

ENVIRONMENTAL
PROTECTION
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TANK REMOVAL REPORT

Chan's Shell
726 Harrison St.
Oakland, CA 94607

Prepared for:

Mr. Ken Chan
Chan's Shell
726 Harrison St.
Oakland, CA 94507



Prepared by:

All Environmental, Inc.
2641 Crow Canyon Road, Suite 5
San Ramon, CA 94583

October 8, 1995

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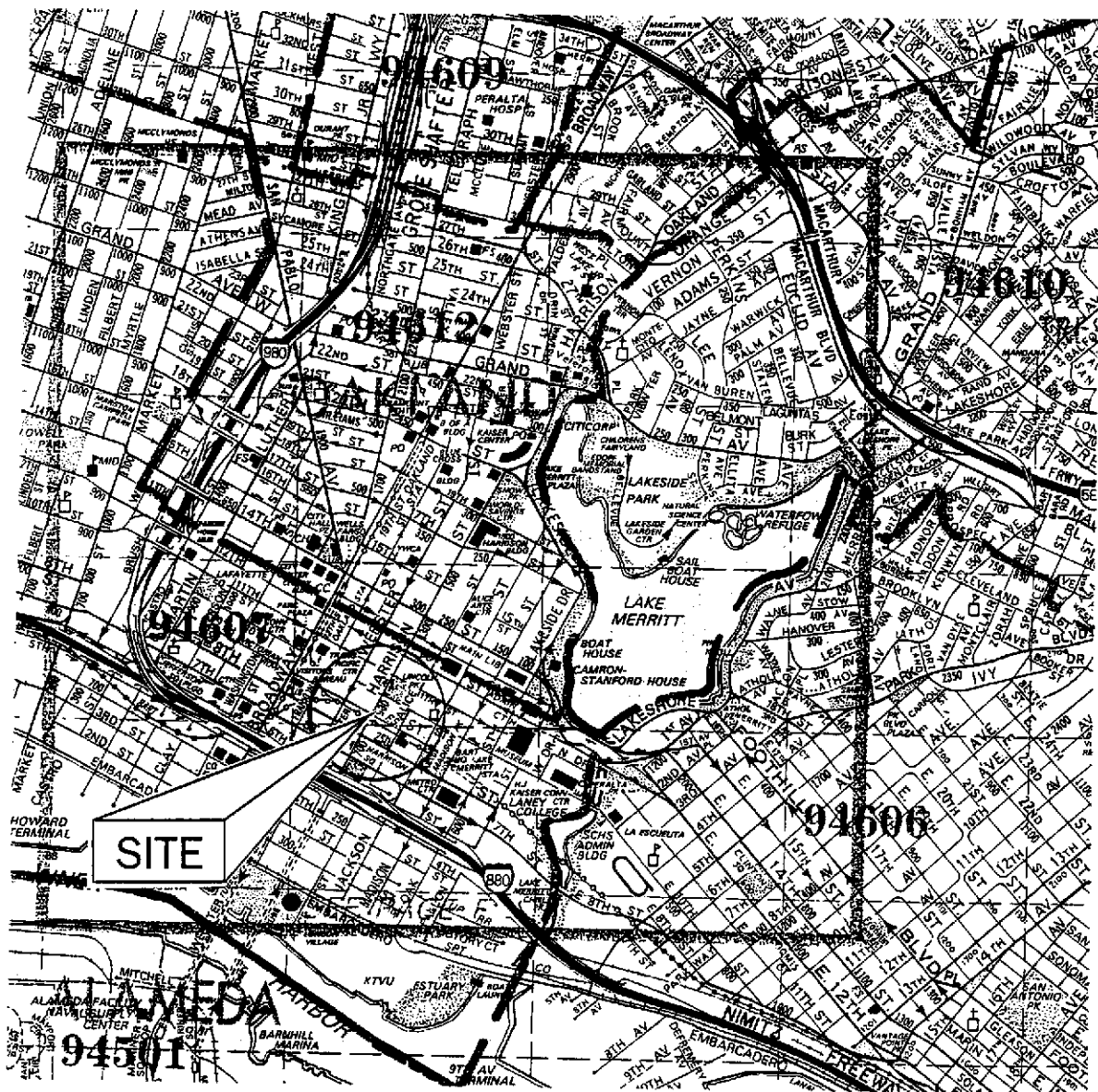
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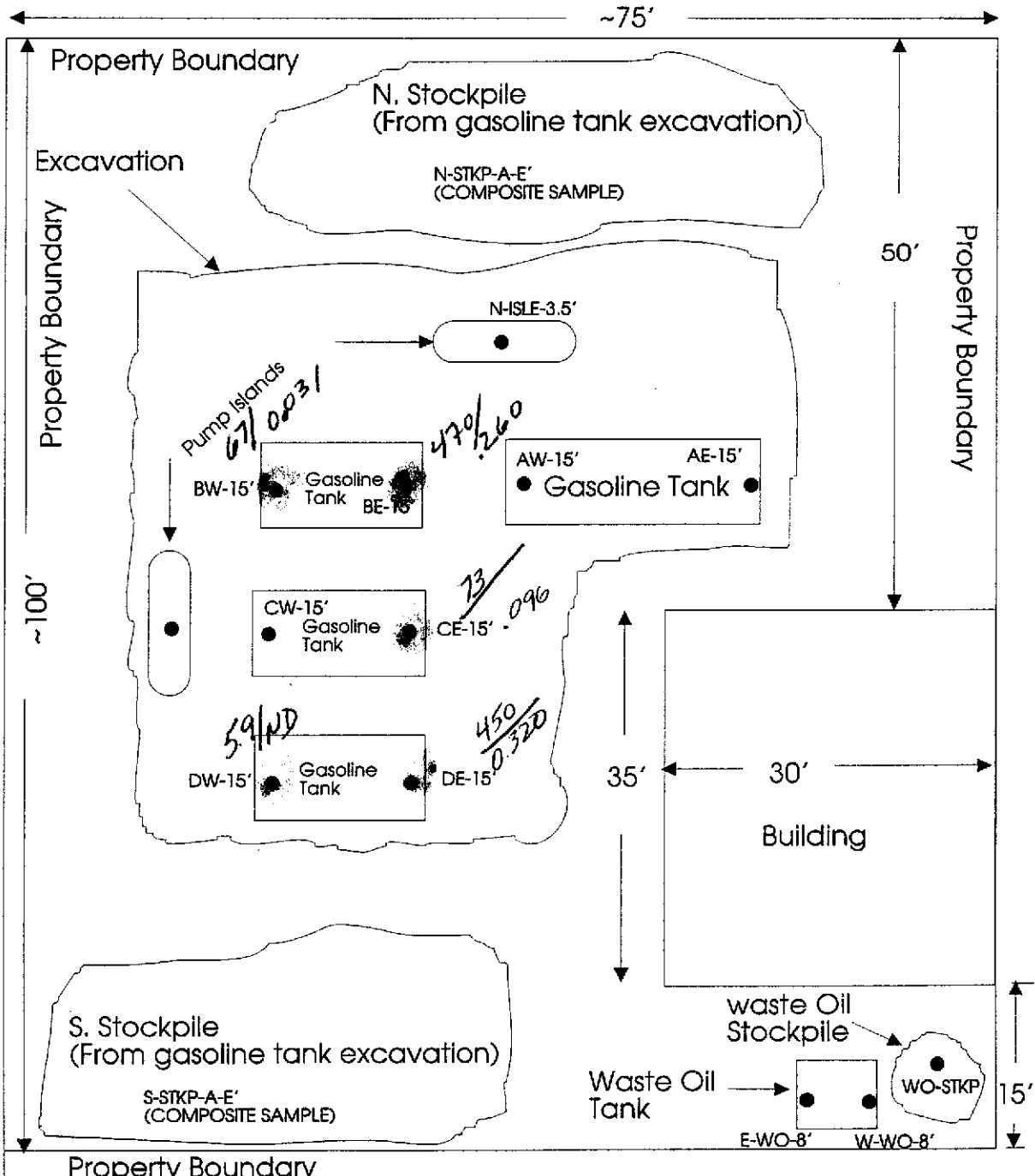
Scale: 1" = 2200'



