

OCT 1998

TANK CLOSURE REPORT

**OWENS BROCKWAY
3600 ALAMEDA AVENUE
OAKLAND
CALIFORNIA**

Tank Closure report

General Description:

Universal Environmental, Inc. under contract to Owens Brockway removed 1- 4000 thousand gallon diesel and 1-1000 thousand gallon gasoline underground storage tanks located at 3600 Alameda Ave. Oakland, CA.

Description of tanks:

Tank, fittings and piping appear to be in good conditions without visible corrosion, pitting or holes.

Description of Excavation:

Excavation of tanks was completed with a 780 backhoe without shoring at maximum depth of seven feet. No visible ground water was encountered.

Sampling methods:

Sampling methods included the utilization of a backhoe for samples under the tank and a grab sample for stockpile soil.

Plot plan:

See exhibit A

Chain of custody records:

See exhibit B

Copies of signed Laboratory reports

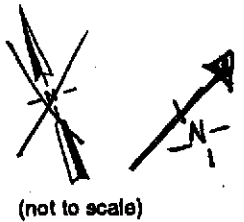
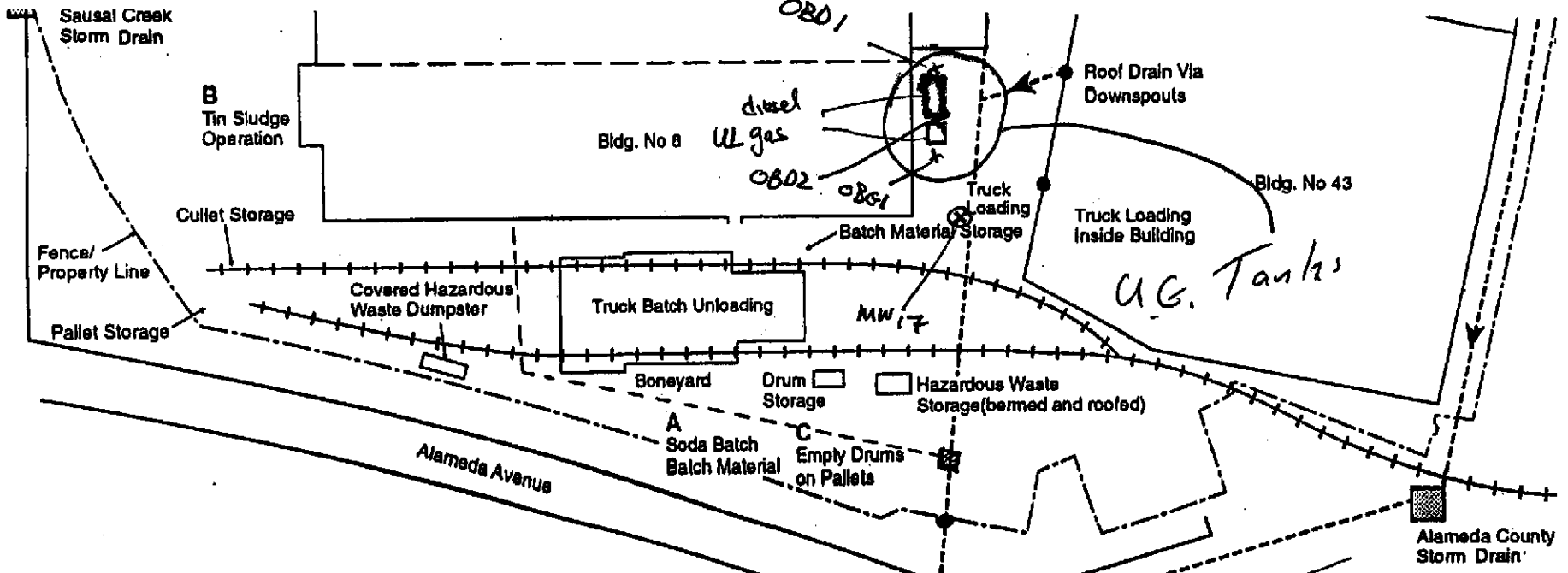
See exhibit C

Copies of TSD Manifest

See exhibit D

Permits copies

See exhibit E



	TPHd	TPHg	B TEX	MTRG
OB D1	BB	ND	ND	ND
OB D2	1200	620	1,5,2,5,6,3	ND
OB G1	NA	2.6	ND	→

No GW sple
Spills reused →

(1-2) ND →

Estuary
Out-fall
Storm
Sewer (24")
also a sanitary (8")
sewer.

LEGEND

- Storm Drain
- Storm Line
- Fence Property
- Railway Track

Project No. 92CO485A	Owens-Brockway	FACILITY MAP	Figure 2
Woodward-Clyde Consultants			

982933303
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8807. WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CL10100618918918918918	Manifest Document No. 91813013	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address OWENS BROCKWAY 3600 MARYLAND AVE. OAKLAND, CA 94601					
4. Generator's Phone (510) 436-2145		6. US EPA ID Number			
5. Transporter 1 Company Name UNIVERSAL ENVIRONMENTAL		7. US EPA ID Number CL10100618918918918918			
9. Designated Facility Name and Site Address EVERETT OIL 6890 SMITH AVE ALHAMBRA, CA 94500		10. US EPA ID Number CL10100618918918918918			
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
		No.	Type		
a. "NON ACRD HAZARDOUS WASTE LIQUIDS (OILY WATER)"		0101	77	1260	G
b.					
c.					
d.					
15. Special Handling Instructions and Additional Information WEAR PROTECTIVE CLOTHING BY THE EMERGENCY PHONE # 1-800-747-6609					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Ruthless S. Allen		Signature <i>Ruthless S. Allen</i>		Month	Day Year
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month	Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day Year
19. Discrepancy Indication Space					
Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19					
Printed/Typed Name Jerry Bartel		Signature <i>Jerry Bartel</i>		Month	Day Year

DO NOT WRITE BELOW THIS LINE.

