont pipe leak det                         |
|  | 7) Weekly Tank Gauge<br>Annual tank testing   |
|  | 8) Annual Tank Testing<br>Daily Inventory   |
|  | 9) Other _____  |
|  | <input type="checkbox"/> 7. Precs Tank Test 2643  |
|  | Date: _____   |
|  | <input type="checkbox"/> 8. Inventory Rec. 2644   |
|  | <input type="checkbox"/> 9. Soil Testing 2646   |
| <input type="checkbox"/> 10. Ground Water 2647 |   |
| New Tanks                                      | <input type="checkbox"/> 11. Monitor Plan 2632  |
|  | <input type="checkbox"/> 12. Access. Secure 2634  |
|  | <input type="checkbox"/> 13. Plans Submit 2711  |
|  | Date: _____   |
| <input type="checkbox"/> 14. As Built 2635     |   |
| Date: _____                                    |   |

Rev 6/88

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Inspector: \_\_\_\_\_

Signature: \_\_\_\_\_

*Susan J. Hoyle*

II, III



ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

November 4, 1993  
STID# 3160

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

Mr. Jon Legallet  
Telegraph Business Properties  
1401 Griffith Street  
San Francisco, California 94124

**RE: Subsurface Investigation Work Plan  
Telegraph Business Park  
5427 Telegraph Avenue, Oakland, California 94609**

Dear Mr. Legallet:

The Alameda County Department of Environmental Health, Hazardous Materials Division has recently reviewed the Subsurface Investigation Work Plan (May 11, 1993) prepared by Sierra Environmental Services for the referenced site.

Based on this review, the work plan is acceptable provided the following items are addressed:

- 1) Elevated levels of petroleum hydrocarbon were detected at the site. The impact to groundwater of the unauthorized release from the former tanks must be investigated. Groundwater monitoring wells must be installed and gradient direction must be established at the site. Please submit an addendum to the work plan to include the installation of three monitoring wells, site map showing the locations of the wells and a copy of the monitoring well construction diagrams.
- 2) Construction and placement of the wells must adhere to the requirements specified in "Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites", August, 1990. Monitoring wells must be screened to intercept free floating product and accommodate seasonal water table fluctuations.
- 3) Soil samples from borings must be collected every five feet as per RWQCB's guidelines. Field instruments are acceptable as a screening tools only. Any evidence of soil contamination such as odor, visual staining or field instrument readings must be verified by analysis from a state certified laboratory.
- 4) Groundwater elevation readings must be performed every month for six consecutive months and reduced to every quarter after the first six months. Groundwater monitoring wells must be sampled on a quarterly basis and analyzed for the following target compounds: TPH gasoline, TPH diesel, benzene, toluene, ethyl benzene, xylene, stoddard solvent, oil & grease and halogenated hydrocarbons.

Mr. Jon Legallet  
RE: 5427 Telegraph Ave. Oakland, CA 94609  
November 4, 1993  
Page 2 of 3

- 5) Copies of manifests for the disposal of the tanks and records of stockpiled soil disposition must be submitted to this office.
- 6) Please notify this office at least 48 hours in advance for the start up of work plan implementation so a site visit can be arranged by a representative from this office.

**Items 1 and 5 must be submitted to this office no later than December 6, 1993.**

A report must be submitted within **45 days** after completion of this investigation. Until cleanup is complete, you will need to submit reports to this office every three months or at a more frequent interval, if specified at any time. In addition, the following items must be incorporated in your future reports or workplans:

- a cover letter from the responsible party or tank owner stating the accuracy of the report and whether he/she concurs with the conclusions and recommendations in the report or workplan
- site map delineating contamination contours for soil and groundwater based on recent data should be included and the status of the investigation and cleanup must be identified
- proposed continuing or next phase of investigation / cleanup activities must be included to inform this department or the RWQCB of the responsible party or tank owner's intention
- any changes in the groundwater flow direction and gradient based on the measured data since the last sampling event must be explained
- historical records of groundwater level in each well must be tabulated to indicate the fluctuation in water levels
- tabulate analytical results from all previous sampling events; provide laboratory reports (including quality control/quality assurance) and chain of custody documentation

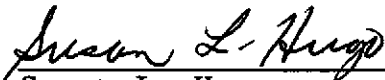
All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project.

Mr. Jon Legallet  
RE: 5427 Telegraph Avenue, Oakland, CA 94609  
November 4, 1993  
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Because we are overseeing this site under the designated authority of the Regional Water Quality Control Board, this letter constitutes a formal requests for technical reports pursuant to California Water Code Section 13267 (b). Any extensions of stated deadlines or changes in the workplan must be confirmed in writing and approved by this agency.

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

Sincerely,



---

Susan L. Hugo  
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health  
Rich Hiatt, San Francisco Bay RWQCB  
Edgar B. Howell, Chief, Hazardous Materials Division - files  
Chris Bramer, Sierra Environmental Services  
P.O. Box 2546 , Martinez, California 94553

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

March 29, 1993  
STID# 3160

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

Mr. Jon Legallet  
Telegraph Business Properties  
1401 Griffith Street  
San Francisco, California 94124

**RE: Removal of Seventeen Underground Storage Tanks at Telegraph  
Business Park, 5427 Telegraph Avenue, Oakland, CA 94609**

Dear Mr. Legallet:

The Alameda County Department of Environmental Health, Hazardous Materials Division has reviewed the files concerning the removal of seventeen underground storage tanks (ten stoddard solvent tanks, five stoddard solvent waste tanks, one diesel tank, and one unleaded gasoline tank) on April 30, 1992 through May 22, 1992 at the referenced site. We are in receipt of the "Tank Pull/Excavation Activities Report" prepared by Sierra Environmental Services and the "Underground Storage Tank Unauthorized Release (Leak)/Contamination Site Report".

Soil samples collected beneath the tank areas showed elevated levels of Total Petroleum Hydrocarbon as diesel (260 ppm), Total Oil and Grease (2,285 ppm) and Stoddard solvent (1,720 ppm). In addition, elevated levels of purgeable halocarbons (210 ppm PCE and 35 ppm TCE) were detected underneath the solvent waste oil tank. Because of the degree of contamination found at the site which exceeded regulatory threshold levels, further environmental assessment is required to determine the extent of the unauthorized release associated with the former tanks at the site.

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

A preliminary assessment should be conducted to determine the extent of soil and/or groundwater contamination that has resulted from the former leaking tank. The information gathered by this investigation will be used to assess the need for additional actions at the site. The preliminary assessment should be designed to provide all of the information in the format shown in the

Mr. Jon Legallet  
RE: 5427 Telegraph Avenue, Oakland, CA 94609  
March 29, 1993  
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attachment at the end of this letter, which is based on the RWQCB's guidelines. You should be prepared to install at a minimum, three monitoring wells to establish gradient direction of the groundwater at the site. One of the wells should be installed within 10 feet downgradient of the former tank location. Monthly water elevation reading for twelve months is necessary to determine groundwater flow direction and quarterly sampling must occur to determine extent of the groundwater contamination.

Until cleanup is complete, you will need to submit reports to this office and to RWQCB every three months (or at a more frequent interval, if specified at any time by either agency). These reports must include information pertaining to further investigative results; the methods of cleanup actions implemented to date; and the method and disposal of any contaminated material. Copies of manifests for such disposal must be sent to this office. Stockpiled soil from the pit may not be used to backfill these holes without authorization from this office. Only clean fill can be used to backfill the excavation pit. Please provide our office with documentation of the stockpiled soil disposal and the manifests for the seventeen underground storage tanks disposal.

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

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

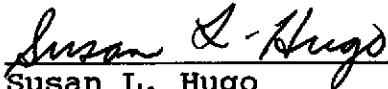
Because we are overseeing this site under the designated authority of the Regional Water Quality Control Board, this letter constitutes a formal requests for technical reports pursuant to California Water Code Section 13267(b). Any extensions of stated deadlines or changes in the workplan must be confirmed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

Mr. Jon Legallet  
RE: 5427 Telegraph Avenue, Oakland, CA 94609  
March 29, 1993  
Page 3 of 3

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

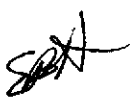
Should you have any questions regarding this letter, please contact me at (510) 271-4530.

Sincerely,



\_\_\_\_\_  
Susan L. Hugo  
Senior Hazardous Materials Specialist

Enclosures

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health  
Rich Hiett, San Francisco Bay RWQCB  
Gil Jensen, Alameda County District Attorney's Office  
~~Edgar B. Howell~~, Chief, Hazardous Materials Division / file   
Chris Bramer, Sierra Environmental Services, P.O. Box 2546  
Martinez, California 94553

1/4/93

VICES AGENCY  
L HEALTH  
DIVISION  
00  
1  
20

Jim,

Please mail to:

SWRCB  
Div. of Clean Water Program  
Underground Tank Cleanups Fund  
P.O. Box 944212  
Sacramento, CA. 94244-2120  
Attn: Marilyn Airoso. *Thanks Susan*

*Please note change made  
on pages 4, 5  
Susan J. Hoop  
4/22/92*

Project Specialist (pr

ACCI  
DEPARTMENT OF ENV  
470 - 27th St  
Oakland,  
Telephone: (

These plans have been reviewed and are hereby approved for local health laws. Changes in Department are to assure compliance with the proposed laws. The project proposed build-out of any required building.

One copy of these documents available to all contractors the removal.  
Any change or alterations must be submitted to this Department for approval. Do not change these plans without notifying this Department of following required approvals.

Bar  
500  
Final

Issuance of a permit to proceed with excavation requires compliance with the following requirements.

THESE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTORS.

UNDERGROUND TANK CLOSURE PLAN

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

1. Business Name Telegraph Business Properties  
Business Owner Jon Legallet, Managing Partner
2. Site Address 5427 Telegraph Avenue  
City Oakland Zip 94609 Phone None
3. Mailing Address 1401 Griffith Street  
City San Francisco Zip 94124 Phone (415)822-8255
4. Land Owner Jon Legallet, Managing Partner  
Address 1401 Griffith St. City, State San Francisco ZIP 94124
5. Generator name under which tank will be manifested Telegraph Business Properties  
EPA I.D. No. under which tank will be manifested CAC000707928

# 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE SIGNED: <i>Argy Mena</i> DATE: <i>10/27/92</i>	
REPORT DATE 1 <u>0</u> <u>1</u> <u>4</u> <u>9</u> <u>2</u>		CASE # _____			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>Argy Mena</b>		PHONE (510) 370-1280		SIGNATURE <i>Argy Mena</i>
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME <b>Sierra Environmental Services</b>		
	ADDRESS P.O. Box 2546 <span style="float: right;">STREET</span> <span style="float: right;">CITY Martinez</span> <span style="float: right;">STATE CA</span> <span style="float: right;">94553</span> <span style="float: right;">ZIP</span>				
RESPONSIBLE PARTY	NAME <b>Assoc. Telegraph Bus. Properties</b> <input type="checkbox"/> UNKNOWN		CONTACT PERSON <b>Jon Legallet</b>		PHONE <b>(415) 822-8255</b>
	ADDRESS 1401 Griffith St. <span style="float: right;">STREET</span> <span style="float: right;">CITY San Francisco</span> <span style="float: right;">STATE CA</span> <span style="float: right;">94124</span> <span style="float: right;">ZIP</span>				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) <b>Telegraph Business Park</b>		OPERATOR ---		PHONE ( ) ---
	ADDRESS 5427 Telegraph Ave. <span style="float: right;">STREET</span> <span style="float: right;">CITY Oakland</span> <span style="float: right;">COUNTY Alameda</span> <span style="float: right;">94612</span> <span style="float: right;">ZIP</span>				
	CROSS STREET 55th Street				
IMPLEMENTING AGENCIES	LOCAL AGENCY <b>Alameda County Environmental Health</b>		AGENCY NAME <b>Alameda County Environmental Health</b>		CONTACT PERSON <b>Susan Hugo</b>
	REGIONAL BOARD		PHONE <b>(510) 271-4530</b>		PHONE ( )
SUBSTANCES INVOLVED	(1) NAME <b>Stoddard Solvent</b> QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN				
	(2) NAME <b>Stoddard Solvent Waste</b> QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN				
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 <u>5</u> <u>1</u> <u>1</u> <u>9</u> <u>2</u>		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER <b>Tank Removal</b>		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 0 <u>5</u> <u>1</u> <u>1</u> <u>9</u> <u>2</u>				
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		
	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 type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) <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 (CD) <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	_____				



# 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE SIGNED: <i>Susan Hugo</i> DATE: 07/27/92	
REPORT DATE 1 M 0 D 1 D 4 D 9 Y 2 Y		CASE #			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Argy Mena		PHONE (510) 370-1280	SIGNATURE <i>Argy Mena</i>	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Sierra Environmental Services		
	ADDRESS P.O. Box 2546		CITY Martinez	STATE CA	ZIP 94553
RESPONSIBLE PARTY	NAME Telegraph Bus. Properties <input type="checkbox"/> UNKNOWN		CONTACT PERSON Jon Legallet		PHONE (415) 822-8255
	ADDRESS 1401 Griffith St.		CITY San Francisco	STATE CA	ZIP 94124
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Telegraph Business Park		OPERATOR ---	PHONE ( ) --	
	ADDRESS 5427 Telegraph Ave.		CITY Oakland	COUNTY Alameda	ZIP 94612
	CROSS STREET 55th Street				
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Environmental Health		AGENCY NAME Alameda County Environmental Health		CONTACT PERSON Susan Hugo
	REGIONAL BOARD				PHONE ( )
SUBSTANCES INVOLVED	(1) NAME Stoddard Solvent		QUANTITY LOST (GALLONS) UNKNOWN <input checked="" type="checkbox"/>		
	(2) NAME Stoddard Solvent Waste		QUANTITY LOST (GALLONS) UNKNOWN <input checked="" type="checkbox"/>		
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 M 5 D 1 D 1 D 9 Y 2 Y		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN UNKNOWN <input checked="" type="checkbox"/>		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER Tank Removal		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 0 M 5 D 1 D 1 D 9 Y 2 Y				
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		
	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 type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input 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 type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)				
COMMENTS					

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.

Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.

Preliminary Site Assessment Underway - implementation of workplan.

Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.

Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.

Cleanup Underway - implementation of remediation plan.

Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.

Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.

Containment Barrier - install vertical dike to block horizontal movement of contaminant.

Excavate and Dispose - remove contaminated soil and dispose in approved site.

Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).

Remove Free Product - remove floating product from water table.

Pump and Treat Groundwater - generally employed to remove dissolved contaminants.

Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.

Replace Supply - provide alternative water supply to affected parties.

Treatment at Hookup - install water treatment devices at each dwelling or other place of use.

Vacuum Extract - use pumps or blowers to draw air through soil.

Vent Soil - bore holes in soil to allow volatilization of contaminants.