ALL ENVIRONMENTAL, INC. 2641 CROW CANYON ROAD, SAN RAMON, CA	
DRAWN BY: MK	REVISED BY:
DATE: July, 1995	APPROVED BY:
SITE LOCATION MAP	
Figure 1	726 Harrison St., Oakland

8th Street

Harrison Street



Scale: 1" = 15'

ALL ENVIRONMENTAL, INC.	
2641 CROW CANYON ROAD, SAN RAMON, CA	
DRAWN BY: MK	REVISED BY:
DATE: July, 1995	APPROVED BY:
SITE PLAN	
Figure 2	726 Harrison St., Oakland

All tanks shown have been removed.

1.0 INTRODUCTION

All Environmental, Inc. (AEI) has prepared this final report to document five underground storage tank (UST) removals performed at 726 Harrison Street, Oakland, California (Figure 1: Site Location Map). One 1000-gallon waste oil, three 5000-gallon gasoline, and one 8000-gallon gasoline underground storage tanks were removed from the property. The location of the tanks, pump islands, and other site features are shown on Figure 2, Site Plan.

AEI was contracted to obtain all necessary permits, excavate soil in order to expose the tanks, remove and dispose of residual liquids from the tanks, remove and dispose of the tanks, perform soil sampling, laboratory analyses, backfill, and resurface the excavations.

2.0 PERMITS

On August 22, 1995, the Underground Storage Tank Closure Permit was approved by the Alameda County Health Care Services Agency (ACHCSA) for the removal of the underground storage tanks. Hazardous Materials Specialist Ms. Madhulla Logan of the ACHCSA, Department of Environmental Health, Hazardous Materials Division, was assigned to oversee activities at the site. Hazardous Materials Specialist Mr. Barney Chan visited the site on behalf of Ms. Logan. On October 4, 1995, Cal OSHA and the Bay Area Air Quality Management District (BAAQMD) were notified of the excavation plans. A permit (#9956) to excavate the tanks from the City of Oakland Fire Department was approved prior to conducting work at the site. The excavation areas were marked and the property owner and operator were notified of the specific time plan.

Copies of the permits and notification documents are located in Appendix A: Permits and Notification Documents.

3.0 MOBILIZATION, EXCAVATION AND REMOVAL

On October 6, 1995, the site personnel were briefed on the scheduled work and reviewed the Health and Safety Plan prior to the initiation of work. The Site Health and Safety Plan is located in Appendix B. Ground cover was broken and the soil above the five tanks was excavated. All excavated soil was segregated into stockpiles adjacent to the excavations.

Waste Oil Recovery removed the residual liquids on October 6, 1995 from the tanks with a vacuum truck. The liquid was transported, under uniform hazardous waste manifest, to the Alviso Independent Oil facility located at 5002 Archer street in Alviso, California, for disposal. The hazardous waste manifest for this liquid is located in Appendix C: Transport and Disposal Documents.

The underground fuel tanks were inerted with dry ice until the Lower Explosive Limit (LEL) and oxygen content reached acceptable levels. Fill piping and various lines were disassembled and disposed of with the tanks. The tanks and associated piping were visually inspected prior to loading for transport. The gasoline tanks appeared to be in good condition and no holes were observed. Several holes were observed in the removed waste oil tank. A fuel odor emanating from the excavation was noted during the removal process.

The tanks were loaded onto a Dexanna, Inc. truck and transported under hazardous waste manifest to the Erickson Disposal Facility at 255 Parr Boulevard in Richmond, California,

where the tanks were triple rinsed, cut, and recycled as scrap metal. The hazardous waste manifest for the tanks is located in Appendix C.

4.0 SAMPLING AND ANALYSES

A total of fifteen soil samples were collected in association with the tank removal activities. All samples were collected under the direction of ACHCSA Hazardous Materials Specialist Barney Chan. One soil sample was taken approximately two feet below the bottom of each end of the five tanks, for a total of ten samples. Gasoline tanks were designated as tanks A, B, C, and D. The waste oil tank was designated as tank E. Sample numbers beginning with the letter "A" were obtained below tank "A," sample numbers beginning with the letter "B" were obtained below tank "B," and so forth. One sample was obtained from below the northernmost pump island, and one sample was obtained from below the south pump island. A composite soil sample was taken from the north stockpile; another composite soil sample was taken from the south stockpile. One discrete sample was obtained from the waste oil stockpile.

The native soil beneath the tanks was primarily clayey sand. Hydrocarbon odor and staining was noted in the gasoline tank excavations and associated stockpiled soil. All sample locations are shown in Figure 3: Sample Location Map.

All soil samples were collected in brass tubes which were driven into the soil until completely full, removed, then sealed with aluminum foil, plastic caps, and tape. The secured sample tubes were labeled and placed into a cooler with ice. The samples were brought to AEI offices placed in a refrigerator until relinquished to Priority Environmental Labs on October 10, 1995. All procurement, transport and relinquishing of samples was conducted according to Chain of Custody protocol.

Analyses of the soil samples by Priority Environmental Labs (State Certification #1708) included Total Petroleum Hydrocarbons as gasoline (TPHg) (EPA method 5030/8015), TPH as diesel (TPHd) (EPA method 3550/8015), and Benzene, Toluene, Ethylbenzene, Xylenes (BTEX) (EPA method 8020), Methyl Tertiary Butyl Ether (EPA method 8020), Oil & Grease (EPA methods 5520 D & F) and the metals cadmium, chromium, lead, nickel, and zinc (EPA methods 7130, 7190, 7420, 7520, and 7950). Copies of all analytical results and chain of custody are located in Appendix D: Sample Analytical Documentation.

The analyses are summarized below in Table 1.