98293238
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7350

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA7000618191819131238		Manifest Document No. 9131238		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address OWENS BROCKWAY 3600 ALAMADA AVE OAKLAND, CA 94601													
4. Generator's Phone (510) 431-2145													
5. Transporter 1 Company Name UNIVERSAL ENVIRONMENTAL		6. US EPA ID Number CA0918165121712											
7. Transporter 2 Company Name		8. US EPA ID Number											
9. Designated Facility Name and Site Address ERICKSON INC. 255 RARR BLVD. RICHMOND CA 94801		10. US EPA ID Number CA00061946613192											
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers								13. Total Quantity		14. Unit	
a. NOV RCRA HAZARDOUS WASTE SOLID (WASTE EMPTY STORAGE TANK)		No. Type								Quantity		Wi/Vol	
b.													
c.													
d.													
15. Special Handling Instructions and Additional Information KEEP AWAY FROM SOURCES OF IGNITION: ALWAYS WEAR HAZARDOUS WHEN WORKING AROUND U.S.T 24 HR EMERGENCY # (800) 747-6609													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name Robert C. Neal		Signature <i>Robert C. Neal</i>			Month Day Year 11/01/99								
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name GILSON D BROWN SR		Signature <i>Gilson D Brown Sr</i>			Month Day Year 11/01/99								
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature			Month Day Year								
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name DAVID SATO													
Signature <i>DAVE SATO</i>			Month Day Year 11/01/99										

DO NOT WRITE BELOW THIS LINE.

98293304
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA1700006181918	Manifest Document No. 93304	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address OWENS BRUCKLING 3600 AKENEDA AVE. OAKLAND CA 94604		98293304				
4. Generator's Phone (510) 436-2145		UNIVERSAL ENVIRONMENTAL				
5. Transporter 1 Company Name UNIVERSAL ENVIRONMENTAL		6. US EPA ID Number CA101983652272		98293304		
7. Transporter 2 Company Name		8. US EPA ID Number		98293304		
9. Designated Facility Name and Site Address CRICKSON INC. 255 PARK BLVD. RICHMOND CA 94801		10. US EPA ID Number CA020094663912		98293304		
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vol		
	NON RCRA HAZARDOUS SOLID CENITE EMPTY STORAGE TANK		001 TIP	810010	G	
	b.					
	c.					
	d.					
15. Special Handling Instructions and Additional Information Wear proper PPE 24 hr @ 900 747 6509						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Robert C. Neal		Signature <i>Robert C. Neal</i>		Month Day Year 10 09 98		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name James Jones		Signature <i>James Jones</i>		Month Day Year 10 09 98		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space 1 UNIT WT/VOL SHOULD BE P.						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name DAVID SATO		Signature <i>DAVE SATO</i>		Month Day Year 10 09 98		

DO NOT WRITE BELOW THIS LINE.

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 30251

CUSTOMER

JOB NO. 974372
UNIVERSAL ENG.

FOR: ERICKSON, INC. TANK NO. 24175

LOCATION: RICHMOND, CA DATE: 11/4/98 TIME: 3:24:34 PM

TEST METHOD VISUAL GASTECH/1314 SMPN LAST PRODUCT DIESEL

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

TANK SIZE 4,000 GALLON TANK CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 0.1% ERICKSON, INC. HERBY CERTIFIES THAT THE
ABOVE NUMBERED TANK HAS BEEN CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR
PERMITTED HAZARDOUS WASTE FACILITY.
ERICKSON, INC. HAS THE APROPRIATE PERMITS FOR, AND HAS ACCEPTED THE TANK SHIPPED TO US
FOR PROCESSING.

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

STANDARD SAFETY DESIGNATION

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

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

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

Patricia Calhoun
REPRESENTATIVE

TITLE

Dave Sato
INSPECTOR

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 30252

CUSTOMER

JOB NO. 974372
UNIVERSAL ENG.

FOR: ERICKSON, INC. TANK NO. 24176

LOCATION: RICHMOND, CA DATE: 11/4/98 TIME: 3:24:48 PM

TEST METHOD VISUAL GASTECH/1314 SMPN LAST PRODUCT UG

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

TANK SIZE 1,000 GALLON TANK CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 0.1% ERICKSON, INC. HERBY CERTIFIES THAT THE
ABOVE NUMBERED TANK HAS BEEN CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR
PERMITTED HAZARDOUS WASTE FACILITY.
ERICKSON, INC. HAS THE APROPRIATE PERMITS FOR, AND HAS ACCEPTED THE TANK SHIPPED TO US
FOR PROCESSING.