No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Loans and Grants, Underground Storage Tank Program, P.O. Box 944212, Sacramento, CA 94244-2120
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party.

white -env.health  
 yellow -facility  
 pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## Hazardous Materials Inspection Form

II, III

Site ID # \_\_\_\_\_ Site Name Telegraph Business <sup>Properties</sup> Today's Date 11/22/92

### II.A BUSINESS PLANS (Title 19)

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

Site Address 5427 Telegraph Ave.  
 City Oakland Zip 94609 Phone \_\_\_\_\_

### II.B ACUTELY HAZ. MATLS

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

- \_\_\_ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?
- Inspection Categories: Brickson - tank handler
- \_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
  - II. Business Plans, Acute Hazardous Materials
  - III. Underground Tanks

1:00 - 4:00 manifest # 90648390

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

### Comments:

Backflow test req'd. requested for over tank meeting.  
2 UGI Removable

### III. UNDERGROUND TANKS (Title 23)

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

- Monitoring for Existing Tanks
- \_\_\_ 6. Method
    - 1) Monthly Test
    - 2) Daily Vadose Semi-annual groundwater One time soils
    - 3) Daily Vadose One time soils Annual tank test
    - 4) Monthly Groundwater One time soils
    - 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/gndwater mon.
    - 6) Daily Inventory Annual tank testing Cont pipe leak det
    - 7) Weekly Tank Gauge Annual tank testing
    - 8) Annual Tank Testing Daily Inventory
    - 9) Other \_\_\_\_\_

- \_\_\_ 7. Precip Tank Test 2643  
Date: \_\_\_\_\_
- \_\_\_ 8. Inventory Rec. 2644
- \_\_\_ 9. Soil Testing 2646
- \_\_\_ 10. Ground Water. 2647

- New Tanks
- \_\_\_ 11. Monitor Plan 2632
  - \_\_\_ 12. Access. Secure 2634
  - \_\_\_ 13. Plans Submit 2711  
Date: \_\_\_\_\_
  - \_\_\_ 14. As Built 2635  
Date: \_\_\_\_\_

Tank IV LEL - 3 1/2 % O2 = 19 %  
 Tank VI LEL - 0 % O2 = 21 %

Tank IV - Holed at top of tank size of a dime

Tank VI - Holed at top of tank

All pipes associated with tanks must be removed or apply for abandon ment in place.

Stock piled soil must be characterized & covered with vapor barrier & disposed properly

2 bottom samples one from each tank top. 4, 1 sidewall sample

Rev 8/88

Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Inspector: James J. Hugo  
 Signature: \_\_\_\_\_

II, III

white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH  
 Hazardous Materials Inspection Form

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

Properties II, III

Site ID # \_\_\_\_\_ Site Name Telegraph Business Today's Date 5/21/92

Site Address 5427 Telegraph Ave  
 City Oakland Zip 94609 Phone \_\_\_\_\_

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

- General**
- \_\_\_ 1. Permit Application 25284 (H&S)
- \_\_\_ 2. Pipeline Leak Detection 25292 (H&S)
- \_\_\_ 3. Records Maintenance 2712
- \_\_\_ 4. Release Report 2651
- \_\_\_ 5. Closure Plans 2670
- \_\_\_ 6. Method
- 1) Monthly Test
- 2) Daily Vadose
- Semi-annual groundwater
- One time soils
- 3) Daily Vadose
- One time soils
- Annual tank test
- 4) Monthly Gndwater
- One time soils
- 5) Daily inventory
- Annual tank testing
- Cont pipe leak det
- Vadose/gndwater mon.
- 6) Daily inventory
- Annual tank testing
- Cont pipe leak det
- 7) Weekly Tank Gauge
- Annual tank testing
- 8) Annual Tank Testing
- Daily inventory
- 9) Other \_\_\_\_\_
- \_\_\_ 7. Precs Tank Test 2643
- Date: \_\_\_\_\_
- \_\_\_ 8. Inventory Rec. 2644
- \_\_\_ 9. Soil Testing . 2646
- \_\_\_ 10. Ground Water. 2647
- New Tanks**
- \_\_\_ 11. Monitor Plan 2632
- \_\_\_ 12. Access. Secure 2634
- \_\_\_ 13. Plans Submit 2711
- Date: \_\_\_\_\_
- \_\_\_ 14. As Built 2635
- Date: \_\_\_\_\_

Monitoring for Existing Tanks

Rev 6/88

\_\_\_ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?  
 Inspection Categories:  
 \_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTER  
 \_\_\_ II. Business Plans. Acute Hazardous Materials  
 III. Underground Tanks  
 1:00 PM → 5:00 PM

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

*Buskison - tank hauler 505 701, manifest # 90678-379*

**Comments:**  
 2 UG's removal (Standard solvent)  
 Tanks IV E & F - removed 5/20/92 -  
 2 bottom samples collected @ 1 sidewalk  
 sample. Tank IV F - had hole at tip bottom  
 and ground water was pumped out (approx  
 500 gallons).

Tank IV G 2 1/2 LEL 19% = 02  
 Tank IV H 0% LEL 21% = 02

Water main line broken -  
 Tank IV G - top torn off bottom tip found  
 no obvious holes. Tank corrosion on the  
 side.

II, III

Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Inspector: Arcan L. Hugo  
 Signature: \_\_\_\_\_

(510) 918-0258  
Inspector Medina

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

white -env.health  
yellow -facility  
pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

## Hazardous Materials Inspection Form

Properties II, III  
Today's 5/20/92

Site ID # \_\_\_\_\_ Site Name Telegraph Business Date 5/20/92

Site Address 5427 Telegraph Ave.

City Oakland Zip 94609 Phone \_\_\_\_\_

### II.A BUSINESS PLANS (Title 19)

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

### II.B ACUTELY HAZ. MAT'L

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

\_\_\_ MAX AMT stored > 500 lbs, 55 gal., 200 cff.?

#### Inspection Categories:

- \_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- \_\_\_ II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

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

#### Comments:

2 UG's Removals  
Tank IV E LEL - 0% 02-21%  
Tank IV F  
GROUNDWATER inside tank IV F  
Tanks were able to be pulled  
by end of the day. 2 bottom samples  
40% sidewall sample collected.

### III. UNDERGROUND TANKS (Title 23)

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

- Monitoring for Existing Tanks
- \_\_\_ 6. Method
    - 1) Monthly Test
    - 2) Daily Vadose
      - Semi-annual groundwater
      - One time soils
    - 3) Daily Vadose
      - One time soils
      - Annual tank test
    - 4) Monthly Gndwater
      - One time soils
    - 5) Daily Inventory
      - Annual tank testing
      - Cont pipe leak det
      - Vadose/gndwater mon.
    - 6) Daily Inventory
      - Annual tank testing
      - Cont pipe leak det
    - 7) Weekly Tank Gauge
      - Annual tank teting
    - 8) Annual Tank Testing
      - Daily Inventory
    - 9) Other \_\_\_\_\_

- \_\_\_ 7. Precs Tank Test 2643
  - Date: \_\_\_\_\_
- \_\_\_ 8. Inventory Rec. 2644
- \_\_\_ 9. Soil Testing . 2646
- \_\_\_ 10. Ground Water. 2647

- New Tanks
- \_\_\_ 11. Monitor Plan 2632
  - \_\_\_ 12. Access. Secure 2634
  - \_\_\_ 13. Plans Submit 2711
    - Date: \_\_\_\_\_
  - \_\_\_ 14. As Built 2635
    - Date: \_\_\_\_\_

Rev 6/88

II, III

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Inspector: \_\_\_\_\_

Signature: \_\_\_\_\_

white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # \_\_\_\_\_ Site Name Telegraph Bus. Properties Date 5/19/92

Site Address 5427 Telegraph Ave  
 City Oakland Zip 94609 Phone \_\_\_\_\_

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ MAT'S

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

III. UNDERGROUND TANKS (Title 23)

- |                               |   |
|-------------------------------|---|
| General                       | ___ 1. Permit Application 25284 (H&S)   |
|                               | ___ 2. Pipeline Leak Detection 25292 (H&S)  |
|                               | ___ 3. Records Maintenance 2712   |
|                               | ___ 4. Release Report 2651  |
|                               | ___ 5. Closure Plans 2670   |
| Monitoring for Existing Tanks | ___ 6. Method   |
|                               | 1) Monthly Test   |
|                               | 2) Daily Vadose<br>Semi-annual groundwater<br>One time soils                            |
|                               | 3) Daily Vadose<br>One time soils<br>Annual tank test                                   |
|                               | 4) Monthly Gndwater<br>One time soils   |
|                               | 5) Daily Inventory<br>Annual tank testing<br>Cont pipe leak det<br>Vadose/gndwater mon. |
|                               | 6) Daily Inventory<br>Annual tank testing<br>Cont pipe leak det                         |
|                               | 7) Weekly Tank Gauge<br>Annual tank test  |
|                               | 8) Annual Tank Testing<br>Daily Inventory   |
|                               | 9) Other _____  |
| New Tanks                     | ___ 7. Precs Tank Test 2643   |
|                               | Date: _____   |
|                               | ___ 8. Inventory Rec. 2644  |
|                               | ___ 9. Soil Testing 2646  |
|                               | ___ 10. Ground Water 2647   |
|                               | ___ 11. Monitor Plan 2632   |
|                               | ___ 12. Access. Secure 2634   |
|                               | ___ 13. Plans Submit 2711   |
|                               | Date: _____   |
|                               | ___ 14. As Built 2635   |
| Date: _____                   |   |

Rev 8/88

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

8:15 - 11:00

Inspection Categories:

- \_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- \_\_\_ II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

*Inspector Christian from Oak. Fire Dept. present*  
*2 Tanks removed*

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

Comments:

*Erickson - tank hauler exp. 5/92 #20570  
 manifest # 90648331*

*Tank C LEL 0% O2 21%*  
*Tank D LEL 1% O2 20%*

*Tank #C - conical - corroded, holes on top & side  
 20x6 = 3500 gal (approx)*

*Tank #D - conical - corroded holes on one side  
 close to top*

*Strong discoloration (green)*

*Excavation next to building -*

*1 sidewall samples collected (next to building)*

*2 bottom samples collected (1 from  
 end of the tank tip) (approx. 20-21 ft deep)*

II, III

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Inspector: \_\_\_\_\_  
 Signature: *Susan L. Hugg*

white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # \_\_\_\_\_ Site Name Telegraph Business Park Today Date 5/15/92

Site Address 5427 Telegraph Av.  
 City Oakland Zip 94609 Phone \_\_\_\_\_

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

Inspection Categories:

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

Page 1 of 2

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

Comments:

Erickson is transporter + disposal site Gary Collins from OFD on site.

\* Tank IV A (~3500 gal) removed. One large hole on bottom (cone) end. Small holes on top. Top is rusted. Odor in pit. Tank is 6' diam x 20' l (including cone). Greenish soil in pit.

\* Manifest # 90648348 - ~~XXXX~~ Tanks IV A + B

\* Tank IV B (~1,000 gal) removed. One large hole (~5" diam) in bottom (cone) end. Tank is 5' diam x 9' l (including cone). Odor + greenish soil in pit.

\* Tank II C (~1,500 gal) removed. Tank is 3'10" diam x 17 length, + has no cone. Tank is steel w/tar coating. No apparent holes or soil discoloration. Tank was backfilled in sand. Waste stoddard solvent was stored in tank.

\* Manifest # 90648351 - Tanks II C + D

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Content 25534(c)
- 13. Implement Sct Req'd? (Y/N)
- 14. OnSite Const. Assess. 25524(c)
- 15. Probable Ris Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certificate 25534(f)
- 18. Exemption request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General**
- 1. Perm Application 25284 (H&S)
- 2. Pipeline Leak Detection 25292 (H&S)
- 3. Records Maintenance 2712
- 4. Release Report 2651
- 5. Closure Plans 2670
- 6. Method
- 1) Monthly Test
- 2) Daily Vadose
- Semi-annual groundwater
- One time soils
- 3) Daily Vadose
- One time soils
- Annual tank test
- 4) Monthly Gndwater
- One time soils
- 5) Daily Inventory
- Annual tank testing
- Cont pipe leak det
- Vadose/gndwater mon.
- 6) Daily Inventory
- Annual tank testing
- Cont pipe leak det
- 7) Weekly Tank Gauge
- Annual tank tiling
- 8) Annual Tank Testing
- Daily Inventory
- 9) Other \_\_\_\_\_
- 7. Precs Tank Test 2643
- Date: \_\_\_\_\_
- 8. Inventory Rec. 2644
- 9. Soil Testing 2646
- 10. Ground Water. 2647

- New Tanks**
- 11. Monitor Plan 2632
- 12. Access. Secure 2634
- 13. Plans Submit 2711
- Date: \_\_\_\_\_
- 14. As Built 2635
- Date: \_\_\_\_\_

Rev 8/88

II, III

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Inspector: \_\_\_\_\_

Signature: \_\_\_\_\_

Jennifer Eberle  
J Eberle

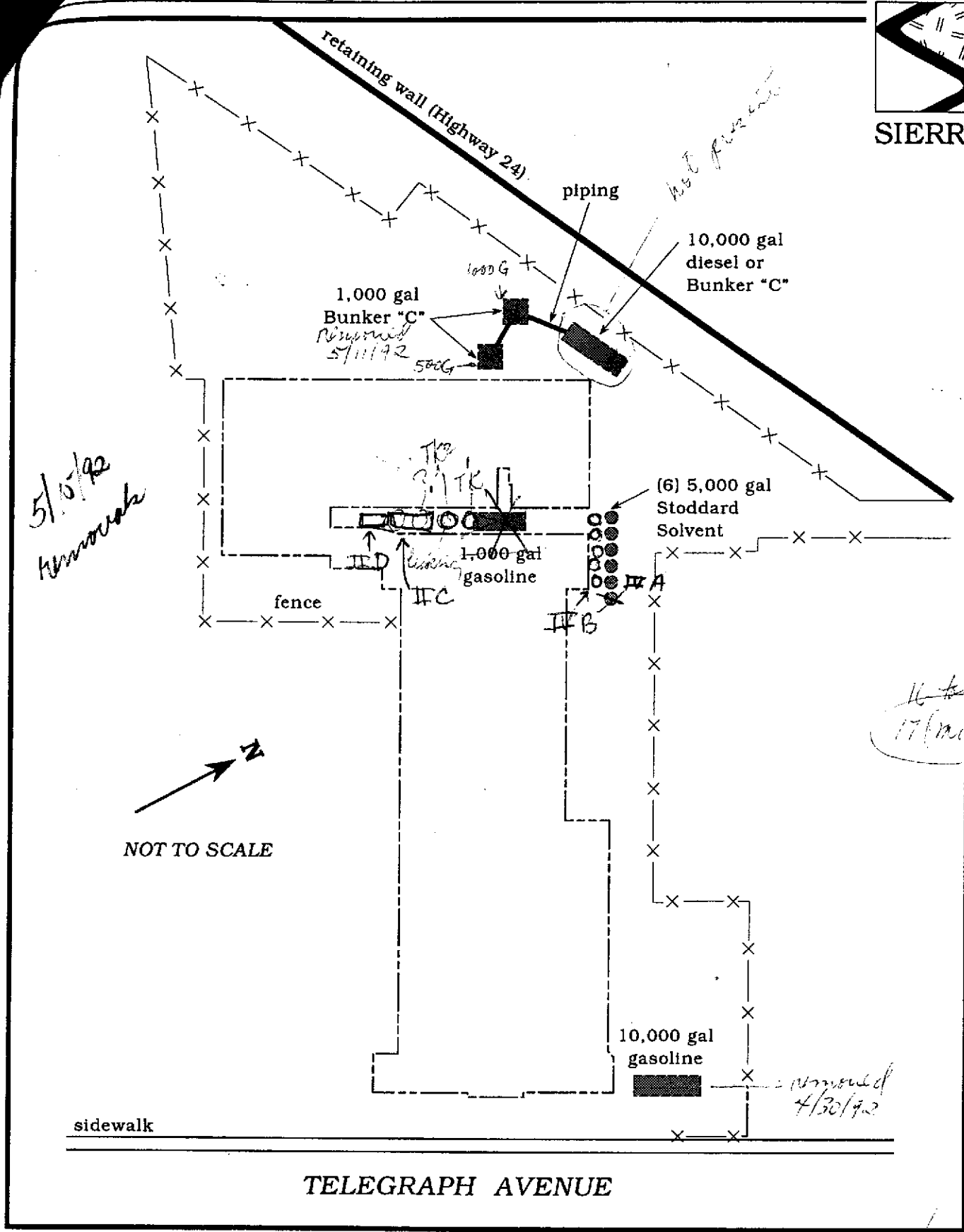


Figure 1. Anticipated Underground Tank Locations and Capacities - Telegraph Business Park, Oakland, California



RP: Telegraph Business Properties  
1401 Griffith St San Francisco  
CA 94124

Attn: Jon Legallet

DATE: 5/14/92  
TO : Local Oversight Program  
FROM: SUSAN  
SUBJ: Transfer of Eligible Oversight Case

Site name: Telegraph Business Properties  
Address: 5427 Telegraph Ave city Oakland zip 94609  
Closure plan attached?  Y N DepRef remaining \$ \_\_\_\_\_  
DepRef Project # \_\_\_\_\_ STID #(if any) 3160  
Number of Tanks: 17 removed? <sup>5 only</sup>  Y N Date of removal \_\_\_\_\_  
Leak Report filed? Y N Date of Discovery \_\_\_\_\_  
Samples received? Y N Contamination: \_\_\_\_\_  
Petroleum Y N Types: Avgas Jet leaded unleaded Diesel  
fuel oil waste oil kerosene solvents  
Monitoring wells on site \_\_\_\_\_ Monitoring schedule? Y N  
LUFT category 1 2 3 \* H S C A R W G O  
Briefly describe the following:  
Preliminary Assessment \_\_\_\_\_  
Remedial Action \_\_\_\_\_  
Post Remedial Action Monitoring \_\_\_\_\_  
Enforcement Action \_\_\_\_\_

JON S. LEGALLET  
NORMANDY ASSOCIATES, INC.