Table 1: Soil Sample Analyses

Sample ID	MTBE (mg/kg)	Gasoline (mg/kg)	Diesel (mg/kg)	Oil & Grease (mg/kg)	Benzene (ug/kg)	Toluene (ug/kg)	Ethyl Benzene (ug/kg)	Total Xylenes (ug/kg)
AE-15'	ND	ND	ND	---	ND	ND	ND	ND
AW-15'	ND	ND	ND	---	ND	ND	ND	ND
BE-15'	ND	470	ND	---	260	520	630	1500
BW-15'	ND	67	---	---	31	52	57	170
CE-15'	ND	73	---	---	96	120	130	350
CW-15'	ND	ND	---	---	ND	ND	ND	ND
DE-15'	ND	450	---	---	320	640	790	2200
DW-15'	ND	5.9	---	---	ND	9.5	11	65
E-WO-8'	ND	ND	ND	85	ND	ND	ND	ND
N-ISLE-3.5'	ND	3.7	---	---	6.0	13	11	57
N-STKP-A,B,C,D,E*	ND	ND	---	---	ND	ND	ND	ND
S-ISLE-3.5'	ND	ND	---	---	ND	ND	ND	ND
S-STKP-A,B,C,D,E *	ND	94	---	---	29	60	90	320
W-WO-8'	ND	ND	ND	24	ND	ND	ND	ND
WO-STKP	ND	ND	ND	340	ND	ND	ND	ND

(mg/kg) = ppm or parts per million

(ug/kg) = ppb or parts per billion

ND = Not Detected

* = Composite sample

--- = Not Analyzed

Table 2: Soil Sample Analyses

Sample ID	Cadmium (mg/kg)	Chromium (mg/kg)	Lead (mg/kg)	Nickel (mg/kg)	Zinc (mg/kg)
AE-15'	---	---	5.2	---	---
AW-15'	---	---	3.9	---	---
BE-15'	---	---	9.7	---	---
BW-15'	---	---	4.1	---	---
CE-15'	---	---	3.2	---	---
CW-15'	---	---	3.2	---	---
DE-15'	---	---	3.3	---	---
DW-15'	---	---	5.5	---	---
E-WO-8'	---	---	3.0	---	---
N-ISLE-3.5'	---	---	1.9	---	---
N-STKP-A,B,C,D,E*	---	---	2.6	---	---
S-ISLE-3.5'	---	---	5.3	---	---
S-STKP-A,B,C,D,E *	8.1	38	20	49	210
W-WO-8'	2.2	21	5.2	26	83
WO-STKP	4.1	31	9.1	36	310

(mg/kg) = ppm or parts per million

(ug/kg) = ppb or parts per billion

ND = Not Detected

* = Composite sample

--- = Not Analyzed

5.0 BACKFILL AND RESURFACING

Backfilling and resurfacing will occur following overexcavation of contaminated soil from the gasoline tank excavation. Details of the overexcavation, soil disposal, backfilling, and resurfacing will be summarized in a report following completion of such work.

6.0 DISCUSSION AND CONCLUSIONS

Five underground fuel storage tanks were removed from the property at Chan's Shell, located at 726 Harrison Street in Oakland, California. The tanks were transported as hazardous waste to the Erickson Disposal Facility in Richmond, California where they were cleaned and disposed of as scrap metal.

Significant contamination as TPHg and BTEX were detected in soil samples obtained from below gasoline tanks B, C, and D. Refer to Figure 2 and Tables 1-2). Relatively high concentrations of Oil & Grease were detected in the sample taken from the waste oil tank stockpile.

AEI plans on conducting overexcavation of soil that contains concentrations of TPHg exceeding 100 ppm. Concentrations of TPH in soil that are below 100 ppm generally do not warrant overexcavation or other remedial measures. Existing stockpiled soil and additional overexcavated soil will be disposed of at an appropriate landfill facility. The specific landfill will be chosen on the basis of analytical results of representative soil samples obtained from soil stockpiled at the site.

Groundwater was not encountered during the excavation activities, but probably occurs approximately 20 feet below ground surface. It is not known at this time if further assessment of groundwater conditions will be required by the ACHCSA.

7.0 REPORT LIMITATIONS

This report presents a summary of work completed by All Environmental, Inc., including observations and descriptions of site conditions encountered. Where appropriate, it includes analytical results for samples taken during the course of the work. The number and location of samples are chosen to provide required information, but it cannot be assumed that they are representative of areas not sampled. All conclusions and/or recommendations are based on these analyses and observations, and the governing regulations. Conclusions beyond those stated and reported herein should not be inferred from this document.

All Environmental, Inc. warrants that all services were performed in accordance with generally accepted practices, in the environmental engineering and construction field, which existed at the time and location of the work.