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

STANDARD SAFETY DESIGNATION

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

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

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

James Calla
REPRESENTATIVE

TITLE

Dave Jato
INSPECTOR

LABORATORY REPORTS

 McCAMPBELL ANALYTICAL INC.	110 Second Avenue South, #107, Pacheco, CA 94553 Telephone: 925-798-1620 Fax: 925-798-1622 http://www.mccampbell.com E-mail: main@mccampbell.com

Universal Environmental P.O. Box 996 Benicia, CA 94510	Client Project ID: Owens Broadway	Date Sampled: 10/14/98
	Client Contact: Jim Jones	Date Received: 10/14/98
	Client P.O:	Date Extracted: 10/14/98
		Date Analyzed: 10/15/98

CAM / CCR 17 Metals*

EPA methods 6010/200.7; 7470/7471/245.1/245.5 (Hg); 7060/206.2 (As); 7740/270.2 (Se); 7841/279.2 (Tl); 239.2 (Pb, water matrix)

Lab ID	96981	96982	Reporting Limit		
			S	W	STLC, TCLP
Client ID	OB1014CUL	OB1014BAT			
Matrix	S	Dust			
Extraction*	TTLIC	TTLIC	TTLIC	TTLIC	
Compound	Concentration*		mg/kg	mg/L	mg/L
Antimony (Sb)	3.4	ND	2.5	0.005	0.05
Arsenic (As)			2.5	0.005	0.25
Barium (Ba)	15	46	1.0	0.005	0.05
Beryllium (Be)	ND	ND	0.5	0.005	0.01
Cadmium (Cd)	0.55	ND	0.5	0.005	0.01
Chromium (Cr)	10	12	0.5	0.005	0.05
Cobalt (Co)	2.8	9.0	2.0	0.005	0.05
Copper (Cu)	10	140	2.0	0.005	0.05
Lead (Pb)	16	36	3.0	0.005	0.2
Mercury (Hg)	ND	ND	0.06	0.0002	0.0002
Molybdenum (Mo)	ND	12	2.0	0.005	0.05
Nickel (Ni)	17	1100	2.0	0.005	0.05
Selenium (Se)			2.5	0.005	0.25
Silver (Ag)	ND	ND	1.0	0.005	0.05
Thallium (Tl)			0.5	0.005	0.5
Vanadium (V)	2.7	ND	2.0	0.005	0.05
Zinc (Zn)	120	22	1.0	0.005	0.05
% Recovery Surrogate	115	109			
Comments					

* water samples are reported in mg/L, soil and sludge samples in mg/kg, wipes in ug/wipe and all TCLP / STLC / SPLX extracts in mg/l.


ND means not detected above the reporting limit; N/A means surrogate not applicable to this analysis

* EPA extraction methods 1311(TCLP), 3010/3020(water, TTLIC), 3040(organic matrices, TTLIC), 3050(solids, TTLIC); STLC - CA Title 22

* surrogate diluted out of range

* reporting limit raised due to matrix interference

† liquid sample that contains greater than ~2 vol. % sediment; this sediment is extracted with the liquid, in accordance with EPA methodologies and can significantly effect reported metal concentrations.

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	(Blank space)

Universal Environmental P.O. Box 996 Benicia, CA 94510	Client Project ID: Owens Broadway	Date Sampled: 10/14/98
	Client Contact: Jim Jones	Date Received: 10/14/98
	Client P.O:	Date Extracted: 10/14/98
		Date Analyzed: 10/14/98

Diesel Range (C10-C23) Extractable Hydrocarbons as Diesel *
 EPA methods modified 801.5, and 3550 or 3510; California RWQC:3 (SF Bay Region) method GCFID(3550) or GCFID(3510)

Lab ID	Client ID	Matrix	TPH(d) ¹	% Recovery Surrogate
96983	OBDB	S	23.ug	100
Reporting Limit unless otherwise stated; ND means not detected above the reporting limit	W	50 ug/L		
	S	1.0 mg/kg		

* water and vapor samples are reported in ug/L, wipe samples in ug/wipe, soil and sludge samples in mg/kg, and all TCLP / STLC / SPLP extracts in ug/L

¹ cluttered chromatogram resulting in coeluted surrogate and sample peaks, or; surrogate peak is on elevated baseline, or; surrogate has been diminished by dilution of original extract.

The following descriptions of the TPH chromatogram are cursory in nature and McCampbell Analytical is not responsible for their interpretation: a) unmodified or weakly modified diesel is significant; b) diesel range compounds are significant; no recognizable pattern; c) aged diesel? is significant; d) gasoline range compounds are significant; e) medium boiling point pattern that does not match diesel (?); f) one to a few isolated peaks present; g) oil range compounds are significant; h) lighter than water immiscible sheen is present; i) liquid sample that contains greater than ~5 vol. % sediment.

 McCAMPBELL ANALYTICAL INC.	110 Second Avenue South, #D7, Pacheco, CA 94553 Telephone: 925-798-1620 Fax: 925-798-1622 http://www.mccampbell.com E-mail: main@mccampbell.com
	110 Second Avenue South, #D7, Pacheco, CA 94553 Telephone: 925-798-1620 Fax: 925-798-1622 http://www.mccampbell.com E-mail: main@mccampbell.com

Universal Environmental P.O. Box 996 Benicia, CA 94510	Client Project ID: #00769; Owens Brock	Date Sampled: 10/09/98
	Client Contact: Jim Jones	Date Received: 10/09/98
	Client P.O.:	Date Extracted: 10/09/98
		Date Analyzed: 10/09/98

Gasoline Range (C6-C12) Volatile Hydrocarbons as Gasoline*, with Methyl tert-Butyl Ether* & BTEX*
 EPA methods 8010, modified 8015, and 8020 or 602; California RWQCB (SF Bay Region) method GCFID(5030)

Lab ID	Client ID	Matrix	TPH(g) ¹	MTBE	Benzene	Toluene	Ethylbenzene	Xylenes	% Recovery Surrogate
96631	OBG1	S	2.6,g	ND	ND	ND	ND	ND	99
96632	OBD1	S	ND	ND	ND	ND	ND	ND	98
96633	OBD2	S	620,bj	ND<0.4	1.5	2.0	5.6	3.0	95
96634	OBC11	S	ND	ND	ND	ND	ND	ND	104
96635	OBC12	S	ND	ND	ND	ND	ND	ND	98
96636	OBC21	S	1.4,b	ND	ND	ND	ND	0.015	99
96637	OBC22	S	2.1,g	ND	ND	ND	ND	0.022	101


Reporting Limit unless otherwise stated; ND means not detected above the reporting limit	W	50 ug/L	5.0	0.5	0.5	0.5	0.5
	S	1.0 mg/kg	0.05	0.005	0.005	0.005	0.005

* water and vapor samples are reported in ug/L, wipe samples in ug/wipe, soil and sludge samples in mg/kg, and all TCLP and SPLP extracts in ug/L.