1401 GRIFFITH STREET  
SAN FRANCISCO, CA 94124

(415) 822-8255  
FAX (415) 822-6079

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION  
 DEPOSIT / REFUND ACCOUNT SHEET

SITE INFORMATION

Telegraph Business Prop.  
 5427 Telegraph Ave.  
 Oakland 94609  
 Site Contact:  
 Site Phone :

SITE#:	1855
PROJECT#:	1855A
PROJECT TYPE:	R
INSP:	Susan Hugo
ACCT. SHEET PG #:	

PROPERTY OWNER INFORMATION

Telegraph Business Prop.  
 1401 Griffith Ave.  
 San Francisco, Ca 94124  
 Owner Contact: Jon Legallet  
 Owner Phone : 415/822-8255

CONTRACTOR INFORMATION

Telegraph Business Prop.  
 1401 Griffith Ave.  
 San Francisco CA 94124 #613  
 Contr. Contact: Jon Legallet  
 Contr. Phone : 415/822-8255

Date	Action Taken	Time		Hours Spent/ Depstd	Hour Balnce	Money Spent/ Depositd	Money Balance
		In	Out				
	Balance from Prev. Page	.....	.....	.....	.....	.....	.....
	Rcpt# U604855						
03/30/92	Deposit of \$2,562.00 @ \$71/hour			+36.08			
<del>4/1/92</del>							
4/13/92	Review closure plan (10 UGT'S)	4:00	5:30	1.50	34.58		
4/22/92	Review additional documents	10:00	10:45	0.75	33.83		
4/23/92	TO BILLING						
4/30/92	Removed 1-10,000 G gasoline (more tanks to be removed).	10:00	12:30	2.5	31.33		
5/11/92	Removed 4 UGT'S	8:30	12:30	4.0	27.33		
5/12/92	Case revised to refer to LOP	4:00	5:00	1.0	26.33		

PROJECT COMPLETED BY : Susan L. Hugo  
 DATE OF COMPLETION : 5/13/92 DATE SENT TO BILLING: \_\_\_\_\_

TOTAL COST OF PROJECT: \_\_\_\_\_ REFUND AMOUNT: \_\_\_\_\_ Rev. 4/91

white -env.health  
yellow -facility  
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH  
**Hazardous Materials Inspection Form**

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

II, III

**II.A BUSINESS PLANS (Title 19)**

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

**II.B ACUTELY HAZ. MATLS**

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

**III. UNDERGROUND TANKS (Title 23)**

- General**
  - 1. Permit Application 25284 (H&S)
  - 2. Pipeline Leak Detection 25292 (H&S)
  - 3. Records Maintenance 2712
  - 4. Release Report 2651
  - 5. Closure Plans 2670
- Monitoring for Existing Tanks**
  - 6. Method
    - 1) Monthly Test
    - 2) Daily Vadose Semi-annual groundwater One time soils
    - 3) Daily Vadose One time soils Annual tank test
    - 4) Monthly Gndwater One time soil
    - 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/gndwater mon.
    - 6) Daily Inventory Annual tank testing Cont pipe leak det
    - 7) Weekly Tank Gauge Annual tank testing
    - 8) Annual Tank Testing Daily Inventory
    - 9) Other \_\_\_\_\_
- New Tanks**
  - 7. Precls Tank Test Date: 2643
  - 8. Inventory Rec. 2644
  - 9. Soil Testing 2646
  - 10. Ground Water. 2647
  - 11. Monitor Plan 2632
  - 12. Access. Secure 2634
  - 13. Plans Submit Date: 2711
  - 14. As Built Date: 2635

Site ID # \_\_\_\_\_ Site Name Telegraph Business Today's Date 5/11/92  
 Site Address 5427 Telegraph Ave.  
 City Berkeley Zip 94609 Phone \_\_\_\_\_

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?  
8:30 AM - 12:30 PM  
**Inspection Categories:**  
 I. Haz. Mat/Waste GENERATOR/TRANSPORTER  
 II. Business Plans, Acute Hazardous Materials  
 III. Underground Tanks  
4 UGTs Remaining

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

**Comments:** Erickson tank hauler - 205164-1p.5/92  
 with building manifest # 4064833  
 L&L/O Oct.  
 S1 - 500 gallon water oil tank 2.5 1.5  
 L1 - 1000 gallon diesel tank 2.5 10  
 S11 - 500 gallon water oil tank #1 10 3  
 S12 - 500 gallon water oil tank #2 7.5 2.5  
 \* 500 gallon oil tank - conical in shape with HE lip at bottom, had holes at bottom, corroded. Excavation pit had obvious discoloration, 1 bottom soil sample collected.  
 \* 1000G diesel tank - petroleum HE edge, strong discoloration 2 bottom soil samples collected - 1 from each end of tank.  
 \* Tank #1 & #2 (approx. 500 G. for both tanks) located inside the bldg. 2 bottom soil samples one from each tank bottom collected, 4 5' sidewall soil samples collected for verification, will not over excavate due to physical barriers (inside bldg at hallway). Both tanks were wrapped in tar paper & had holes at bottom (leaking). Strong soil discoloration at excavation pit, and back fill with clean fill to be able to remove the other 2 tanks corner of bldg at hallway. Pipes associated with these tanks inside bldg wrapped in tar paper in place.

Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Inspector: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 (Note: Inspection points marked with X on diagram, including 'outside' and 'bottom sample' locations.)



SIERRA

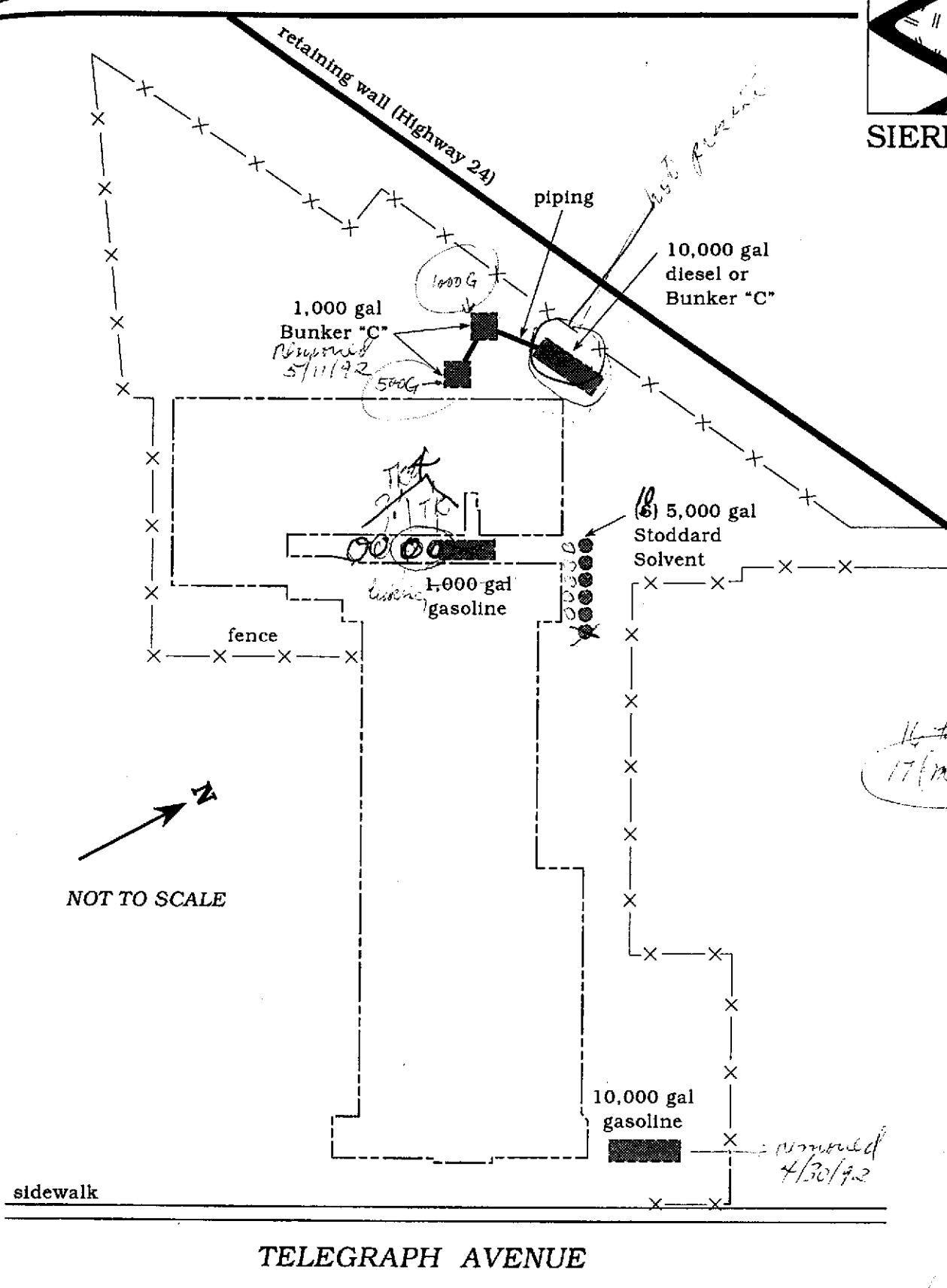


Figure 1. Anticipated Underground Tank Locations and Capacities – Telegraph Business Park, Oakland, California

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## Hazardous Materials Division Inspection Form

Site ID# \_\_\_\_\_ Site Name Telegraph Bus Property Today's Date 4/30/92  
 Site Address 5427 Telegraph EPA ID# \_\_\_\_\_  
 City Oak Zip 94609 Phone \_\_\_\_\_

MAX Amt. Stored > 500lbs/55g/200cf? Y N  
 Hazardous Waste generated per month? \_\_\_\_\_

**Inspection Categories:**

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

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

**IA GENERATOR (Title 22)**

- |       |                             |         |
|-------|-----------------------------|---------|
| ___   | 1. Waste ID                 | * 66471 |
| ___   | 2. EPA ID                   | 66472   |
| ___   | 3. > 90 days                | 66508   |
| ___   | 4. Label dates              | 66508   |
| ___   | 5. Biennial                 | 66493   |
| <hr/> |                             |         |
| ___   | 6. Records                  | 66492   |
| ___   | 7. Correct                  | 66484   |
| ___   | 8. Copy sent                | 66492   |
| ___   | 9. Exception                | 66484   |
| ___   | 10. Copies Rec'd            | 66492   |
| <hr/> |                             |         |
| ___   | 11. Treatment               | 66371   |
| ___   | 12. On-site Disp. (H.S.&C.) | 26189.5 |
| ___   | 13. Ex Haz. Waste           | 66570   |
| <hr/> |                             |         |
| ___   | 14. Communications          | 67121   |
| ___   | 15. Aisle Space             | 67124   |
| ___   | 16. Local Authority         | 67126   |
| ___   | 17. Maintenance             | 67120   |
| ___   | 18. Training                | 67105   |
| <hr/> |                             |         |
| ___   | 19. Prepared                | 67140   |
| ___   | 20. Name List               | 67141   |
| ___   | 21. Copies                  | 67141   |
| ___   | 22. Emg. Coord. Trng.       | 67144   |
| <hr/> |                             |         |
| ___   | 23. Condition               | 67241   |
| ___   | 24. Compatibility           | 67242   |
| ___   | 25. Maintenance             | 67243   |
| ___   | 26. Inspection              | 67244   |
| ___   | 27. Buffer Zone             | 67246   |
| ___   | 28. Tank Inspection         | 67259   |
| ___   | 29. Containment             | 67245   |
| ___   | 30. Safe Storage            | 67261   |
| ___   | 31. Freeboard               | 67257   |

**Comments:**

*Normandy Associates owns site (415) 822-8255*  
*24*  
*Free Way*  
*2 (100) -> [Diagram] -> (10K?) -> Possibly upto 3 tanks*  
*Bld*  
*10K?*  
*Must Bld - 2 Rows of 5 tanks assumed 3k Stoddard*  
*UNK# [10K] gasoline*  
*of others 5427 Telegraph not to scale*  
*assumed*  
*Burder oil C*  
*Former dry cleaning facility*  
*Sierra Env Services - consultants - John Jugg*  
*Envirodyne - contractor - M. Falk, Scott Williams*  
*OFD, M. Christian 466-9808 paper*  
*cellular: (918) 0258*  
*Truck tank on site vacuuming out water*  
*used to reuse the 10 Stoddard tanks*  
*Within this "Business Park" are the following*  
*businesses potential generators (1) Bay Furniture*  
*Restoration (510) 601-7907 thinner, lacquers etc*  
*(2) Bruno & Son garage (3) Marshall Steel Cleaners*  
*10LEL, 50% on 10K gas tank*

**LB TRANSPORTER (Title 22)**

- |       |                           |       |
|-------|---------------------------|-------|
| ___   | 32. Applic./Insurance     | 66428 |
| ___   | 33. Comp. Cert./CHP Insp. | 66448 |
| ___   | 34. Containers            | 66465 |
| <hr/> |                           |       |
| ___   | 35. Vehicles              | 66465 |
| ___   | 36. EPA ID #s             | 66531 |
| ___   | 37. Correct               | 66541 |
| ___   | 38. HW Delivery           | 66543 |
| ___   | 39. Records               | 66544 |
| <hr/> |                           |       |
| ___   | 40. Name/ Covers          | 66545 |
| ___   | 41. Recyclables           | 66800 |

Rev 6/88

Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Inspector: B Chan  
 Signature: \_\_\_\_\_

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## Hazardous Materials Division Inspection Form

②

Site ID# \_\_\_\_\_ Site Name Telegraph Business Park Today's Date 4/30/92  
 Site Address 5425-5427 Telegraph EPA ID# \_\_\_\_\_  
 City \_\_\_\_\_ Zip 94609 Phone \_\_\_\_\_

MAX Amt. Stored > 500lbs/55g/200cf?  Y  N  
 Hazardous Waste generated per month? \_\_\_\_\_