APPENDIX A
PERMITS AND NOTIFICATION DOCUMENTS

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 HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.	
REPORT DATE 10/06/95		CASE #		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Michael Killoran		PHONE (510) 820-3224	SIGNATURE <i>Michael Killoran</i>	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME All Environmental, Inc.		
ADDRESS 2641 Crow Canyon Rd, San Ramon, CA 94583					
RESPONSIBLE PARTY	NAME Ken Chan		CONTACT PERSON Ken Chan	PHONE (510) 444-6583	
	ADDRESS 726 Harrison St., Oakland, CA 94607				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Chan's Shell		OPERATOR	PHONE ()	
	ADDRESS 726 Harrison St., Oakland, Alameda 94607				
	CROSS STREET 8th St.				
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Care Services Agency		AGENCY NAME Agency	CONTACT PERSON Madhulla Logan	PHONE (510) 567-6700
	REGIONAL BOARD				
SUBSTANCES INVOLVED	(1) NAME Gasoline		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2) NAME Waste oil		<input checked="" type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 10/06/95		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 checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 10/06/95				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" 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 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 checked="" type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input 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) (SEE BACK FOR DETAILS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (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	Two of ten soil samples from excavations Two of ten soil samples from excavations contained > 100 ppm TPHg.				

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 ENVIRONMENTAL PROTECTION DIVISION
 1131 HARBOR BAY PARKWAY, RM 250
 ALAMEDA, CA 94502-6577
 PHONE # 510/567-6700
 FAX # 510/337-9335**

ACCEPTED

Underground Storage Tank Closure Permit Application
 Alameda County Division of Hazardous Materials
 80 Swan Way, Suite 209,
 Oakland, CA 94621
 Telephone: (510) 271-4320

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/destruction. A copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal, installation or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws.

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

- _____ Removal of Tank(s) and Piping
 - _____ Sampling
 - _____ Final Inspection
- Issues of a) permit to operate, b) permanent fire protection, c) compliance with accepted plans and all applicable laws and regulations.

Handwritten signature: Mary J. ... 1/95

*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact: (510) 271-4320
 FAX: (510) 271-4320

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

Name of Business Shell Oil (Chan's) ^{Ken}

Business Owner or Contact Person (PRINT) Ken Chan

2. Site Address 726 Harrison St.

City Oakland Zip CA 94507 Phone (510) 444-6583

Mailing Address 4328 Edgewood Ave

City Oakland, CA Zip 94602 Phone _____

Property owner Ken Chan

Business Name (if applicable) Shell Oil

Address 726 Harrison St

City, State Oakland, CA Zip 94507

3. Generator name under which tank will be manifested
Ken Chan

EPA ID# under which tank will be manifested CA 4000089998

6. Contractor All Environmental, Inc.
Address 2641 Crow Canyon Rd, Suite 5
City San Ramon, CA 94583 Phone (910) 820-3224
License Type _____ ID# _____

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

7. Consultant (if applicable) All Environmental, Inc
Address 2641 Crow Canyon Rd, Suite 5
City, State San Ramon, CA Phone 94583

8. Main Contact Person for Investigation (if applicable)
Name Ken Chan Title Owner
Company Shell Oil (Chan's)
Phone (510) 444-6583

9. Number of underground tanks being closed with this plan 5
Length of piping being removed under this plan 10'
Total number of underground tanks at this facility (**confirmed with owner or operator) 5

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 Waste Oil Recovery EPA I.D. No. CA L000137592
Hauler License No. 0843 License Exp. Date 6/31/96
Address 6401 Leona St
City Oakland State CA Zip 94605

b) Product/Residual Sludge/Rinsate Disposal Site

Name Demeeno Kerdon EPA ID# CAT080013352
Address 2000 North Alameda
City Compton State CA Zip 90221

c) Tank and Piping Transporter

Name Dexanna, Inc. EPA I.D. No. CAD982438566

Hauler License No. 2883 License Exp. Date 5/30/96

Address 3104 Athene Court

City Concord State CA Zip 94519

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD009466392

Address 255 Parr Blvd

City Richmond State CA Zip 94801

Sample Collector

Name Dusty Roy

Company All Environmental, Inc

Address 2641 Crow Canyon Rd

City San Ramon State CA Zip 94583 Phone (510)820-3224

Laboratory

Name Priority Environmental Labs

Address 1764 Houret Court

City Milpitas State CA Zip 95035

State Certification No. 1708

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

If yes, describe. _____

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

*Dry ice at a rate of at least 1.5 lbs.
per 100 gallons of tank volume*

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

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

5. Tank History and Sampling Information *** (see instructions) ***

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity (gallons)	Use History include date last used (estimated)		
5,000	gasoline (recent)	Soil (and groundwater if encountered) below each of the 5 tanks	2 soil samples from each end of each tank, 2' below each tank bottom.
5,000	gasoline (recent)		
5,000	gasoline (recent)		
8,000	gasoline (recent)		
1,000	waste oil (recent)		

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)

Sampling Plan

50 cubic yards

One composite of four soil samples taken by driving a brass tube into the soil. Samples will be secured with aluminum or teflon foil, plastic end caps, and tape. Samples will be transported under chain of custody to a California State Certified Lab.