¹ cluttered chromatogram; sample peak overlaps with surrogate peak

*The following descriptions of the TPH chromatogram are cursory in nature and McCampbell Analytical is not responsible for their interpretation: a) unmodified or weakly modified gasoline is significant; b) heavier gasoline range compounds are significant(aged gasoline?); c) lighter gasoline range compounds (the most mobile fraction) are significant; d) gasoline range compounds having broad chromatographic peaks are significant; biologically altered gasoline?; e) TPH pattern that does not appear to be derived from gasoline (?); f) one to a few isolated peaks present; g) strongly aged gasoline or diesel range compounds are significant; h) lighter than water immiscible sheen is present; i) liquid sample that contains greater than ~5 vol. % sediment; j) no recognizable pattern.

gas UST
 West end diesel
 east end diesel
 Stockpiled Soils

 McCAMPBELL ANALYTICAL INC.	110 Second Avenue South, #D7, Pacheco, CA 94553 Telephone : 925-798-1620 Fax : 925-798-1622 http://www.mccampbell.com E-mail: main@mccampbell.com
	(Empty space)

Universal Environmental P.O. Box 996 Benicia, CA 94510	Client Project ID: #00769; Owens Brock	Date Sampled: 10/09/98
	Client Contact: Jim Jones	Date Received: 10/09/98
	Client P.O.:	Date Analyzed: 10/09-10/10/98
	(Empty space)	Date Extracted: 10/09/98

Diesel Range (C10-C23) Extractable Hydrocarbons as Diesel *
 EPA methods modified 8015, and 3550 or 3510; California RWQCR (SF Bay Region) method GCFID(3550) or GCFID(3510)

Lab ID	Client ID	Matrix	TPH(d)*	% Recovery Surrogate
96632	OBD1	S	8.6,c	94
96633	OBD2	S	1200,c,b,d	104
96634	OBC11	S	37,a,b	95
96635	OBC12	S	75,a,g	96
Reporting Limit unless otherwise stated; ND means not detected above the reporting limit	W	50 ug/L		
	S	1.0 mg/kg		

* water and vapor samples are reported in ug/L, wipe samples in ug/wipe, soil and sludge samples in mg/kg, and all TCLP / STLC / SPLP extracts in ug/L.
 * cluttered chromatogram resulting in coeluted surrogate and sample peaks, or; surrogate peak is on elevated baseline, or; surrogate has been diminished by dilution of original extract.
 *The following descriptions of the TPH chromatogram are cursory in nature and McCampbell Analytical is not responsible for their interpretation: a) unmodified or weakly modified diesel is significant; b) diesel range compounds are significant; no recognizable pattern; c) aged diesel? is significant; d) gasoline range compounds are significant; e) medium boiling point pattern that does not match diesel (?); f) one to a few isolated peaks present; g) oil range compounds are significant; h) lighter than water immiscible shock is present; i) liquid sample that contains greater than ~5 vol. % sediment.

10/12/98

CHAIN OF CUSTODY RECORDS

McCAMPBELL ANALYTICAL INC.

110 2ND AVENUE SOUTH, #D7
PACHECO, CA 94553-5560

Telephone: (925) 798-1620

Fax: (925) 798-1622

CHAIN OF CUSTODY RECORD

TURN AROUND TIME

48 HOUR 5 DAY

Report To: BBMB Bill To: UC
Company: UNIVERSITY ENV.

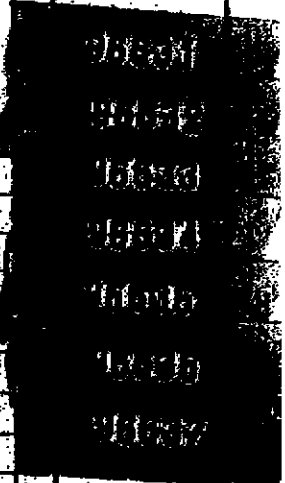
Tele: 7076699 Fax: 707771427

Project #: 00769 Project Name: CLON 5 Brock

Project Location: OAKLAND

Sampler Signature: [Signature]

SAMPLE ID		LOCATION		SAMPLING		# Containers	Type Containers	MATRIX							METHOD PRESERVED											Analysis Request	Other	Comments							
Date	Time			Water	Soil			Air	Sludge	Other	Ice	HCl	HNO ₃	Other	BTX & TPH as Gas (MS2020 - 8017 MTBE)	TPH as Direct (8015)	Total Petroleum Oil & Grease (S20 BAR/BAF)	Total Petroleum Hydrocarbons (418.1)	EPA 601 / 8010	BTX ONLY (EPA 602 / 8020)	EPA 608 / 8080	EPA 608 / 8080 PCB'S ONLY	EPA 624 / 8240 / 8260	EPA 625 / 8270	PAH'S / PNA'S by EPA 625 / 8270 / 8310	CAM-17 Metals	LUFT 5 Metals	Lead (7240/7421/239-26010)	PCT						
OBL1	OAK	10/9	1045																																
OBD1		10/9	1100																																
OBD2		10/9	1100																																
OBC11			1145																																
OBC12			1145																																
OBL21			1145																																
OBL22			1145																																