**Inspection Categories:**

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

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

**I.A. GENERATOR (Title 22)**

- |                   |  |         |
|-------------------|--|---------|
| Manifest          | <input type="checkbox"/> 1. Waste ID                 | 66471   |
|                   | <input type="checkbox"/> 2. EPA ID                   | 66472   |
|                   | <input type="checkbox"/> 3. > 90 days                | 66508   |
|                   | <input type="checkbox"/> 4. Label dates              | 66508   |
|                   | <input type="checkbox"/> 5. Biennial                 | 66493   |
| Manifest          | <input type="checkbox"/> 6. Records                  | 66492   |
|                   | <input type="checkbox"/> 7. Correct                  | 66484   |
|                   | <input type="checkbox"/> 8. Copy sent                | 66492   |
|                   | <input type="checkbox"/> 9. Exception                | 66484   |
|                   | <input type="checkbox"/> 10. Copies Rec'd            | 66492   |
| Misc.             | <input type="checkbox"/> 11. Treatment               | 66371   |
|                   | <input type="checkbox"/> 12. On-site Disp. (H.S.&C.) | 26189.5 |
|                   | <input type="checkbox"/> 13. Ex Haz. Waste           | 66570   |
| Prevention        | <input type="checkbox"/> 14. Communications          | 67121   |
|                   | <input type="checkbox"/> 15. Aisle Space             | 67124   |
|                   | <input type="checkbox"/> 16. Local Authority         | 67126   |
|                   | <input type="checkbox"/> 17. Maintenance             | 67120   |
|                   | <input type="checkbox"/> 18. Training                | 67105   |
| Contn. Agency     | <input type="checkbox"/> 19. Prepared                | 67140   |
|                   | <input type="checkbox"/> 20. Name List               | 67141   |
|                   | <input type="checkbox"/> 21. Copies                  | 67141   |
|                   | <input type="checkbox"/> 22. Emg. Coord. Trng.       | 67144   |
| Containers, Tanks | <input type="checkbox"/> 23. Condition               | 67241   |
|                   | <input type="checkbox"/> 24. Compatibility           | 67242   |
|                   | <input type="checkbox"/> 25. Maintenance             | 67243   |
|                   | <input type="checkbox"/> 26. Inspection              | 67244   |
|                   | <input type="checkbox"/> 27. Buffer Zone             | 67246   |
|                   | <input type="checkbox"/> 28. Tank Inspection         | 67259   |
|                   | <input type="checkbox"/> 29. Containment             | 67245   |
|                   | <input type="checkbox"/> 30. Safe Storage            | 67261   |
|                   | <input type="checkbox"/> 31. Freeboard               | 67257   |

**Comments:**

Telegraph   N  
S  
E

10K tank - asphalt wrapped steel  
 Tight seal at bottom of tank, not enough to sample  
 Stock pile soil 10' x 20' x 5' = 1000/30 = 33 cu yds  
 Tank underneath an advertisement sign "Paw Ale"  
 No apparent holes - 27' x 8'  
 Shulker - Number license # 205701 exp May 92  
 Manifest # 90648314  
 Will likely remove the tanks at the rear next  
 as the solvent tanks may need showing  
 PUE is ~ 10' x 30' x 13', No odor in soil spile  
 Soil is a brown / moist gravelly.  
 Stockpile soil was taken yesterday 28 discrete  
 into 7 containers. (end)  
 1 spile taken from W side ~ 1' into native (fill area)  
 1 " " " E end " " "  
 Sample is mostly rocks & brown clayey soil

**I.B. TRANSPORTER (Title 22)**

- |          |  |       |
|----------|--|-------|
| Manifest | <input type="checkbox"/> 32. Applic./Insurance     | 66428 |
|          | <input type="checkbox"/> 33. Comp. Cert./CHP Insp. | 66448 |
|          | <input type="checkbox"/> 34. Containers            | 66465 |
| Manifest | <input type="checkbox"/> 35. Vehicles              | 66465 |
|          | <input type="checkbox"/> 36. EPA ID #s             | 66531 |
|          | <input type="checkbox"/> 37. Correct               | 66541 |
|          | <input type="checkbox"/> 38. HW Delivery           | 66543 |
|          | <input type="checkbox"/> 39. Records               | 66544 |
| Cont'n   | <input type="checkbox"/> 40. Name/ Covers          | 66545 |
|          | <input type="checkbox"/> 41. Recyclables           | 66800 |

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Inspector: \_\_\_\_\_

Signature: \_\_\_\_\_

Project Specialist (print) SUSAN L. HUGO

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

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH  
470 - 27th Street, Third Floor  
Oakland, CA 94612  
Telephone: (415) 875-7217

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to insure compliance with State and local laws. The original proposed herein is now referred to as such.

One copy of these accepted plans is to be on file and available to all contractors and engineers involved with the removal.

Any change or alterations of these plans need to be referred to this Department and approved by the Health Building Inspection Department before commencing any work. Changes are to be made in accordance with local laws. Notify this Department at least 48 hours prior to the following activities:

- Removal of Tank and Piping
- Sampling
- Final Inspection

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

THESE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

*Please note change made on pages 4, 5, 6*  
*Susan F. Hugo*  
*4/22/92*

UNDERGROUND TANK CLOSURE PLAN

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

1. Business Name Telegraph Business Properties  
Business Owner Jon Legallet, Managing Partner
2. Site Address 5427 Telegraph Avenue  
City Oakland Zip 94609 Phone None
3. Mailing Address 1401 Griffith Street  
City San Francisco Zip 94124 Phone (415)822-8255
4. Land Owner Jon Legallet, Managing Partner  
Address 1401 Griffith St. City, State San Francisco ZIP 94124
5. Generator name under which tank will be manifested Telegraph Business Properties  
EPA I.D. No. under which tank will be manifested CAC000707928

6. Contractor Envirodyne Corp.  
Address 2840 A Howe Road  
City Martinez Phone (510)370-7800  
License Type A/HAZ ID# 606488

7. Consultant Sierra Environmental Services  
Address P.O. Box 2546  
City Martinez Phone (510)370-1280

8. Contact Person for Investigation  
Name Chris Bramer Title Environmental Project Manager  
Phone (510)370-1280

9. Number of tanks being closed under this plan 11  
Length of piping being removed under this plan 40 to 60 feet  
Total number of tanks at facility 11

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name Erickson, Inc. EPA I.D. No. CAD009466392  
Hauler License No. 0019 License Exp. Date 5/92  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD009466392  
Address 255 p Parr Blvd.  
City Richmond State CA Zip 94801



c) Tank and Piping Transporter

Name Erickson, Inc. EPA I.D. No. CAD009466392  
Hauler License No. 0019 License Exp. Date 5/92  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

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

11. Experienced Sample Collector

Name Eric Gross  
Company Sierra Environmental Services  
Address P.O. Box 2546  
City Martinez State CA Zip 94553 Phone (510)370-1280

12. Laboratory

Name Precision Laboratory  
Address 4136 Lakeside Drive  
City Richmond State CA Zip 94806  
State Certification No. E750

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

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

14. Describe method to be used for rendering tank inert

Prior to Excavation, Envirodyne will check the lower explosion limit (LEL) of the tanks and place 1.5 lbs. of dry ice per 100 gallons of tank volume to inert the tanks in preparation for tank removal.

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
10,000 gal.	Date Installed: Unkown Last Used: 1970's Product: Gasoline	Soil	Beneath Tank & Side Wall
1000 gal.	Date Installed: Unknown Last Used: 1970's Product: Gasoline	Soil	Beneath TANK & Side Wall
6ea. 5000gal	Date Installed: Unknown Last Used: Late 1970's Product: Stoddard	Soil	Beneath Tank & Side Wall
10,000 gal.	Date Installed: Unknown Last Used: 1970's Product: Diesel/Bunker C	Soil	Beneath Tank & Side Wall
2ea. 1000 gal.	Date Installed: Unknown Last Used: 1960's Product: Diesel/Bunker C	Soil	Beneath Tank & Side Wall
		GROUNDWATER must be sampled if present	One sample must be collected from each end of the tank no deeper than 2ft at tank bottom.

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

Excavated/Stockpiled Soil			
Stockpiled Soil Volume (Estimated)	Sampling Plan		
Stockpile A - 50 cyds	<i>Stockpiled soil must be characterized depending on disposal method.</i>		
Stockpile B - 150 cyds	1, 4 to 1 composite/50cyds	TPH/BTEX,	Analysis # Composites 1
Stockpile C - 80 cyds	1, 4 to 1 composite/50cyds	TPH/BTEX,	3
			2

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
BTEX	EPA 5030	EPA 8020	0.005 ppm (Soil)
<del>TH</del> Gasoline	EPA 5030	GC/FID	1 ppm (Soil)
<del>TH</del> Diesel	EPA 3550	GC/FID	1 ppm (Soil)
<del>Bunker C</del>	<del>EPA 3550</del>	<del>GC/FID</del>	<del>10 to 100 ppm</del>
<del>Stoddard</del>	<del>EPA 5030</del>	<del>GC/FID</del>	<del>5 to 10 PPM</del>
<i>Total Lead</i>	<i>AA</i>		

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer National Union Fire Insurance Co.

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

Signature of Contractor

Name (please type) ENVIRODYNE CORPORATION, INC., JOHN N. CLARK

Signature *John N. Clark*

Date 3/23/92

Signature of Site Owner or Operator

Name (please type) TELEGRAPH BUSINESS PROPERTIES

Signature *Jon Legallat*

Date 3/26/92

## INSTRUCTIONS

### General Instructions

- \* Three (3) copies of this plan plus attachments and deposit must be submitted to this Department.
- \* Any cutting into tanks requires local fire department approval.
- \* One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.

### Item Specific Instructions

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

17. SITE HEALTH AND SAFETY PLAN

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

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

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

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

19. PLOT PLAN

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

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

20. DEPOSIT

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

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

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

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

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



TABLE #2  
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR  
UNDERGROUND TANK LEAKS

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

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

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

**EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS**

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

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

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

#### EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal

Tri-Regional Board Staff Recommendations  
Preliminary UST Site Investigations

10 August 1990

from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION  
Acknowledgement of Refund Recipient for Site Account  
DEPOSITOR FILLS OUT PER SITE  
-- REQUIRED --

The depositor will use this form to acknowledge that the property owner or his or her designee will receive any refund due at the completion of all deposit/refund projects at the site listed below.

SITE NUMBER/ADDRESS:

REFUND RECIPIENT-PROPERTY OWNER

Site Number

~~Telegraph Business Properties~~

Company Name

~~Telegraph Business Properties~~

Owner's Name

1401 Griffith St.

Street Address

1401 Griffith St.

Owner's Address

San Francisco, CA 94124

City

Zip Code

San Francisco, CA 94124

Owner's City

State

Zip

I have read the description of the project Deposit/Refund Procedure, and have had an opportunity to ask questions about it. I understand that regardless of who deposits money into the site account, any deposit money remaining at the completion of all projects being conducted at this site will be refunded solely to the property owner or his or her designee.

Signature of Depositor

Date

Depositor Name

~~Telegraph Business Properties~~

Company Name

1401 Griffith St.

Street Address

San Francisco, CA 94124

City / Zip

RETURN FORM TO: Alameda County, Hazardous Materials Div.  
80 Swan Way, Rm 200  
Oakland, CA 94621-1439  
Phone: (510) 271-4320

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION  
Declaration of Site Account Refund Recipient

SITE OWNER FILLS OUT PER SITE

-- OPTIONAL --

The property owner will use this form to designate someone other than him- or her- self to receive any refund due at the completion of all deposit/refund projects at the site listed below. In the absence of this form, the property owner will receive any refund. Only one person at any one time may be designated to receive any refund.

SITE NUMBER/ADDRESS:

PROPERTY OWNER

<u>Site Number</u>		<u>Property Owner</u>	
<u>Telegraph Business Properties</u>		<u>Telegraph Business Properties</u>	
<u>Company Name</u>		<u>Owner's Name</u>	
<u>1401 Griffith St.</u>		<u>1401 Griffith St.</u>	
<u>Street Address</u>		<u>Owner's Address</u>	
<u>San Francisco, CA 94124</u>		<u>San Francisco, CA 94124</u>	
<u>City</u>	<u>Zip Code</u>	<u>Owner's City</u>	<u>State</u> <u>Zip</u>

I designate the following person to receive any refund due at the completion of all deposit/refund projects:

<u>Jon Legallet, Telegraph Business Properties</u>
<u>Name</u>
<u>1401 Griffith St.</u>
<u>Street Address</u>
<u>San Francisco, CA 94124</u>
<u>City / Zip</u>

Jon Legallet      3/26/92  
Property Owner Signature      Date

TELEGRAPH BUSINESS PROPERTY  
Property Owner Name

RETURN FORM TO: Alameda County, Hazardous Materials Div.  
80 Swan Way, Rm 200  
Oakland, CA 94621-1439  
Phone: (510) 271-4320

**A C O R D    C E R T I F I C A T E    O F**  
**I N S U R A N C E**

ISSUE DATE **03/18/92**

PRODUCER  
**N.A. Hays Company, Inc.**  
**3700 Nevin Avenue**  
**P.O. Box 305, Station A**  
**Richmond, California 94908**

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

INSURED  
**ENVIROBYNE CORPORATION**  
**2840-A HOWE ROAD**  
**MARTINEZ**  
**CALIFORNIA 94553**

COMPANY LETTER **A**      NATIONAL UNION FIRE INSURANCE CO  
 COMPANY LETTER **B**      FIREMAN'S FUND INSURANCE CO  
 COMPANY LETTER **C**      REPUBLIC INDEMNITY INSURANCE CO  
 COMPANY LETTER **D**      FIREMAN'S FUND INSURANCE CO  
 COMPANY LETTER **E**

**COVERAGE S**

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.

CO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	GENERAL LIABILITY	GL 542 49 36	12/07/91	12/07/92	BODILY INJURY OCC. \$
	<input checked="" type="checkbox"/> Comprehensive Form				BODILY INJURY AGG. \$
	<input checked="" type="checkbox"/> Premises/Operations				PROPERTY DAMAGE OCC. \$
	<input checked="" type="checkbox"/> Underground Explosion & Collapse Hazard				PROPERTY DAMAGE AGG. \$
	<input checked="" type="checkbox"/> Products/Completed Oper.				BI & PD COMBINED OCC. \$ 2,000,000
	<input checked="" type="checkbox"/> Contractual				BI & PD COMBINED AGG. \$ 2,000,000
	<input checked="" type="checkbox"/> Independent Contractors				PERSONAL INJURY AGG. \$ 2,000,000
	<input checked="" type="checkbox"/> Broad Form Property Damage				
	<input checked="" type="checkbox"/> Personal Injury				
B	AUTOMOBILE LIABILITY	MZA 80112140	12/07/91	12/07/92	BODILY INJURY (Per Person) \$
	<input checked="" type="checkbox"/> Any Auto				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> All Owned Autos (Priv. Pass)				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> All Owned Autos (Other than Priv. Pass)				BODILY INJURY & PROPERTY DAMAGE COMBINED \$ 2,000,000
	<input checked="" type="checkbox"/> Non-Owned Autos				EACH OCCURENCE \$
<input type="checkbox"/> Garage Liability	AGGREGATE \$				
C	EXCESS LIABILITY	PC1940053	12/07/91	12/07/92	<input type="checkbox"/> STATUTORY LIMITS
	<input type="checkbox"/> Umbrella Form				EACH ACCIDENT \$ 1,000,000
	<input type="checkbox"/> Other Than Umbrella Form				DISEASE-POLICY LIMIT \$ 1,000,000
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	MZY 80514783	12/07/91	12/07/92	DISEASE-EACH EMPLOYEE \$ 1,000,000
	OTHER MISCELLANEDUS EQUIPMENT				\$10,000
					DED: \$250

DESCRIPTION OF OPERATIONS/LDCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