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

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

If yes, explain reasoning _____

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

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

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

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPH-gasoline	EPA 5030/8015		1 ppm
TPH-diesel	EPA 3510/8015		1 ppm
BTEX	EPA 5030/8020		5 ppb
Chlorinated Hydrocarbons	EPA 8010		5 ppb
LUFT Metals (Cd, Cr, Pb, Zn, Ni)	LUFT Method		0.5 ppm
Oil & Grease	5520 D & F		50 ppm
VNAs	8270 (EPA)		

MTBE

EPA 8020

5ppb (water samples)

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 TPH D BTX&E TPH AND BTX&E 8260	GCFID(5030) GCFID(3550) 8020 or 8240 8260	TPH G TPH D BTX&E	GCFID(5030) GCFID(3510) 602, 624 or 8260
Leaded Gas	TPH G BTX&E TPH AND BTX&E 8260 TOTAL LEAD AA -----Optional-----	GCFID(5030) 8020 OR 8240 8260 AA DHS-LUFT DHS-AB1803	TPH G BTX&E TOTAL LEAD AA	GCFID(5030) 602 or 624 AA DHS-LUFT DHS-AB1803
Unleaded Gas	TPH G BTX&E TPH AND BTX&E 8260	GCFID(5030) 8020 or 8240 8260	TPH G BTX&E	GCFID(5030) 602, 624 or 8260
Diesel, Jet Fuel and Kerosene	TPH D BTX&E TPH AND BTX&E 8260	GCFID(3550) 8020 or 8240 8260	TPH D BTX&E	GCFID(3510) 602, 624 or 8260
Fuel/Heating Oil	TPH D BTX&E TPH AND BTX&E 8260	GCFID(3550) 8020 or 8240 8260	TPH D BTX&E	GCFID(3510) 602, 624 or 8260
Chlorinated Solvents	CL HC BTX&E CL HC AND BTX&E 8260	8010 or 8240 8020 or 8240 8260	CL HC BTX&E CL HC AND BTX&E 8260	601 or 624 602 or 624 8260
Non-chlorinated Solvents	TPH D BTX&E TPH AND BTX&E 8260	GCFID(3550) 8020 or 8240 8260	TPH D BTX&E TPH and BTX&E 8260	GCFID(3510) 602 or 624 8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G TPH D TPH AND BTX&E 8260 O & G BTX&E CL HC	GCFID(5030) GCFID(3550) 8260 5520 D & F 8020 or 8240 8010 or 8240	TPH G TPH D O & G BTX&E CL HC	GCFID(5030) GCFID(3510) 5520 B & F 602, 624 or 8260 601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni METHOD 8270 FOR SOIL OR WATER TO DETECT:		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 extractable, respectively) are to be analyzed and characterized by GC/FID 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.

10. 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.

11. 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.

12. 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 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.

8. Submit Worker's Compensation Certificate copy

Name of Insurer State Fund

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

Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business All Environmental, Inc.

Name of Individual Michael J. Killoran

Signature [Signature] Date 8/10/95

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business KINS SHELL NO I

Name of Individual Kim Chan

Signature [Signature] Date 8/17/95

General Instructions

Three (3) copies of this plan plus attachments and a 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.
- * State of California Permit Application Forms A and B are to be submitted to this office. One Form A per site, one Form B for each removed tank.

Line Item Specific Instructions2. 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 high 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;
- 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) A page for employees to sign acknowledging that 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 excerpted 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 tank(s) and piping in addition to the tank(s) being removed.

DEPOSIT

A deposit, payable to "County of Alameda" 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 this office or from the San Francisco Bay Regional Water Quality Control Board (510/286-1255). 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) Detailed description of sampling methods; i.e. backhoe bucket, drive sampler, bailer, bottle(s), sleeves
- 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) Documentation of the disposal of/and volume and final destination of all non-manifested contaminated soil disposed offsite.

ACTIVITY NOTIFICATION FORM FOR HOLDERS OF ANNUAL PERMITS Scaffolding Falsework Trenches/Excavations

CCR 341.1(f) REQUIRES HOLDERS OF ANNUAL PERMITS TO PROVIDE NOTIFICATION TO THE DOSH OFFICE NEAREST THE PROJECT PRIOR TO COMMENCEMENT OF ANY WORK. THIS FORM IS PROVIDED FOR YOUR CONVENIENCE TO USE FOR SUCH NOTIFICATION.