Relinquished By: [Signature] Date: 10/9 Time: 1230 Received By: [Signature]
 Relinquished By: [Signature] Date: 10-9 Time: 1300 Received By: [Signature]
 Relinquished By: [Signature] Date: Time: Received By: [Signature]

Remarks: [Redacted]

ICE ✓
GOOD CONDITION ✓
HEAD SPACE ABSENT ✓

PRESERVATION APPROPRIATE ✓
CONTAINERS ✓

VOAS | O&G | METALS | OTHER

925 463 5399

[Signature]

McCAMPBELL ANALYTICAL INC.

110 2ND AVENUE SOUTH, #D7
PACIFIC CO, CA 94553-5560

Telephone: (925) 798-1620

Fax: (925) 798-1622

12680 X 4 162
CHAIN OF CUSTODY RECORD
TURN AROUND TIME RUSH 24 HOUR 48 HOUR 5 DAY

Report To: **JIM JONES** Bill To:

Company: **UNIVERSAL**

Tele: Fax:

Project #: Project Name: **DUGALS BROKEN W/**

Project Location:

Sampler Signature:

SAMPLE ID	LOCATION	SAMPLING		# Containers	Type Containers	MATRIX							METHOD PRESERVED		Analysis Request	Other	Comments		
		Date	Time			Water	Soil	Air Dust	Sludge	Other	Ice	HCl	HNO ₃	Other					
OR104C01		10/19		1	902	X													
OR1014 BAF		"		1	SAF	X													96981
ODDS		"		1		X													96982

Relinquished By: <i>[Signature]</i>	Date: <i>10/19</i>	Time: <i>1610</i>	Received By: <i>[Signature]</i>
Relinquished By:	Date:	Time:	Received By:
Relinquished By:	Date:	Time:	Received By:

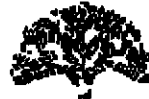
Remarks:

96981
96982
96983

**City Of Oakland
FIRE PREVENTION
BUREAU**

250 Frank Ogawa Plaza, Ste. 3341
Oakland California 94612-2032

510-238-3851



*Permit To Excavate And Install,
Repair,*

Or Remove Inflammable Liquid Tanks

Oakland, California September 22, 1998

Tank Permit Number: 147-98

Permission Is Hereby Granted To:

Remove gasoline & diesel

Tank And Excavate Commencing:

Feet Inside: property

Line.

On The:

Site Address: 3600 Alameda Ave.

Present Storage:

Owner: Owens-Brockway

Address: 3600 Alameda Ave.

Phone: 436-2058

Applicant: Universal Environmental

Address: 4101 Industrial Wy., Benicia 94510

Phone: (707) 747-6699

Dimensions Of Street (sidewalk) Surface To Be Disturbed :

X

No. Of Tanks

2

Capacity

See below

Gallons, Each

Remarks Remove (2) tanks; (1) diesel tank @ 4000 gal. and (1) gas tank @ 1000 gal.

This Permit Is Granted In Accordance With Existing City Ordinances. Owner Hereby Agrees To Remove Tanks On Discontinuance Of Use Or When Notified By The City Authorities When Installing, Removing Or Repairing Tanks, No Open Flame To Be On Or Near Premises.

CERTIFICATE OF TANK AND EQUIPMENT INSPECTION

Tank Removal: Inspected And Passed On: 10/9/98

By: *Hernán Gómez*

Tank Installations/modifications:

Pressure Test: Inspected By: _____

Date: _____

Primary Piping Test: Inspected By: _____

Date: _____

Secondary Containment & Sump Testing:

Inspected By: _____

Date: _____

Final: Inspected By: _____

Date: _____

Approved: _____

Inspection Fee Paid: \$ _____

Received By: _____

Before Covering Tanks, Above Certification Must Be Signed When Ready For Inspection Notify Fire Prevention Bureau 238-3851

THIS PERMIT MUST BE LEFT ON THE WORK SITE AS AUTHORITY THEREFORE

**OAKLAND FIRE SERVICES AGENCY, OFFICE OF EMERGENCY SERVICES
UNIFORM UNDERGROUND TANK SYSTEM CLOSURE INSPECTION REPORT**

Facility Name Duerr's Brook Kway
 Address 3600 Alameda
 Project Contact James Jones

Site ID. No. 68
 City Oakland Zip 94601
 Contact Phone No. pager (707) 491-6205

Tank ID No.	Diesel	Gasoline	
Size	4 K	1 K	
Construction Material	FG-2W	FG	
Single Double Wall	2W	2W	
Backfill Type	gravel	gravel ^{Tank placed on concrete pad}	
Oxygen <10%	20.7%	7.5%	
LEL <20%	0%	0%	
Tank Condition	Holes made during excavation →		
Soil/Groundwater Condition	Decoloration, odor H ₂ O in	Decoloration observed on silt wall	
Soil Sample Depth	10 feet	10 feet	
Number and Description of Soil/Groundwater Samples (Indicate Sample Locations on Site Plan.)	1 Soil sample w/ end OBD1 underneath soil 1 OBD2 E end *	1 Soil sample * Gravel in pit ground concrete pad - Reason for taking only 1 sample don't OBD1 E end *	0

Piping: Rinsed/Tested/Capped

Rinsate: Shipped on Manifest

Tank and Piping Transport:

Shipped on Manifest

Transporter Name Same as on Application

Vehicle Hazwaste Certificate Current

Samples Refrigerated

Sampling: Evidence Tape

Chain of Custody; Pipeline Samples Taken

Yes, No (If no, explain why in Comments.)