TELEGRAPH BUSINESS PROPERTIES

**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  
*[Signature]*

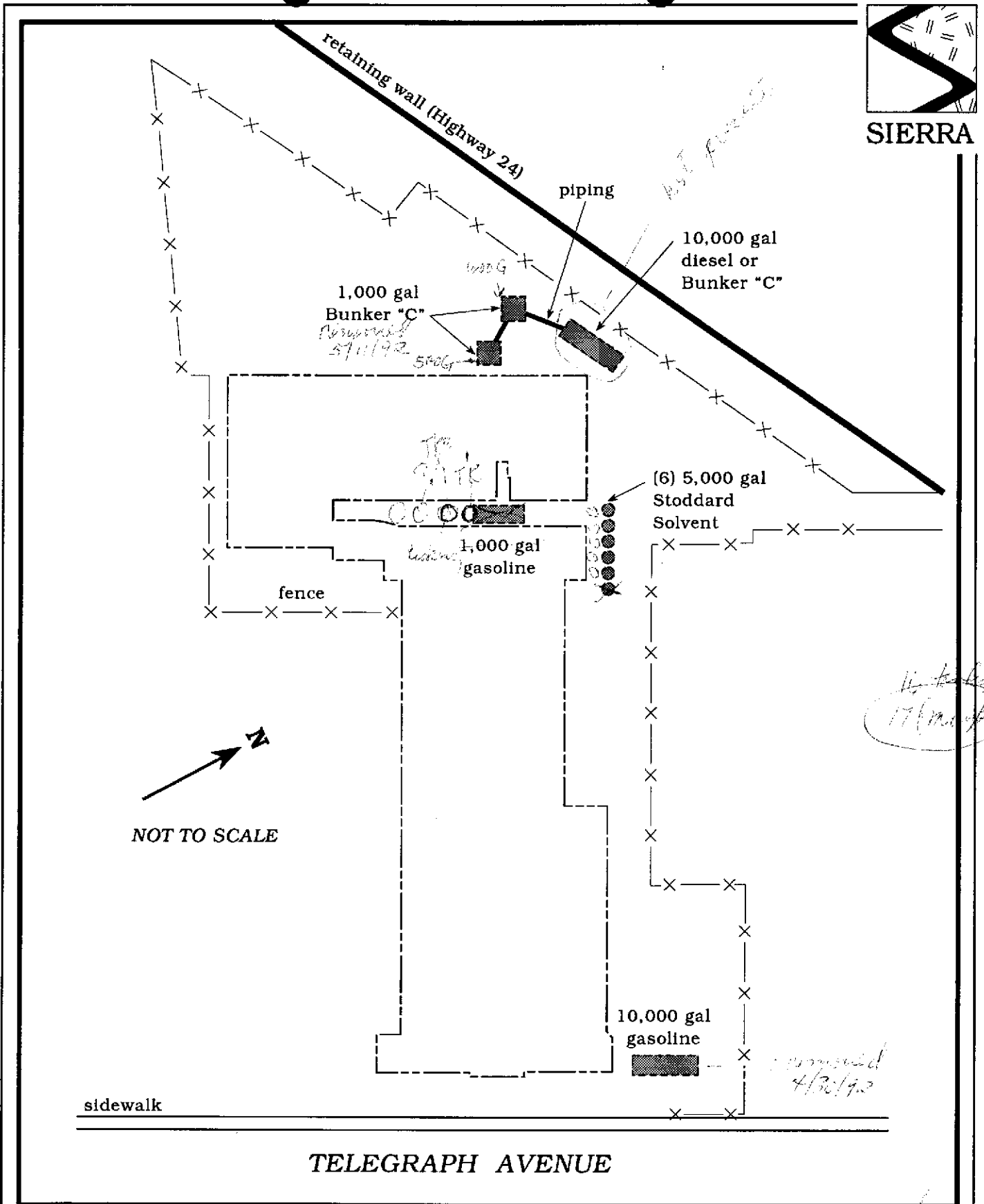
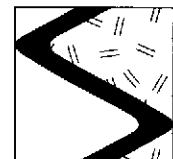


Figure 1. Anticipated Underground Tank Locations and Capacities - Telegraph Business Park, Oakland, California



SIERRA SAFETY OFFICER: Scott Williams



SIERRA

**SIERRA ENVIRONMENTAL SERVICES  
SITE SAFETY PLAN**

*If Your Responsibilities must be on-site.*

**A. GENERAL INFORMATION**

CLIENT: Telegraph Business Park PROJECT NO: 4-719-03

PROJECT MANAGER: Chris Bramer DATE PREPARED: March 17, 1992

SITE LOCATION: Telegraph Business Park, Oakland, California

SCOPE/OBJECTIVE OF WORK: Removal of 11 underground storage tanks and site closure

PROPOSED DATE OF FIELD ACTIVITIES: March 30 - May 30, 1992

BACKGROUND INFORMATION:  Complete  Preliminary (no analytical data available)

DOCUMENTATION/SUMMARY:

Overall Chemical Hazard:  Serious  Moderate  
 Low  Unknown

Criteria for Determination:  
No background information available

Overall Physical Hazard:  Serious  Moderate  
 Low  Unknown

Criteria for Determination:  
Due to tank removal; presence of heavy equipment; and open tank pits

**B. SITE/WASTE CHARACTERISTICS**

WASTE TYPE(S):  Liquid  Solid  Sludge  Gas/Vapor

CHARACTERISTIC(S):  Flammable/Ignitable  Volatile  Corrosive  Acutely Toxic  
 Explosive  Reactive  Carcinogen  Toxic

PHYSICAL HAZARDS:  Overhead  Confined Space  Below Grade  Trip/Fall  
 Puncture  Burn  Cut  Splash

Other underground utilities, high pressure gas lines

SITE HISTORY/DESCRIPTION AND UNUSUAL FEATURES: Former dry cleaning facility. Currently used for commercial and retail business.

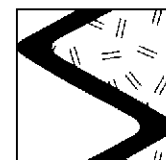
LOCATION OF CHEMICAL/WASTES: Soils generated during excavation activities will be stored on temporary stockpiles. USTs will be immediately hauled off by a hazardous waste transporter.

ESTIMATED VOLUME OF CHEMICAL/WASTES: ~280 cubic yards of soil; three 1,000, six 5,000, two 10,000-gallon tanks and associated piping.

SITE CURRENTLY IN OPERATION:  Yes  No

SITE UTILITIES HAVE/WILL BE LOCATED PRIOR TO EXCAVATION ACTIVITIES BY:

USA  Private Locator  Client  N/A



SIERRA

**C. HAZARD EVALUATION**

LISTS HAZARDS BY TASK. (Cross-reference task numbers in Section D).

- Task 1: 10,000-gallon gasoline tank removal
- Task 2: Six 5,000-gallon stoddard and 1,000-gallon gasoline tank removal
- Task 3: Two 1,000-gallon and 10,000-gallon diesel/bunker tank removal
- Task 4: \_\_\_\_\_
- Task 5: \_\_\_\_\_

**CHEMICAL HAZARD EVALUATION:**

Compound	STEL*/TWA**	Route of Exposure	Acute Symptoms	Odor Threshold	Odor Description
Benzene	1/0.1	Inhalation/Dermal	Confusion, euphoria, vomiting, dizziness	1-5 ppm	Petroleum
Toluene	200/100	Inhalation/Dermal	Confusion, euphoria, vomiting, dizziness	1-5 ppm	Petroleum
Ethylbenzene	100	Inhalation/Dermal	Confusion, euphoria, vomiting, dizziness	1-5 ppm	Petroleum
Xylenes	100/100	Inhalation/Dermal	Confusion, euphoria, vomiting, dizziness	1-5 ppm	Petroleum
Gasoline	500/300	Inhalation/Dermal	Confusion, euphoria, vomiting, dizziness	---	Petroleum
Stoddard	NA/100	Inhalation/Dermal	Headache, drowsiness, dizziness, loss of coordination, fatigue and asthma-like conditions	---	Petroleum

\* Short-term exposure limit (15 min TWA, not exceeded during a work day)  
 \*\* Time weighted average (concentration for 8 hour work day using a 40-hour work week)

**D. SITE SAFETY WORK PLAN**

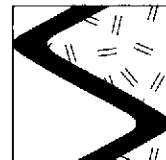
SITE CONTROL: See Figure 2

Perimeter Identified?    Site Secured?    Work Area Designated?    Zone(s) of Contamination Identified?

ANTICIPATED LEVEL OF PROTECTION (cross-reference task numbers in Section C):

	A	B	C	D
Task 1				X
Task 2				X
Task 3				X
Task 4				

MODIFICATIONS: In the event that organic vapors are monitored to be 100 ppm or greater or benzene is monitored to be 1 ppm or greater, personnel will upgrade from Level D to Level C.



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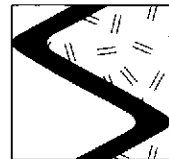
Excavation Safety: All excavation activities will be performed in accordance with Title 8, Section 1540 of the California Code of Regulations. This includes the following:

- Determination of underground utilities
- Notification of Regional Centers two working days prior to excavation start
- Surface obstacles that may pose a hazard will be removed or made safe before excavation begins
- Spoils placement will be at least 2 feet from excavation edges
- Personnel entering excavations that are 5 feet or greater in depth will be protected through shoring, sloping, or benching
- The site safety officer will check excavated area prior to entry
- Work in the excavation will proceed under immediate supervision of the site safety officer
- A safe means of entry and exit will be provided
- Trenches shall be crossed only where safe crossings have been provided
- No excavation work shall take place below the base level of immediately adjacent foundation or retaining wall until a California Registered Civil Engineer determines that no hazard is created
- Barriers will be provided to prevent mobile equipment from inadvertently entering the excavation
- Personnel working near excavating equipment will work in a safe position to prevent coming into contact with equipment's moving parts
- Prevention of surface water entry will be done by diversion ditches or dikes

AIR MONITORING:

Contaminant	Type of Sample Area (A), Personal (P)	Monitoring Equipment	Frequency of Sampling
Benzene	A, P	Draeger Tubes	Once every 2 hours
Organic Vapors	A, P	OVM	Approximately every 30 minutes





**SIERRA**

DECONTAMINATION SOLUTIONS AND PROCEDURES FOR EQUIPMENT, SAMPLING GEAR, ETC.: All sampling equipment is steam cleaned; water is contained and placed in 17-H 55-gallon DOT-approved drums. All other equipment is rinsed or cleaned with damp towel or rag (left on-site for disposal).

PERSONNEL/DECONTAMINATION PROTOCOL: Remove and leave tyvek and gloves on-site; wash with soap and water.

SPECIAL SITE EQUIPMENT, FACILITIES, OR PROCEDURES (sanitary facilities and lighting): Site personnel will remain outside swing radius of backhoe. Second backhoe operator will be on-site at all times during backhoe operations.

GENERAL SPILL CONTROL, IF APPLICABLE: All liquid spills will be contained with absorbent materials and placed in a steel drum for future disposal.

INVESTIGATION-DERIVED MATERIAL DISPOSAL: Place tyvek, gloves and disposable sampling equipment in a plastic liner and place in a steel DOT-approved 17-H 55-gallon drum.

<u>FIELD TEAM MEMBERS</u>	<u>RESPONSIBILITY</u>
_____	_____
_____	_____
_____	_____
_____	_____

**E. EMERGENCY INFORMATION**

AMBULANCE: 911

HOSPITAL: (510) 540-1303 or 540-4444 Alta Bates Hospital

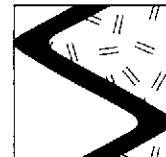
POISON CONTROL CENTER: (800) 523-2222

POLICE: 911

FIRE DEPARTMENT: 911

AGENCY CONTACT: (510) 271-4320 Alameda County Department of Environmental Health

LABORATORY: (510) 222-3002 Precision Labs, Richmond



SIERRA

EMERGENCY CONTACTS: Project Manager: (Name) Chris Bramer  
 (Office) (510) 370-1280  
 Client: (Name) Jon Legellet  
 (Office) (415) 822-8255

EMERGENCY ROUTES:

Directions to hospital (include map) Travel north on Telegraph to Ashby; turn right on Ashby to Colby; hospital is at intersection of Colby and Ashby in Berkeley. See Figure 1.

**F. EQUIPMENT**

Instrumentation

OVA   
 Draeger Pump, Tubes   
 LEL Meter   
 Temp/pH/EC Meter

First Aid Equipment

First Aid Kit   
 Portable Eyewash   
 Fire Extinguisher

Decon Equipment

Wash Tub   
 Buckets   
 Scrub Brushes   
 Steam-cleaner

Detergent   
 Distilled Water   
 55-gallon DOT Drums

Type Liquinox

Sampling Equipment

Brass Tubes   
 Teflon Tape   
 Plastic Caps   
 40-ml VOAs   
 1 L Bottles

Teflon/PVC Bailers   
 Plastic Baggies   
 Ice Chest   
 Blue Ice

Miscellaneous Equipment

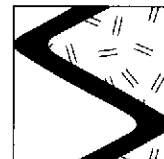
Tool Kit   
 Traffic Safety Vests   
 Traffic Cones   
 Traffic Road Signs

Caution Tape   
 Mobile Telephone   
 Plastic Sheeting

Equipment

Air Compressor   
 Generator   
 Drum Dolly   
 Steam Cleaner





SIERRA

**HAZARDOUS & TOXIC MATERIALS  
SITE SAFETY REVIEW**

GENERAL INFORMATION

DATE \_\_\_\_\_ TIME \_\_\_\_\_ PROJECT NUMBER \_\_\_\_\_

SITE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

OBJECTIVES: \_\_\_\_\_

TYPES OF CHEMICALS ANTICIPATED: \_\_\_\_\_

TOPICS DISCUSSED

PHYSICAL HAZARDS: \_\_\_\_\_

CHEMICAL HAZARDS: \_\_\_\_\_

PERSONAL PROTECTION: \_\_\_\_\_

DECONTAMINATION: \_\_\_\_\_

SPECIAL SITE CONSIDERATIONS: \_\_\_\_\_

\_\_\_\_\_

CHECKLIST

1. EMERGENCY INFORMATION REVIEWED? \_\_\_\_\_ / AND FAMILIAR TO ALL TEAM MEMBERS? \_\_\_\_\_
2. LOCATION OF AND ROUTE TO NEAREST HOSPITAL KNOWN TO ALL MEMBERS? \_\_\_\_\_ / MAP POSTED? \_\_\_\_\_
3. SITE SAFETY PLAN READILY AVAILABLE AND ITS LOCATION KNOWN TO ALL TEAM MEMBERS? \_\_\_\_\_
4. MONITORING EQUIPMENT CALIBRATED ON THIS DATE? \_\_\_\_\_

ATTENDEES

NAME

SIGNATURE

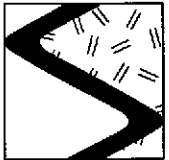
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MEETING CONDUCTED BY: \_\_\_\_\_