THIS FORM MAY BE FAXED TO THE NEAREST DOSH OFFICE TO COMPLY WITH THE ABOVE. PLEASE DO NOT MAIL DUPLICATE NOTIFICATION TO FOLLOW-UP FAX NOTIFICATION.

FAX DATA: FAXED TO Oakland DOSH DISTRICT OFFICE ON 10/4/95
DOSH FAX NO. (510) 568-7092 BY Michael Killoran

Company Name: All Environmental, Inc. Field Phone: (415) 406-3993
Annual Permit Number: 560203 Office Phone: (510) 820-3224
Issuing Region: Sacramento Issuing District: Concord
Specific Activity Location: 726 Harrison St. Number of Employees: 8
Nearest Major Cross Street: 8th St. Starting Date: 10/6/95
City: Oakland Anticipated Completion Date: 10
County: Alameda High Voltage Lines in Proximity? No Yes

INSTRUCTIONS: The appropriate item(s) must be completed and signed by a person knowledgeable about the project for each activity covered by a permit. Please fill in or check off the blanks where appropriate.

Scaffolding: Height _____ Metal _____ Wood _____ Wood over 60 Feet _____ Metal over 125 Feet _____
Metal > 125 Feet or Wood > 60 Feet requires design by California Registered Civil Engineer & Plans at Site. (See 8 CCR 1644(c)(7))

Description: _____

Falsework/Vertical Shoring: Maximum Height _____ Maximum Span _____ Material _____
Description: _____
(See 8 CCR 1717)

Trenches/Excavations: Depth Range(Min/Max): 8-12 Width Range(Min/Max): 10-15 Total Length 15
Ground Protection Method: Shoring _____ Sloping Trench Shield _____ Professional Engineer _____
Underground Services Alert(USA) Number Pending (NORTH 1-800-642-2444/SOUTH 1-800-422-4133)

Soil Analysis to be done? Yes _____ No If No, You Must Slope 1.5 to 1.
Competent Person: The holder of an Annual Permit who is notifying the District of the commencement of a Trench and/or Excavation project shall designate a competent person in accordance with the requirements of 8 CCR Section 1504, 1541, and 1541.1.

Description: Removal of (3) 5,000 gal. gasoline, (1) 8,000 gal gasoline, and (1) 500 gal waste oil tank

Ground protection methods for excavations deeper than 20 feet must be designed by a Registered Professional Engineer. See 8 CCR 1541.1, Appendix F.

I hereby certify that to the best of my knowledge the above information and assertions are true and correct and that I/the applicant have the knowledge of and will comply with the foregoing.
Signature: [Signature]
Title: Senior Geologist Date: 10/4/95



**BAY AREA AIR QUALITY
MANAGEMENT DISTRICT**
909 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

REGULATION 3, RULE 4c
Aeration of Contaminated Soil and
Removal of Underground Storage Tanks

NOTIFICATION FORM
 Removal or Replacement of Tanks
 Excavation of Contaminated Soil

SITE INFORMATION

SITE ADDRESS <u>726 Harrison St.</u>	
CITY, STATE <u>Oakland, CA</u>	ZIP <u>94607</u>
OWNER NAME <u>Ken Chan</u>	
SPECIFIC LOCATION OF PROJECT <u>Adjacent to pump islands and station building</u>	
<u>TANK REMOVAL</u>	<u>CONTAMINATED SOIL EXCAVATION</u>
SCHEDULED STARTUP DATE <u>10/6/95</u>	SCHEDULED STARTUP DATE <u>N/A</u>
VAPORS REMOVED BY:	STOCKPILES WILL BE COVERED? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> WATER WASH	ALTERNATIVE METHOD OF AERATION (DESCRIBE BELOW):
<input checked="" type="checkbox"/> VAPOR FREEING (CO ²)	_____
<input type="checkbox"/> VENTILATION	(MAY REQUIRE PERMIT)

CONTRACTOR INFORMATION

NAME <u>All Environmental</u>	CONTACT <u>Mike Killoran</u>
ADDRESS <u>2641 Crow Canyon Rd</u>	PHONE (510) <u>820-3224</u>
CITY, STATE, ZIP <u>San Ramon, CA 94583</u>	

**CONSULTANT INFORMATION
(IF APPLICABLE)**

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

FOR OFFICE USE ONLY

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

Excavation Permit Granted

No.

CITY OF OAKLAND

Tank Permit

Permit to Excavate and Install, Repair, or Remove Inflammable Liquid Tanks.

No. 9956

Oakland, California

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

East side of Harrison

Street ~~XXXX~~ 30 feet south of 8th St. Street Ave

726 Harrison St.

Street Avenue Present Storage 4-gasoline; 1-waste oil

Ken Chan

Address 4328 Edgewood Ave. oak 94602 Phone 444-6583

API Environmental, Inc.