Soil Stored on Bermed Plastic and Covered.

Disposition of Tank Contents

Handled off to Erikson as H.W.

Comments/Special Conditions

Sample ran out of tank - H₂O table 10 feet
OBC 12 OBC 22 > composite from stockpile
OBC 21
 Site Plan: Attached

Inspector H. Guiney Agency OED Date 10/9/98 Start Time 10:01 Stop time _____

Signature of Contractor/Authorized Agent [Signature] Date 10/9/98 Page 1 of 1

CITY OF OAKLAND
FIRE PREVENTION BUREAU
250 Frank Ogawa Plaza, Ste. 3341
OAKLAND, CALIFORNIA 94612-2032
(510) 238-3851

APPLICATION for PERMIT to INSTALL, REMOVE or REPAIR TANKS
In the CITY OF OAKLAND

Request Submittal Date: 9/11/98

PLEASE CIRCLE APPROPRIATE ACTIONS: Application is hereby made for permit to:

(a) Remove (b) Install (c) Repair (d) Modify (e) Abandon/Close in Place A

(a) Gasoline (b) Fuel oil (c) Diesel (d) _____ tank(s) and excavate, commencing:

(a) four feet inside the curb line*; (b) inside the property line; (c) aboveground; (d) underground tank(s)
*inside curb line, please attach copy of sidewalk/excavation permit from PLANNING AND BUILDING

on the _____ side of _____ St./Ave. _____ feet _____ of _____ St./Ave.

Site Address: 3600 ALAMEDA AVE Present storage _____

Owner: OWENS - BROCKWAY Address 3600 ALAMEDA AVE Phone 510 436-2059

Applicant: UNIVERSAL ENVIRONMENTAL Address 4101 INDEPENDENCE WAY Phone 707-747-6699
Benicia 94510

Sidewalk surface to be disturbed X Number of Tanks 2 Capacity 4000 Gallons ca.
1500

Remarks _____

Signature [Signature]

PLEASE ATTACH/SUBMIT: (All applicants must have a City Business License Permit)

- (2) Copies of Closure Plans for underground tank removal(s)
- (2) Sets of plans and (1) copy of specifications for above ground tank removal
- (2) Sets of plans and (2) sets of application packets for underground tank installation/modifications
- (2) Sets of plans for aboveground tank installation
- copy or prepare to show Planning and Building approval for aboveground tank removal and tank repair

NOTE: FOR TANK INSTALLATION PLEASE SUBMIT THIS APPLICATION FORM ALONG WITH A
APPLICATION FOR PERMIT TO OPERATE, MAINTAIN OR STORE

FOR OFFICE USE ONLY

Permit No. 147-98
Copies to: Electrical Inspection

Amt. Recv'd 640 Date Issued: 9/22/98
Ck# 8901 Cash _____
Receipt# 776369 Recv'd by: SS

**City of Oakland, Fire Services Agency, Office of Emergency Services
Hazardous Materials Program
APPLICATION FOR UNDERGROUND TANK REMOVAL**

Project Contact & Phone #

STEVE SPRINGER

Facility Name

OWENS BROCKWAY

Phone# 570 436-2183

570 436-2058

Address

3600 ALAMEDA AVE

Cross Street

Owner/Operator

OWENS BROCKWAY

Phone# 570 436-2183

570 436-2058

Contractor Name

UNIVERSAL ENVIRONMENTAL

Phone# 707 747 6699

Contractor Address

4101 INDUSTRIAL BENICIA, CA 94800 CA License # 730700

Class A

Hazardous Waste Certified:

(Qualifying license category HAZARDOUS SUBSTANCE REMOVAL) Yes No

Workers Comp#

318-000531

City of Oakland Business Tax License #

1730207

Permit #

Does this site have a leaking UST (or did it have a leaking tank system?)

Yes

No

4000 GAL

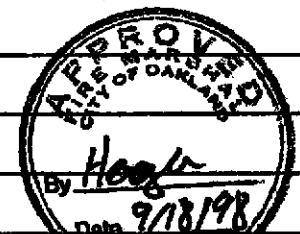
DIESEL

9-22-98

1000 GAL

GASOLINE

9-22-98



APPLICANT MUST PERFORM ALL WORK IN ACCORDANCE WITH CITY OF OAKLAND ORDINANCES, STATE LAWS, AND RULES AND REGULATIONS OF THE CITY OF OAKLAND FIRE SERVICES AGENCY. OWNER OR LICENSED AGENT'S SIGNATURE CERTIFIES THE FOLLOWING: I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL NOT EMPLOY ANY PERSON IN SUCH A MANNER AS TO BECOME SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA. CONTRACTOR'S HIRING OR SUBCONTRACTING SIGNATURE CERTIFIES THE FOLLOWING: I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL EMPLOY PERSONS SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA.