SITE SAFETY OFFICER: \_\_\_\_\_





SIERRA

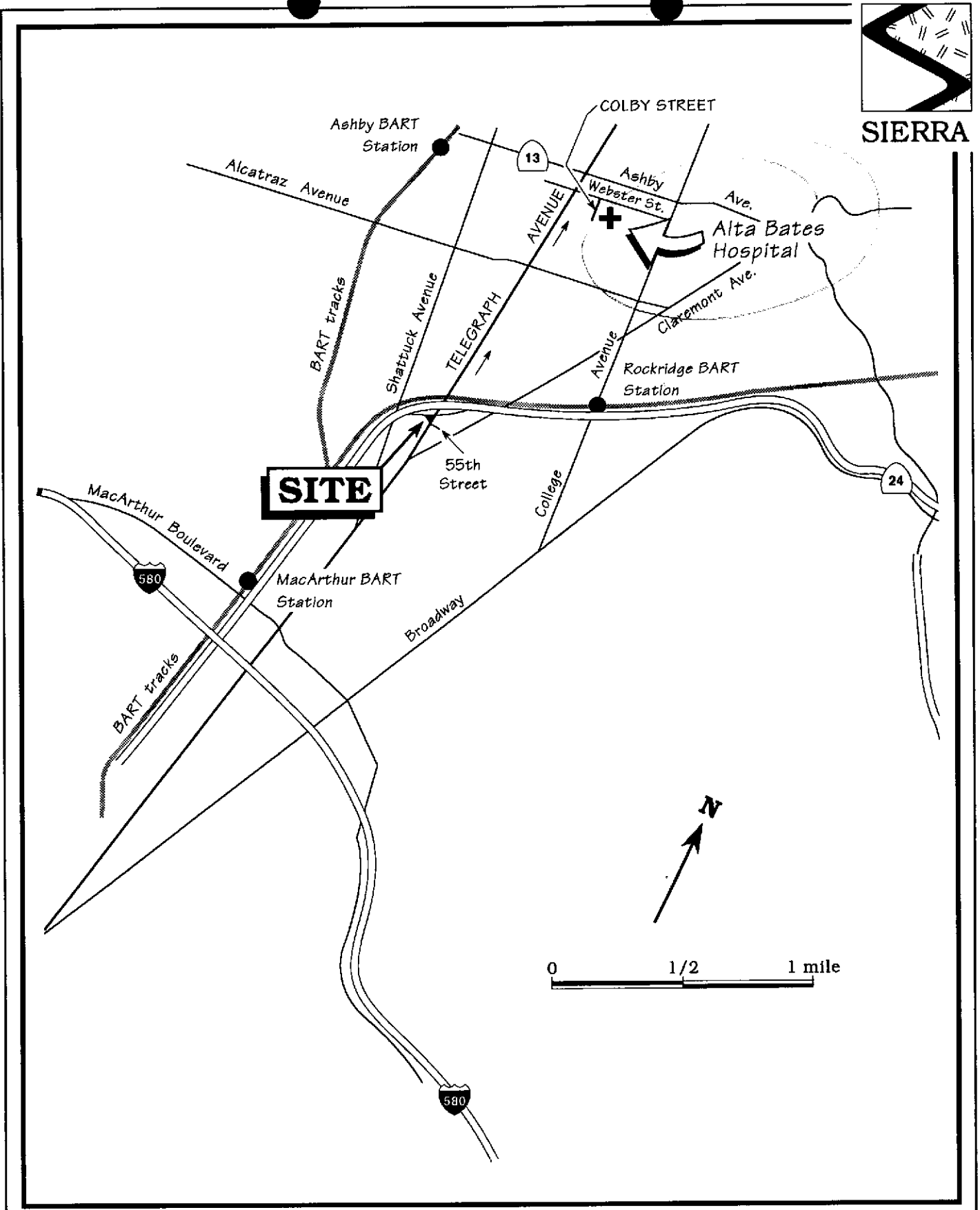
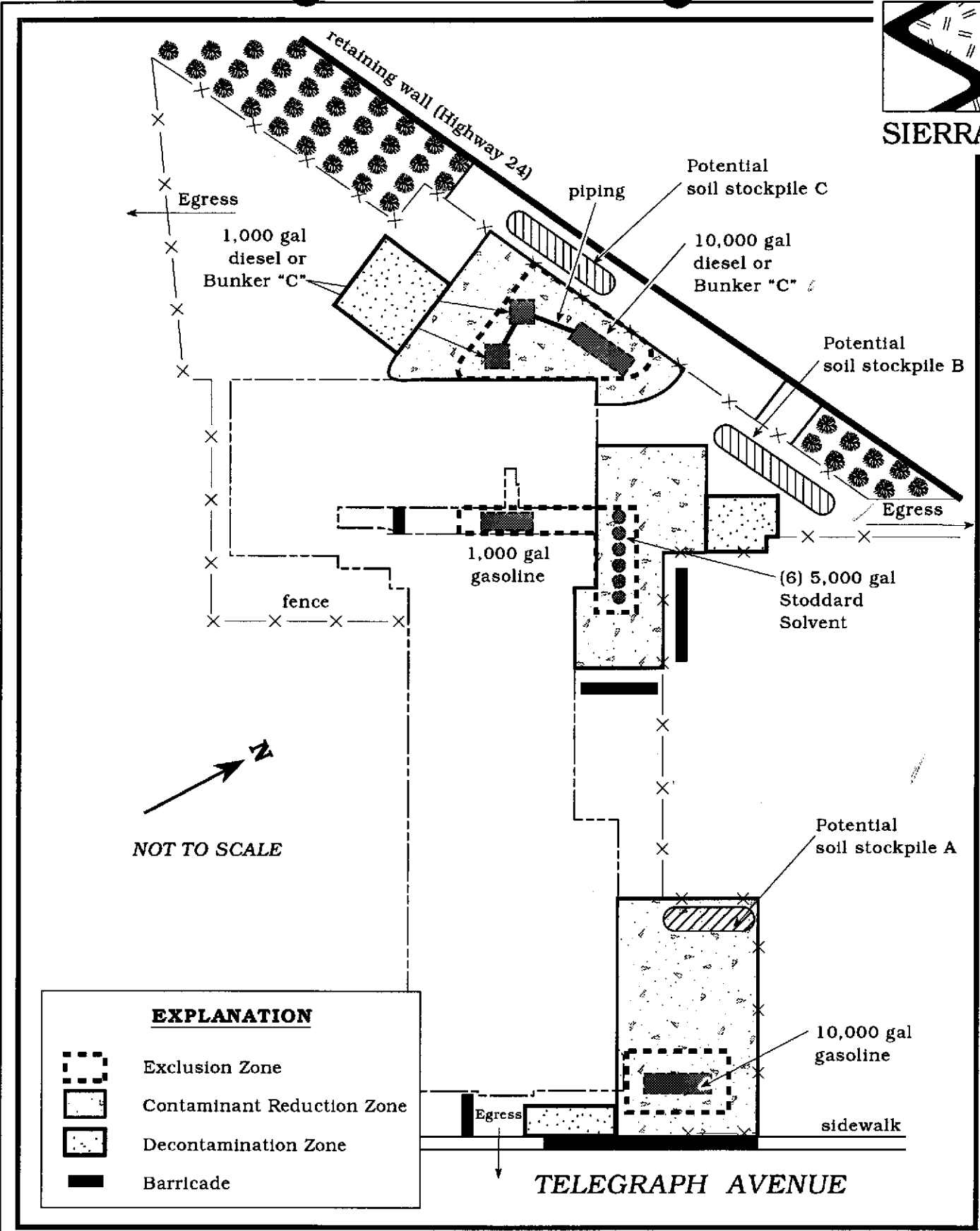


Figure 1. Hospital Route Map - Alta Bates Hospital, 3001 Colby Street, Berkeley, California



EXPLANATION	
	Exclusion Zone
	Contaminant Reduction Zone
	Decontamination Zone
	Barricade

Figure 2. Work Areas - Telegraph Business Park, 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 type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 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 <b>TELEGRAPH Business Properties</b>		NAME OF OPERATOR <b>Jon Legollet (Managing Partner)</b>			
ADDRESS <b>5427 TELEGRAPH AVE.</b>		NEAREST CROSS STREET <b>55th</b>	PARCEL # (OPTIONAL)		
CITY NAME <b>Oakland</b>	STATE <b>CA</b>	ZIP CODE <b>94609</b>	SITE PHONE # WITH AREA CODE <b>None</b>		
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL <input checked="" 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 <b>11</b> E. P. A. I. D. # (optional) <b>CAC000707928</b>

**EMERGENCY CONTACT PERSON (PRIMARY)**

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

DAYS: NAME (LAST, FIRST) <b>BREMER, CRIS</b>		PHONE # WITH AREA CODE <b>510-370-1287</b>		DAYS: NAME (LAST, FIRST) <b>Williams, Scott</b>		PHONE # WITH AREA CODE <b>510-370-7800</b>	
NIGHTS: NAME (LAST, FIRST) <b>Williams, Scott</b>		PHONE # WITH AREA CODE <b>510-447-9748</b>		NIGHTS: NAME (LAST, FIRST) <b>Williams, Scott</b>		PHONE # WITH AREA CODE <b>510-447-9748</b>	

*PAGER*

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

NAME <b>TELEGRAPH Business Properties</b>		CARE OF ADDRESS INFORMATION <b>SAME</b>		
MAILING OR STREET ADDRESS <b>1401 GRIFFITH ST.</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <b>San Francisco</b>	STATE <b>CA.</b>	ZIP CODE <b>94124</b>	PHONE # WITH AREA CODE <b>415-833-8255</b>	

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

NAME OF OWNER <b>Telegraph Business Properties</b>		CARE OF ADDRESS INFORMATION <b>SAME</b>		
MAILING OR STREET ADDRESS <b>1401 GRIFFITH ST.</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <b>San Francisco</b>	STATE <b>CA</b>	ZIP CODE <b>94124</b>	PHONE # WITH AREA CODE <b>415-833-8255</b>	

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

TY (TK) HQ **44** - [ ] [ ] [ ] [ ] [ ] [ ]

*TANKS WERE NEVER USED BY OWNER.  
TANKS HAVE BEEN OUT OF SERVICE SINCE 12/75*

**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"/> 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) <b>Scott A. Williams</b>	APPLICANT'S TITLE <b>Project Manager</b>	DATE <b>4-22-92</b>
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**LOCAL AGENCY USE ONLY**

COUNTY # [ ] [ ]	JURISDICTION # [ ] [ ]	FACILITY # [ ] [ ] [ ] [ ] [ ] [ ]
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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

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

A. OWNER'S TANK I.D.# <b>Unknown</b>	B. MANUFACTURED BY: <b>Unknown</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>Unknown</b>	D. TANK CAPACITY IN GALLONS: <b>1,000</b>

**II. TANK CONTENTS** IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	4 OIL	C. <input type="checkbox"/> 1a REGULAR UNLEADED	3 DIESEL
<input type="checkbox"/> 2 PETROLEUM	<input checked="" type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 2 LEADED	<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 \_\_\_\_\_ C. A. S. #: \_\_\_\_\_

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	1 DOUBLE WALL	3 SINGLE WALL WITH EXTERIOR LINER	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)	1 BARE STEEL	2 STAINLESS STEEL	3 FIBERGLASS
	5 CONCRETE	6 POLYVINYL CHLORIDE	7 ALUMINUM
	9 BRONZE	10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	1 RUBBER LINED	2 ALKYD LINING	3 EPOXY LINING
	5 GLASS LINING	6 UNLINED	4 PHENOLIC LINING
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___			
D. CORROSION PROTECTION	1 POLYETHYLENE WRAP	2 COATING	3 VINYL WRAP
	5 CATHODIC PROTECTION	91 NONE	4 FIBERGLASS REINFORCED PLASTIC
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<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	A <input checked="" type="checkbox"/> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A <input checked="" type="checkbox"/> 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 WFRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A <input checked="" type="checkbox"/> 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 <i>Unknown</i>

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <b>12/75</b>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <b>None</b> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Scott A. Williams</b>	DATE <b>4-22-92</b>
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**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	

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: \_\_\_\_\_

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

A. OWNER'S TANK I.D.# <u>Unknown</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u>	D. TANK CAPACITY IN GALLONS: <u>1,000</u>

**II. TANK CONTENTS** IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input checked="" 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 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 \_\_\_\_\_ 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 checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input 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 checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP <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"/> 4 PHENOLIC LINING <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"/> 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"/> A 1 SUCTION	<input type="radio"/> A U 2 PRESSURE	<input type="radio"/> A U 3 GRAVITY	<input type="radio"/> A U 99 OTHER
B. CONSTRUCTION	<input type="radio"/> A U 1 SINGLE WALL	<input type="radio"/> A U 2 DOUBLE WALL	<input type="radio"/> A U 3 LINED TRENCH	<input checked="" type="radio"/> A U 95 UNKNOWN <input type="radio"/> A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	<input type="radio"/> A U 1 BARE STEEL	<input type="radio"/> A U 2 STAINLESS STEEL	<input type="radio"/> A U 3 POLYVINYL CHLORIDE (PVC)	<input type="radio"/> A U 4 FIBERGLASS PIPE
	<input type="radio"/> A U 5 ALUMINUM	<input type="radio"/> A U 6 CONCRETE	<input type="radio"/> A U 7 STEEL W/ COATING	<input type="radio"/> A U 8 100% METHANOL COMPATIBLE W/FRP
	<input type="radio"/> A U 9 GALVANIZED STEEL	<input type="radio"/> A U 10 CATHODIC PROTECTION	<input checked="" type="radio"/> A U 95 UNKNOWN	<input type="radio"/> 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 <u>Unknown</u>

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>12/75</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>None</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Scott A. Williams</u>	DATE <u>4-22-92</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	

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:

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

A. OWNER'S TANK I.D. # <u>Unknown</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u>	D. TANK CAPACITY IN GALLONS: <u>1,000</u>

**II. TANK CONTENTS** IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	4 OIL <input type="checkbox"/>	B. <input type="checkbox"/> 1 PRODUCT
<input type="checkbox"/> 2 PETROLEUM	<input checked="" type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN	

C.  1a REGULAR UNLEADED  3 DIESEL  6 AVIATION GAS  
 1b PREMIUM UNLEADED  4 GASAHOL  7 METHANOL  
 2 LEADED  5 JET FUEL  99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED \_\_\_\_\_ C. A. S. #: \_\_\_\_\_

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	1 DOUBLE WALL <input type="checkbox"/>	3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/>	95 UNKNOWN <input type="checkbox"/>
	<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)	1 BARE STEEL <input type="checkbox"/>	2 STAINLESS STEEL <input type="checkbox"/>	3 FIBERGLASS <input type="checkbox"/>	4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/>
	5 CONCRETE <input type="checkbox"/>	6 POLYVINYL CHLORIDE <input type="checkbox"/>	7 ALUMINUM <input type="checkbox"/>	8 100% METHANOL COMPATIBLE W/FRP <input type="checkbox"/>
	9 BRONZE <input type="checkbox"/>	10 GALVANIZED STEEL <input type="checkbox"/>	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____

C. INTERIOR LINING	1 RUBBER LINED <input type="checkbox"/>	2 ALKYD LINING <input type="checkbox"/>	3 EPOXY LINING <input type="checkbox"/>	4 PHENOLIC LINING <input type="checkbox"/>
	5 GLASS LINING <input type="checkbox"/>	6 UNLINED <input type="checkbox"/>	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_

D. CORROSION PROTECTION	1 POLYETHYLENE WRAP <input type="checkbox"/>	2 COATING <input type="checkbox"/>	3 VINYL WRAP <input type="checkbox"/>	4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/>
	5 CATHODIC PROTECTION <input type="checkbox"/>	91 NONE <input type="checkbox"/>	<input checked="" type="checkbox"/> 95 UNKNOWN	<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	A <input checked="" type="checkbox"/> U 1 SUCTION	A <input type="checkbox"/> U 2 PRESSURE	A <input type="checkbox"/> U 3 GRAVITY	A <input type="checkbox"/> U 99 OTHER
B. CONSTRUCTION	A <input type="checkbox"/> U 1 SINGLE WALL	A <input type="checkbox"/> U 2 DOUBLE WALL	A <input type="checkbox"/> U 3 LINED TRENCH	A <input checked="" type="checkbox"/> U 95 UNKNOWN A <input type="checkbox"/> U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A <input type="checkbox"/> U 1 BARE STEEL	A <input type="checkbox"/> U 2 STAINLESS STEEL	A <input type="checkbox"/> U 3 POLYVINYL CHLORIDE (PVC)	A <input type="checkbox"/> U 4 FIBERGLASS PIPE
	A <input type="checkbox"/> U 5 ALUMINUM	A <input type="checkbox"/> U 6 CONCRETE	A <input type="checkbox"/> U 7 STEEL W/ COATING	A <input type="checkbox"/> U 8 100% METHANOL COMPATIBLE W/FRP
	A <input type="checkbox"/> U 9 GALVANIZED STEEL	A <input type="checkbox"/> U 10 CATHODIC PROTECTION	A <input checked="" type="checkbox"/> U 95 UNKNOWN	A <input checked="" type="checkbox"/> 99 OTHER <u>Unknown</u>
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>Unknown</u>

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>12/75</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>None</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Scott A. Williams</u>	DATE <u>4-22-92</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	