CITY OF OAKLAND
Fire Services Agency
Office of Emergency Services
Hazardous Materials Program
505-14th St., Suite 702
Oakland, CA 94612

UNDERGROUND TANK CLOSURE PLAN

(Complete according to instructions)

- 1) Name of Business Owens - Brooklyn
Business Owner or Contact Person (PRINT) HANK WIEGEL

- 2) Site Address 3600 ALAMEDA AVE
City Oakland Zip 94611 Phone 570 436 2058

- 3) Mailing Address Same as above
City _____ Zip _____ Phone _____

- 4) Property Owner Owens Brooklyn
Business Name (if applicable) _____
Address _____
City, State _____ Zip _____

- 5) Generator name under which tank will be manifested
Owens Brooklyn

- EPA ID Under which tank will be manifested CA

6) Contractor UNIVERSAL ENVIRONMENTAL
Address 4101 INDUSTRIAL WAY
City BENICIA Phone 707-747-669
License Type A IDS 730700

Effective January 1, 1992, Business and Professional Code Section 7058.7 require contractors to also hold Hazardous Waste certification issued by the State Contractor License Board

7) Consultant (if applicable) N/A
Address _____
City, State _____ Phone _____

8) Main Contact Person for Investigation (if applicable)
Name STEVE SPRINGER Title GENERAL FOREMAN
Company OWENS BRICK CO.
Phone 570 436 2183

9) Number of underground tanks being closed with this plan 2 (Confirmed with owner operator)

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name UNIVERSAL ENVIRONMENTAL EPA ID NO. CAF 983652272
Hauler License No. 730700 License Exp. Date 99
Address 4101 INDUSTRIAL WAY
City BENICIA State CA Zip 94510

b) Product/Residual Sludge/Rinsate Disposal Site

Name _____ EPA ID No. _____
Address _____
City _____ State _____ Zip _____

c) Tank and Piping Transporter

Name UNIVERSAL ENVIRONMENTAL EPA ID. No. CAD 983652272

c) Hauler License No. 3240 License Exp. Date 2001

Address 4101 INDUSTRIAL WAY

City Berwick State Ca Zip 94570

d) Tank and Piping Disposal Site

Name ERICKSON TRC EPA ID. No. CAD 982030173

Address 255 PARK ST

City Richmond State Ca Zip 94801

11) Sample Collector

Name MIKE WOOD

Company UNIVERSAL ENVIRONMENTAL

Address 4101 INDUSTRIAL WAY

City Berwick State Ca Zip 94570

Phone 707 747 6659

12) Laboratory

Name MACMILLAN LABS 925-7981620

Address 110 2ND AVE

City PACHECO State Ca Zip 94553

State Certification No. 1644

13) Have tanks or pipes leaked in the past Yes No Unknown

If yes, describe _____

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

By I.C.

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

The Bay Area Air Quality Management District, 415/771-6000 must also be contacted for tank removal permit. The use of a combustible gas indicator to verify tank inertness is required. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert. Note: you may be required to recalibrate the combustible gas indicator on site, to show that it is working properly.

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

Tank		Materials to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
1000	to client	① SOIL ② POSSIBLE GROUND WATER	POSTERIOR ① POSITION OF TAIL.
4000	1		DEPTH OF SAMPLES ② WILL BE 2' BELOW THE TANKS.

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

EXCAVATED/STOCKPILED SOIL

Stockpiled Soil volume (estimated) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">UNK</div>	Sampling Plan Composite Sample will include ④ Samples. ADDITIONAL SAMPLES MAY BE REQUESTED BY THE FIRE DEPT.
---------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------

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

Will the excavated soil be returned to the excavation immediately after tank removal?

yes
 No
 unknown

If yes, explain reasoning _____

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from Fire Services Agency, Office of Emergency Services. This means that the contractor, consultant, or responsible party must communicate with the Hazardous Materials Inspector IN ADVANCE of backfilling operations.

16. Chemical methods and associated detection limits to be used for analyzing samples:

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed.
See attached Table 2.

17. Submit Site Health and Safety Plan (see Instructions) to *fu*

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number		Method Detection Limit	
		Soil	WASTE		
DIESEL	EPA PROTOCOL SW 846	3550	3510	mg/kg	WL
		2070	8260		
		8240	AA		
		TXA BTX & E	TXA BTX & E		
		Pb	Pb		
UNLEADED GAS.	EPA PROTOCOL SW 846	5030	602	mg/kg	WL
		8020	624		
		6010	AA		

18. Submit Workers Compensation Certificate copy

Name of Insurer ALDEN LOUIS (SFC)

19. Submit Plot Plan ***** (Be Instructions) *****

20. Enclose Permit fee (See Instructions)

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

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

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business UNIVERSAL ENVIRONMENTAL

Name of Individual Don Okiya

Signature [Signature] Date 7/11/98

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Owens Brothers

Name of Individual Mark Wisel

Signature [Signature] Date 9/11/98

General Instructions

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

Line 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 Toxic Substances Control, 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 trig} water mark, etc.

16) CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS

See attached Table 2.

17) SITE HEALTH AND SAFETY PLAN

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

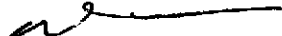
- / a) The name and responsibilities of the site health and safety officer.
- / b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;

INDICATE THE RESPONSIBLE PARTY TO BE BILLED FOR ADDITIONAL FSA/OES STAFF TIME EXPENDED BEYOND THE HOURS COVERED BY THE INITIAL DEPOSIT AMOUNT. THE PARTY MUST ACKNOWLEDGE THIS RESPONSIBILITY FOR THE ADDITIONAL BILLING BY SIGNATURE AND DATE BELOW.

NAME UNIVERSAL ENVIRONMENTAL

MAILING ADDRESS 4101 INDUSTRIAL WAY BENICIA CA 94510
STREET CITY, STATE, ZIP

DAY PHONE NUMBER 707 747-6699
area code phone #

SIGNATURE 

DATE 9-11-98

UNIVERSAL ENVIRONMENTAL
1898 Park Rd., Benicia, CA 94510
(707) 747-6699

SITE HEALTH AND SAFETY PLAN (SHSP)

CERTIFICATION

The purpose of this document is to outline the minimum requirements for working in a safe and healthful manner. The SHSP addendums shall be used for each project to update information pertaining to that location ie: specific hazards, spill contamination sources.

All provisions and requirements of this document remain in force until the Universal Environmental portion of the project is completely finished. Responsibility for compliance with this rests with the Site Safety Officer and Project Sponsor.

This document was prepared by:

9/13/98

Jim L. Bezough

This document was reviewed by:

9/13/98


James Jones
Safety Officer


Robert Brown, CIH, CSP, CBDM

EMPLOYMENT ACKNOWLEDGEMENT

I certify that I have read and understand the requirements of the Site Health and Safety Plan for this project. I will contact my supervisor if I have any questions regarding this project.

PRINTED NAME

SIGNATURE

DATE

2.2 Personnel Training

All Universal Environmental personnel working at this site will have completed training or orientation courses as follows:

- * 40 Hour Hazwopper
- * 8 Hour Refresher (annual)
- * Respiratory Protection
- * Lockout/Tagout
- * Prop 65
- * Hazard Communication/MSDS
- * Confined Spaces
- * PPE/Decon
- * SHSP Implementation

3.0 Site Hazards

The expected Hazards associated with this project are listed in table 4.

4.0 Safe work practices

- a) The field supervisor/foreman is responsible for ensuring that all members of the UE crew have the proper tools and safety equipment for that day's work.
- b) No smoking shall be allowed on job site.
- c) Wash before beginning breaks, lunch and at the completion of the work day
- d) All employees shall adhere to the safety requirements and PPE directed for work at the site
- e) Personnel shall be completely familiar with the SHSP and with the Client safety requirements before starting work on this project.
- f) Any personnel displaying signs of lethargy, dizziness, drowsiness, nausea, headaches, weakness or any other symptoms shall report immediately to their foreman or supervisor.

4.1 Tailgate safety meetings

Personnel shall attend a daily tailgate safety meeting briefing and shall be updated on changes in work schedules, work plans, hazards, PPE requirements, ect. A copy of the Site Health and Safety Plan will be reviewed by each employee. The foreman will assure that each employee understands the chemical and physical hazards outlined in the SHSP and operational plan. See Appendix C for tailgate safety meetings/audit forms.



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

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

REGULATION 8, RULE 40 NOTIFICATION FORM

- Check Removal or Replacement of Tanks
 Excavation of Contaminated Soil

SITE INFORMATION

Site Address 3600 ALAMEDA AVE.

City, State OAKLAND, CA Zip 94601

Owner Name OWENS - BREEZWAY

Specific location of project SAME AS ABOVE

Tank Removal

Scheduled startup date 10/6/98

Vapors removed by:

- Water wash
 Vapor freeing (CO₂)
 Ventilation

Indicate below if an A/C was obtained for tank replacement:

Yes No If yes, A/C or P/O # _____

Contaminated Soil Excavation

Scheduled Startup Date _____

Stockpiles will be covered? Yes No

Indicate below the method used to comply with Regulation 8, Rule 40, Section 402.4:

Check 8-40-301 8-40-302 (permit required)

A/C or P/O # _____

A/C = Authority to Construct P/O = Permit to Operate

What other public agency have you notified (e.g., Fire District, Hazardous Materials Department, City or County)?

Agency FIRE PREVENTION CITY OF OAKLAND Contact HERMAN GOMEZ Phone # (510) 238-7253

CONTRACTOR INFORMATION

Name UNIVERSAL ENVIRONMENTAL

Contact DON OLIVA

Address 4101 INDUSTRIAL WAY

Phone (707) 747 6699

City, State, Zip BENICIA, CA 94610

CONSULTANT INFORMATION (if applicable)

Name

Contact

Address

Phone ()

City, State, Zip

FOR OFFICE USE ONLY

Date Received Fax:

Date Postmarked:

Inspector No.:

Date:

By _____

Update: Contact Name

Date:

By _____

Update: Contact Name

Date:

By _____

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 checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED 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: Owen Brewery

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <u>1, 2</u>	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) <u>1987</u>	D. TANK CAPACITY IN GALLONS: <u>1000, 4000</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 1c MIDGRADE 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 checked="" type="checkbox"/> 1 DOUBLE WALL <input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM <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 checked="" type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 8 100% METHANOL COMPATIBLE WFRP <input type="checkbox"/> 99 OTHER _____
C. INTERIOR LINING OR COATING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input 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. EXTERIOR 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 type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER _____
E. SPILL AND OVERFILL, etc. OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____ SPILL CONTAINMENT INSTALLED (YEAR) _____ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___ DROP TUBE YES ___ NO ___		

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

A. SYSTEM TYPE A U 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER	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 U 95 UNKNOWN A U 99 OTHER	D. LEAK DETECTION <input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR <input checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING <input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR <input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN <input type="checkbox"/> 99 OTHER _____
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V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK <input checked="" type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION <input type="checkbox"/> 5 SIR	<input type="checkbox"/> 3 VADOSE MONITORING <input type="checkbox"/> 8 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING <input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 5 GROUND WATER MONITORING <input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 6 ANNUAL TANK TESTING <input type="checkbox"/> 99 OTHER
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VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input 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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>Steve Springer, Steve Springer</u>	DATE <u>9-11-98</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	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM IS NOT VALID FOR PERMITS FOR TANKS THAT ARE BEING REMOVED OR FOR TANKS THAT ARE BEING CLOSED PERMANENTLY.