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: \_\_\_\_\_

<b>I. TANK DESCRIPTION</b> COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. # <u>Unknown</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u>	D. TANK CAPACITY IN GALLONS: <u>5,000</u>

<b>II. TANK CONTENTS</b> IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input checked="" type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
			<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 _____			C. A. S. #: _____

<b>III. TANK CONSTRUCTION</b> 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 type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE WFRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<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"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	

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

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

<b>VI. TANK CLOSURE INFORMATION</b>		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>12/75</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>None</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>Scott A. Williams</u>	DATE <u>4-22-92</u>
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<b>LOCAL AGENCY USE ONLY</b> 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	

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: \_\_\_\_\_

<b>I. TANK DESCRIPTION</b> COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>Unknown</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u>	D. TANK CAPACITY IN GALLONS: <u>5,000</u>

<b>II. TANK CONTENTS</b> IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input checked="" type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
			<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 _____			C. A. S. #: _____

<b>III. TANK CONSTRUCTION</b> 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 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 checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<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"/> 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) _____

<b>IV. PIPING INFORMATION</b> CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE			
A. SYSTEM TYPE	A <u>U</u> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY
			A U 99 OTHER _____
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH
			A <u>U</u> 95 UNKNOWN
			A U 99 OTHER _____
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A <u>U</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 <u>Unknown</u>

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

<b>VI. TANK CLOSURE INFORMATION</b>		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>12/75</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>None</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>Scott A. Williams</u>	DATE <u>4-22-92</u>
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<b>LOCAL AGENCY USE ONLY</b> 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		



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: \_\_\_\_\_

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN
A. OWNER'S TANK I.D.# <u>Unknown</u>
B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u>
D. TANK CAPACITY IN GALLONS: <u>5,000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	<input type="checkbox"/> 1 PRODUCT	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 2 PETROLEUM	<input checked="" type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 4 GASAHOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<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			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 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 checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<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"/> 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	A <input checked="" type="radio"/> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY
			A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH
			A <input checked="" type="radio"/> 95 UNKNOWN
			A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 4 FIBERGLASS PIPE
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 8 100% METHANOL COMPATIBLE W/FRP
		A <input checked="" type="radio"/> 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 <u>Unknown</u>

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

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>12/75</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>None</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>Scott A. Williams</u>	DATE <u>4-22-92</u>
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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	

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: \_\_\_\_\_

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

A. OWNER'S TANK I.D.# <b>Unknown</b>	B. MANUFACTURED BY: <b>Unknown</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>Unknown</b>	D. TANK CAPACITY IN GALLONS: <b>5,000</b>

**II. TANK CONTENTS** IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	4 OIL	B. <input type="checkbox"/> 1 PRODUCT
<input type="checkbox"/> 2 PETROLEUM	<input checked="" type="checkbox"/> 99 EMPTY	<input type="checkbox"/> 2 WASTE
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN	

C.  1a REGULAR UNLEADED  3 DIESEL  6 AVIATION GAS  
 1b PREMIUM UNLEADED  4 GASAHOL  7 METHANOL  
 2 LEADED  5 JET FUEL  99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED \_\_\_\_\_ C. A. S. # : \_\_\_\_\_

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	1 DOUBLE WALL	3 SINGLE WALL WITH EXTERIOR LINER	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)	1 BARE STEEL	2 STAINLESS STEEL	3 FIBERGLASS	4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

C. INTERIOR LINING	1 RUBBER LINED	2 ALKYD LINING	3 EPOXY LINING	4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL ? YES \_\_\_ NO \_\_\_

D. CORROSION PROTECTION	1 POLYETHYLENE WRAP	2 COATING	3 VINYL WRAP	4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<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	A <input checked="" type="radio"/> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A <input checked="" type="radio"/> 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A <input checked="" type="radio"/> 95 UNKNOWN	A U 99 OTHER

D. LEAK DETECTION  1 AUTOMATIC LINE LEAK DETECTOR  2 LINE TIGHTNESS TESTING  3 INTERSTITIAL MONITORING  99 OTHER *Unknown*

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <b>12/75</b>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <b>None</b> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Scott A. Williams</b>	DATE <b>4-22-92</b>
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**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
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STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DEA OR FACILITY NAME WHERE TANK IS INSTALLED: \_\_\_\_\_

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

A. OWNER'S TANK I.D.# <b>Unknown</b>	B. MANUFACTURED BY: <b>Unknown</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>Unknown</b>	D. TANK CAPACITY IN GALLONS: <b>5,000</b>

**II. TANK CONTENTS** IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input checked="" 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 type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)		
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____ C. A. S. #: _____		

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input 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 checked="" 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"/> 4 PHENOLIC LINING <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"/> 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	A <input checked="" type="checkbox"/> 1 SUCTION	A <input type="checkbox"/> U <input type="checkbox"/> 2 PRESSURE	A <input type="checkbox"/> U <input type="checkbox"/> 3 GRAVITY	A <input type="checkbox"/> U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A <input type="checkbox"/> U <input type="checkbox"/> 1 SINGLE WALL	A <input type="checkbox"/> U <input type="checkbox"/> 2 DOUBLE WALL	A <input type="checkbox"/> U <input type="checkbox"/> 3 LINED TRENCH	A <input checked="" type="checkbox"/> U <input type="checkbox"/> 95 UNKNOWN A <input type="checkbox"/> U <input type="checkbox"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A <input type="checkbox"/> U <input type="checkbox"/> 1 BARE STEEL	A <input type="checkbox"/> U <input type="checkbox"/> 2 STAINLESS STEEL	A <input type="checkbox"/> U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A <input type="checkbox"/> U <input type="checkbox"/> 4 FIBERGLASS PIPE
	A <input type="checkbox"/> U <input type="checkbox"/> 5 ALUMINUM	A <input type="checkbox"/> U <input type="checkbox"/> 6 CONCRETE	A <input type="checkbox"/> U <input type="checkbox"/> 7 STEEL W/ COATING	A <input type="checkbox"/> U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	A <input type="checkbox"/> U <input type="checkbox"/> 9 GALVANIZED STEEL	A <input type="checkbox"/> U <input type="checkbox"/> 10 CATHODIC PROTECTION	A <input checked="" type="checkbox"/> U <input type="checkbox"/> 95 UNKNOWN	A <input type="checkbox"/> U <input type="checkbox"/> 99 OTHER <i>Unknown</i>
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 type="checkbox"/> 99 OTHER <i>Unknown</i>

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <b>12/75</b>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <b>None</b> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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) <i>Scott A. Williams</i>	DATE <b>11-22-92</b>
--	-------------------------

**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	

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

<b>MARK ONLY ONE ITEM</b>	<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: \_\_\_\_\_

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

A. OWNER'S TANK I.D.# <b>Unknown</b>	B. MANUFACTURED BY: <b>Unknown</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>Unknown</b>	D. TANK CAPACITY IN GALLONS: <b>5,000</b>

**II. TANK CONTENTS** IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input checked="" 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 type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)		
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____ C. A. S. #: _____		

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input 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 checked="" 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
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____		

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

A. SYSTEM TYPE A <u>U</u> 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH	A <u>U</u> 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION A U 1 BARE STEEL A U 5 ALUMINUM A U 9 GALVANIZED STEEL	A U 2 STAINLESS STEEL A U 6 CONCRETE A U 10 CATHODIC PROTECTION
A U 3 POLYVINYL CHLORIDE (PVC) A U 7 STEEL W/ COATING A <u>U</u> 95 UNKNOWN	A U 4 FIBERGLASS PIPE A U 8 100% METHANOL COMPATIBLE W/FRP 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 <i>Unknown</i>	

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <b>12/75</b>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <b>None</b> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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) <b>Scott A. Williams</b> <i>Scott A. Williams</i>	DATE <b>4-22-92</b>
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**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	

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 OR SHUT
	<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:

<b>I. TANK DESCRIPTION</b> COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. # <b>Unknown</b>	B. MANUFACTURED BY: <b>Unknown</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>Unknown</b>	D. TANK CAPACITY IN GALLONS: <b>10,000</b>

<b>II. TANK CONTENTS</b> IF A-1 IS MARKED, COMPLETE ITEM C.		
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input checked="" 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 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		C. A. S. #:

<b>III. TANK CONSTRUCTION</b> 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 checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input 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 ALUMINIUM <input checked="" 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"/> 4 PHENOLIC LINING <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"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____		

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

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

<b>VI. TANK CLOSURE INFORMATION</b>		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <b>12/75</b>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <b>None</b> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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) <b>SCOTT A. WILLIAMS</b> <i>Scott A. Williams</i>	DATE <b>4-22-92</b>
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<b>LOCAL AGENCY USE ONLY</b> 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	

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:

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>10,000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
			<input checked="" 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			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"/> 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 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 checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<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"/> 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

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

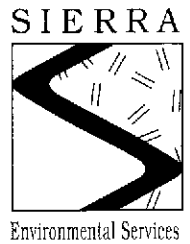
V. TANK LEAK DETECTION				
<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6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

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>12/75</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>NONE</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>Scott A. Williams</u>	DATE <u>4-22-92</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	



92 APR 29 10 09 29  
April 20, 1992

Susan Hugo  
Alameda County  
Department of Environmental Health  
80 Swan Way, Room 200  
Oakland, California 94621

Re: Tank Removal Project  
Telegraph Business Park  
Oakland, California

Dear Ms. Hugo:

Sierra Environmental Services (SES) is writing to address your concerns as stated regarding the above-referenced project. Mr. Scott Williams of Envirodyne Corporation (the project contractor) discussed the project with you April 20, 1992. SES will be providing services to the owner as project consultant.

1. SARA/OSHA 40-hour training certificates for SES personnel who may be involved in the project are appended to this letter.
2. Prepared leak report forms are attached to this letter.
3. The issue of site security was made a part of the project contractor scope of work. The work areas will be secured by temporary fencing at all times. In addition, trench plates will be used as necessary to provide additional safety for pedestrian access during work in restricted areas.

The project is planned so that excavations will utilize sloping sidewalls. In the event of oversteepened cuts, or if potential distress may occur to an adjacent building, the contractor will install excavation shoring.

The measures described above are intended to facilitate site work while maintaining safety. If you have any additional questions, please contact Scott Williams at Envirodyne, or myself at the number below.

Sincerely,  
Sierra Environmental Services

A handwritten signature in black ink, appearing to read "Chris J. Byamer", is written over a rectangular stamp area.

Chris J. Byamer  
Project Manager

cc: Mr. Jon Legellet, Normandy Associates  
C:719KOR.MA1

# 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 type="checkbox"/> YES <input type="checkbox"/> NO		<b>FOR LOCAL AGENCY USE ONLY</b> I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.		
REPORT DATE M   M   D   D   Y   Y		CASE #		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT		PHONE ( ) _____		SIGNATURE _____	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER _____		<input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD		COMPANY OR AGENCY NAME	
	ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____					
RESPONSIBLE PARTY	NAME TELEGRAPH BUSINESS PROPERTIES UNKNOWN		CONTACT PERSON JON LABELLET		PHONE (415) 822-8255	
	ADDRESS 1401 GRIFFITH STREET		SAN FRANCISCO		CA 94124	
SITE LOCATION	FACILITY NAME (IF APPLICABLE) TELEGRAPH BUSINESS PARK		OPERATOR N/A		PHONE ( ) N/A	
	ADDRESS 5427 TELEGRAPH ST.		OAKLAND		ALAMEDA COUNTY CA 94609	
	CROSS STREET		TYPE OF AREA <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER		TYPE OF BUSINESS <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER Business Ac.	
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME ALAMEDA COUNTY DEPT. OF ENV. HEALTH		CONTACT PERSON Mrs. Susan Hugo		PHONE (415) 271-4320	
	REGIONAL BOARD RWOCB - SAN FRANCISCO				PHONE (510) 464-1255	
SUBSTANCES INVOLVED	(1) NAME _____ QUANTITY LOST (GALLONS) _____ <input type="checkbox"/> UNKNOWN					
	(2) _____ <input type="checkbox"/> UNKNOWN					
DISCOVERY/ABATEMENT	DATE DISCOVERED M   M   D   D   Y   Y		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN M   M   D   D   Y   Y <input type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE M   M   D   D   Y   Y					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		TANKS ONLY/CAPACITY _____ GAL. <input type="checkbox"/> FIBERGLASS AGE _____ YRS <input type="checkbox"/> STEEL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER	
	CHECK ONE ONLY <input 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"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES					
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT) _____					
COMMENTS						



### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety Code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility and surrounding area. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Provide details on tank age, capacity, and material if known. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water".

Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY.

### REMEDIAL ACTION

Indicate which actions have been used to cleanup or remediate the leak. Descriptions of options follow:

- Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.
- Containment Barrier - install vertical dike to block horizontal movement of contaminant.
- Excavate and Dispose - remove contaminated soil and dispose in approved site.
- Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).
- Remove Free Product - remove floating product from water table.
- Pump and Treat Groundwater - generally employed to remove dissolved contaminants.
- Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.
- Replace Supply - provide alternative water supply to affected parties.
- Treatment at Hookup - install water treatment devices at each dwelling or other place of use.
- No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies in tact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Water Quality, Underground Tank Program, P. O. Box 100, Sacramento, CA 95801
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party.

# *Certificate*

This is to certify that:

**JOHN M. TRIGG**

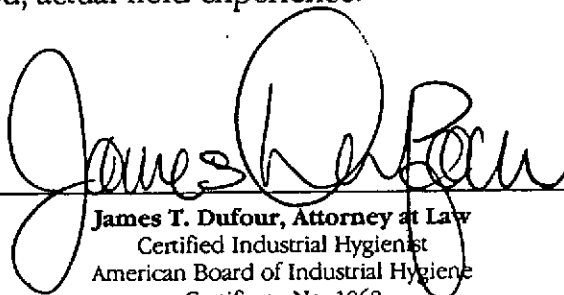
has received training as specified in the OSHA Hazardous Waste Operations and Emergency Response Standard [29 CFR 1910.120(e)] consistent with the function and responsibilities of:

## **Investigation and Remedial Actions at Hazardous Waste Sites**

This training level has been achieved by a combination of on-the-job training, work experience, prior safety training, and satisfactory completion of a comprehensive training program under my direction. This is the equivalent of 40 hours of initial and three days of supervised, actual field experience.

**August 8, 1990**

Date



James T. Dufour, Attorney at Law  
Certified Industrial Hygienist  
American Board of Industrial Hygiene  
Certificate No. 1068

CERTIFICATE OF TRAINING  
OSHA - SARA

JOHN M. TRIGG


Has Met The 8 Hour Refresher Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And Emergency  
Response

  
ACKNOWLEDGEMENT

M/A Industries, Inc.

OCTOBER 7, 1991

DATE

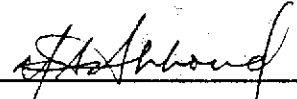


**CERTIFICATE OF TRAINING**  
**OSHA - SARA**

**CHRISTOPHER P. CONNER**

---

Has Met The 40 Hour Initial Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And  
Emergency Response

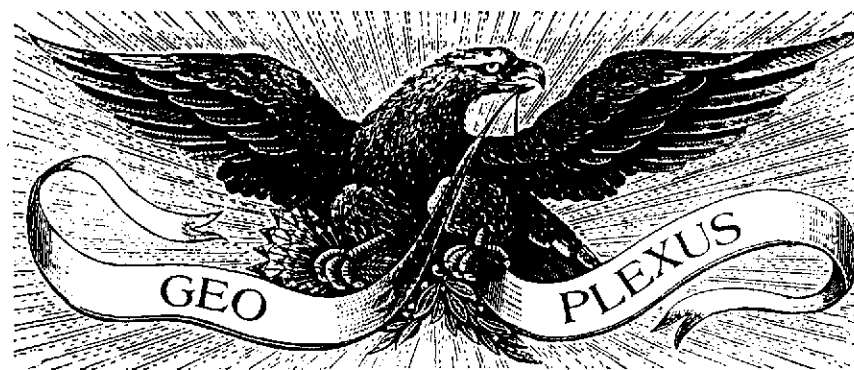
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**ACKNOWLEDGEMENT**  
M/A Industries, Inc.

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**OCTOBER 11, 1991**

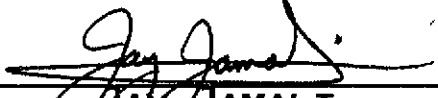
**DATE**

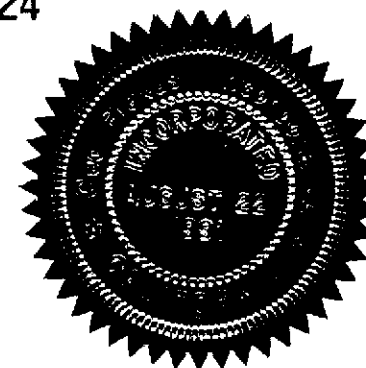


ED MORALES

HAS SUCCESSFULLY COMPLETED THE INITIAL 40 HOUR REQUIREMENTS  
LISTED UNDER THE FEDERAL OSHA REGULATION 29 CFR 1910.120  
ON THIS FIFTEENTH DAY OF NOVEMBER 1991

GEO PLEXUS, INC. CERTIFICATION #1024

  
JAY JAMALI  
TRAINING DIRECTOR



**Geo**Plexus, Inc.

V S P N I O K 1 1 1

CERTIFICATE OF TRAINING  
OSHA - SARA

WILLIAM J. KEANE, JR.

Has Met The 8 Hour Refresher Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And Emergency  
Response


*W. J. Keane, Jr.*  
ACKNOWLEDGEMENT

M/A Industries, Inc.

OCTOBER 7, 1991

DATE





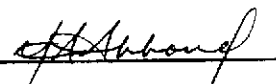
# CERTIFICATE OF TRAINING

## OSHA - SARA

**JOSEPH LEISING**

---

Has Met The 40 Hour Initial Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And  
Emergency Response

  
**ACKNOWLEDGEMENT**

Occupational Health & Safety Group, Inc.

**AUGUST 16, 1991**

---

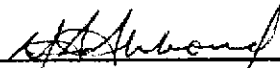
**DATE**

# CERTIFICATE OF TRAINING OSHA - SARA

**JIM GREEN**

---

Has Met The 40 Hour Initial Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And  
Emergency Response




ACKNOWLEDGEMENT

Occupational Health & Safety Group, Inc.

AUGUST 1, 1991

DATE





CERTIFICATE OF TRAINING  
OSHA - SARA

CAROLYN EATON

---

Has Met The 40 Hour Initial Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And  
Emergency Response

  
ACKNOWLEDGEMENT

Occupational Health & Safety Group, Inc.

AUGUST 16, 1991

---

DATE

CERTIFICATE OF TRAINING  
OSHA - SARA

ANDREW C. MINKWITZ

Has Met The 8 Hour Refresher Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And Emergency  
Response

*W. A. Wood*  
ACKNOWLEDGEMENT  
M/A Industries, Inc.

OCTOBER 7, 1991

DATE

# *Certificate*

This is to certify that:

**ANDREW CHARLES MINKWITZ**

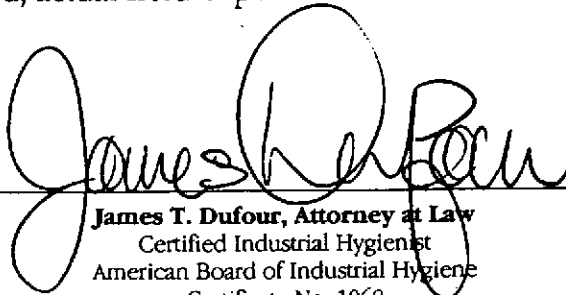
has received training as specified in the OSHA Hazardous Waste Operations and Emergency Response Standard [29 CFR 1910.120(e)] consistent with the function and responsibilities of:

## **Investigation and Remedial Actions at Hazardous Waste Sites**

This training level has been achieved by a combination of on-the-job training, work experience, prior safety training, and satisfactory completion of a comprehensive training program under my direction. This is the equivalent of 40 hours of initial and three days of supervised, actual field experience.

**March 15, 1991**

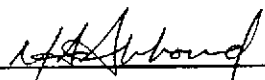
Date

  
James T. Dufour, Attorney at Law  
Certified Industrial Hygienist  
American Board of Industrial Hygiene  
Certificate No. 1068

**CERTIFICATE OF TRAINING**  
**OSHA - SARA**

**ERIC GROSS**

**Has Met The 8 Hour Refresher Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And Emergency  
Response**

  
**ACKNOWLEDGEMENT**  
M/A Industries, Inc.

**OCTOBER 7, 1991**

**DATE**



**BASIC**

**HEALTH**

**AND**

**SAFETY**

**TRAINING**

**Woodward-Clyde Consultants**



This certifies that

**Eric Gross**

has successfully completed

Forty hours training fulfilling initial  
training requirements for hazardous  
waste workers under OSHA 1910.120

*Phillip L. Jones*  
Phillip L. Jones, C.I.H.  
Woodward-Clyde Consultants

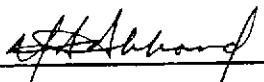
March 7-10, 1989

Seminar  
Date

CERTIFICATE OF TRAINING  
OSHA - SARA

CHRIS J. BRAMER

Has Met The 8 Hour Refresher Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And Emergency  
Response

  
ACKNOWLEDGEMENT  
M/A Industries, Inc.

OCTOBER 7, 1991

DATE



# *Certificate*

This is to certify that:

**CHRIS J. BRAMER**

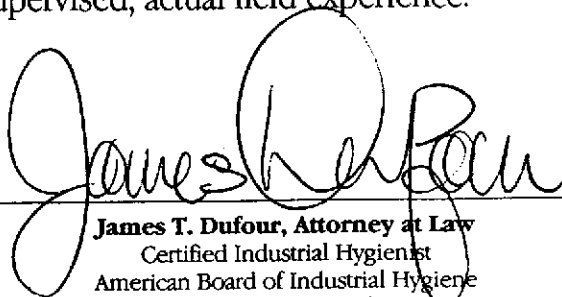
has received training as specified in the OSHA  
Hazardous Waste Operations and Emergency Response Standard  
[29 CFR 1910.120(e)] consistent with the function and  
responsibilities of:

## **Investigation and Remedial Actions at Hazardous Waste Sites**

This training level has been achieved by a combination of  
on-the-job training, work experience, prior safety training, and  
satisfactory completion of a comprehensive training program  
under my direction. This is the equivalent of 40 hours of initial  
and three days of supervised, actual field experience.

May 12, 1989

Date



**James T. Dufour, Attorney at Law**  
Certified Industrial Hygienist  
American Board of Industrial Hygiene  
Certificate No. 1068

# CERTIFICATE OF TRAINING

## OSHA - SARA

**SEAN K BRENNAN**

Has Met The 40 Hour Initial Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And  
Emergency Response

  
ACKNOWLEDGEMENT

M/A Industries, Inc.

OCTOBER 11, 1991

DATE



*"Imagineering a Cleaner World"*



**Riedel Environmental Technologies, Inc.**

# Certificate of Completion

presented to

Tom Machen

in recognition of satisfactory completion  
of the course of instruction entitled


29 CFR 1910.120 OSHA 40 Hour Hazardous Materials Handling Course

6/24 - 7/1/91

Date(s) of Instruction

Instructor

Angela D. Wade

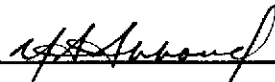


**CERTIFICATE OF TRAINING**  
**OSHA - SARA**

**DURWOOD R. POST JR.**

---

**Has Met The 8 Hour Refresher Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And  
Emergency Response**

  
**ACKNOWLEDGEMENT**

Occupational Health & Safety Group, Inc.

**MAY 13, 1991**

---

**DATE**

**CERTIFICATE OF TRAINING  
OSHA - SARA**

**DURWOOD R. POST Jr.**

**Has Met The 40 Hour Initial Training Requirements Under  
OSHA Standard, 29 CFR 1910.120 Hazardous Waste Operations  
And Emergency Response**

*Steve Asenault*

**ACKNOWLEDGEMENT  
Occupational Health & Safety Group, Inc.**

**AUGUST 25, 1990**

**DATE**

# COMPLETION OF TRAINING OSHA - SARA

**PATRICK J. FALK**

---

**Has Met The 8 Hour Refresher Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And  
Emergency Response**

  
\_\_\_\_\_  
**ACKNOWLEDGEMENT**

M/A Industries, Inc.

**March 9, 1992**

---

**DATE**

**CERTIFICATE OF TRAINING  
OSHA - SARA**

**PATRICK FALK**

**Has Met The 40 Hour Initial Training Requirements Under  
OSHA Standard, 29 CFR 1910.120 Hazardous Waste Operations  
And Emergency Response**

*Steve Hamault*

**ACKNOWLEDGEMENT  
Occupational Health & Safety Group, Inc.**

**AUGUST 25, 1990**

**DATE**

*"Imagining a Cleaner World"*



**Riedel Environmental Services Inc.**

# Certificate of Completion

presented to

**Stephen Phelps**

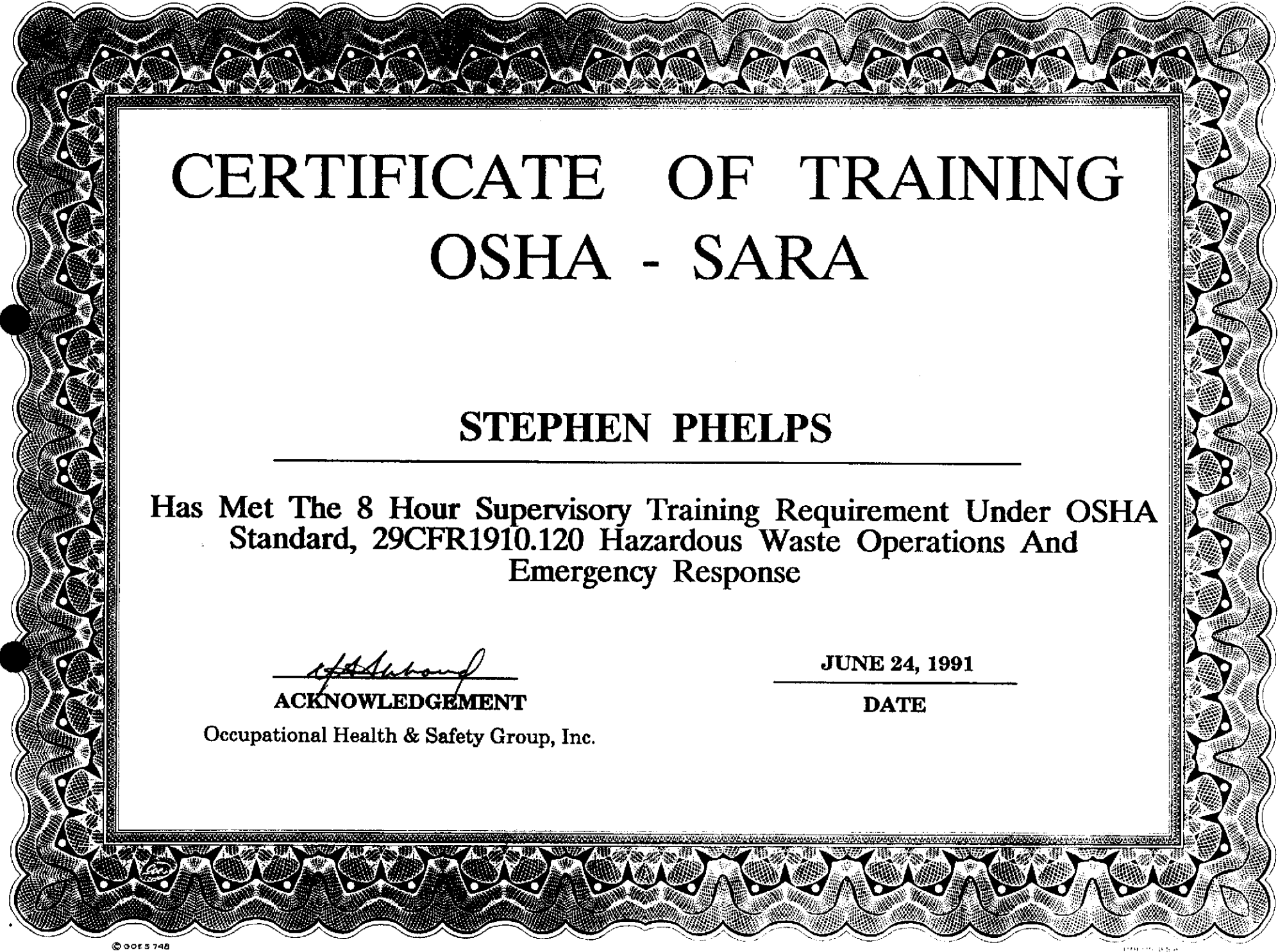
in recognition of satisfactory completion  
of the course of instruction entitled

**HAZARDOUS MATERIALS HANDLING & RESPONSE**

**November 10 - 14, 1986**

*Date(s) of Instruction*

*Michael A. Green*  
Instructor



# CERTIFICATE OF TRAINING OSHA - SARA

**STEPHEN PHELPS**

---

Has Met The 8 Hour Supervisory Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And  
Emergency Response

  
**ACKNOWLEDGEMENT**

Occupational Health & Safety Group, Inc.

**JUNE 24, 1991**

---

**DATE**

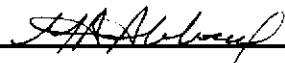


# COMPLETION OF TRAINING OSHA - SARA

**STEPHEN RAY PHELPS**

---

**Has Met The 8 Hour Refresher Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And  
Emergency Response**



---

**ACKNOWLEDGEMENT**

M/A Industries, Inc.

**March 9, 1992**

---

**DATE**



*"Imagineering a Cleaner World"*



**Riedel Environmental Services Inc.**

# Certificate of Completion

presented to

SCOTT WILLIAMS

---

in recognition of satisfactory completion  
of the course of instruction entitled

**HAZARDOUS MATERIALS HANDLING & RESPONSE**

---

**April 6-10, 1987**

---

Date(s) of Instruction

A handwritten signature in dark ink, appearing to read "Michael Brown" followed by a flourish. The signature is written over a horizontal line.

Instructor

# COMPLETION OF TRAINING OSHA - SARA

**SCOTT A. WILLIAMS**

---

**Has Met The 8 Hour Refresher Training Requirement Under OSHA  
Standard, 29CFR1910.120 Hazardous Waste Operations And  
Emergency Response**

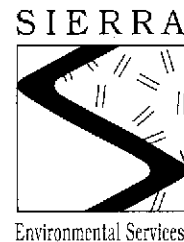
  
ACKNOWLEDGEMENT

M/A Industries, Inc.

March 9, 1992

---

DATE



March 24, 1992

Brian Oliva  
Alameda County Health Care Agency  
Department of Environmental Health  
Hazardous Materials Division  
80 Swan Way, Room 200  
Oakland, CA 94621

Re: Tank Closure Plan  
Telegraph Business Park  
SES Project #4-719-03

Dear Mr. Oliva:

As required, Sierra Environmental Services (SES) has prepared the enclosed Underground Tank Closure Plan Application for the Alameda County Health Department. Please review for completeness and approval. If you have any questions, please give me a call.

Sincerely,  
Sierra Environmental Services



Ed Morales  
Senior Environmental Scientist

EM/ly  
71903L2.MR2

Attachments: Underground Tank Closure Plan  
Insurance Certificate (Envirodyne)  
Site Base Map  
Site Safety Plan