Address 2641 Crow Canyon Rd., #5 San Ramon, 94583 Phone 820-3224

Portions of street (sidewalk) surface to be disturbed Number of Tanks 5 Capacity 1000 to 8000 Gallons, or

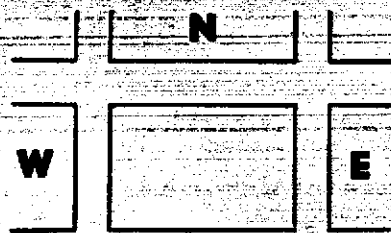
(3) 5000 gal. gasoline; (1) 8000 gal. gasoline; (1) 1000 gal. waste oil

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.

Fire Marshal



Drainage Division Engineering Dept.

EXCAVATING PERMIT

Issued in accordance with Ord. No. 278 CMS, Sec. 4-2.04

_____ square feet of digging or removal granted.

Receipt of \$ _____ special deposit is hereby acknowledged.

GENERAL DEPOSIT.

BUREAU OF PERMITS AND LICENSES.

CERTIFICATE OF TANK AND EQUIPMENT INSPECTION

Inspected and passed on _____ 19__

By _____ Fire Marshal

Section Fee Paid \$ 350.00

Issued by S. Smith ck#4429 receipt#727422

FIRE PREVENTION BUREAU

NOTICE

Before Covering Tanks, Above Certificate Must Be Signed.

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

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

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 type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME <i>Chan's Shell</i>		NAME OF OPERATOR <i>Ken Chan</i>		
ADDRESS <i>726 Harrison St.</i>		NEAREST CROSS STREET <i>8th St.</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Oakland</i>		STATE <i>CA</i>	ZIP CODE <i>94607</i>	SITE PHONE # WITH AREA CODE <i>(510) 444-6583</i>
<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> CORPORATION	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LOCAL AGENCY DISTRICTS*
	<input type="checkbox"/> COUNTY AGENCY*	<input type="checkbox"/> STATE AGENCY*	<input type="checkbox"/> FEDERAL AGENCY*	
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST				
TYPE OF BUSINESS		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <i>5</i>	E. P. A. I. D. # (optional)
<input checked="" type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM	<input type="checkbox"/> 4 PROCESSOR	<input type="checkbox"/> 5 OTHER

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Chan, Ken</i>	PHONE # WITH AREA CODE <i>(510) 444-6583</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>Ken Chan</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>4328 Edgewood Ave</i>		<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME <i>Oakland</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY
		<input type="checkbox"/> STATE AGENCY	<input type="checkbox"/> FEDERAL AGENCY	
	STATE <i>CA</i>	ZIP CODE <i>94602</i>	PHONE # WITH AREA CODE	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>Ken Chan</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>4328 Edgewood Ave</i>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME <i>Oakland</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY
		<input type="checkbox"/> STATE AGENCY	<input type="checkbox"/> FEDERAL AGENCY	
	STATE <i>CA</i>	ZIP CODE <i>94602</i>	PHONE # WITH AREA CODE	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

TY (TK) HQ

V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED

<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input checked="" type="checkbox"/> OTHER	<i>State Fund</i>

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

OWNER'S NAME (PRINTED & SIGNED) <i>Michael Killoran for Ken Chan, owner</i>	OWNER'S TITLE <i>Ken Chan, Owner</i>	DATE MONTH/DAY/YEAR <i>8/22/95</i>
--	---	---------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # <input type="text" value="0"/> <input type="text" value="9"/>	JURISDICTION # <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="7"/>	FACILITY # <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>
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.

OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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: General Chan's Shell

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

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

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<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"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>Waste oil</u>					C. A. S. #:

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input 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	<input checked="" type="radio"/> U 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 checked="" 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 type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input 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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>8/11/95</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u><10</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) Michael J. Killoran DATE 8/22/95

LOCAL AGENCY USE ONLY	THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW
STATE I.D.#	COUNTY # JURISDICTION # FACILITY # TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE PERMIT EXPIRATION DATE

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) <u>11/15/95</u>	D. TANK CAPACITY IN GALLONS: <u>8000</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<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"/> 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 checked="" type="checkbox"/> 95 UNKNOWN
	<input 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
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
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		<input type="checkbox"/> 4 PHENOLIC LINING
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
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 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A <u>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 type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input 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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>8/10/93</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u><10</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) Michael J. Killoran DATE 8/22/95

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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. MANUFACTURED BY: _____
C. DATE INSTALLED (MO/DAY/YEAR) _____	D. TANK CAPACITY IN GALLONS: <u>5000</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 checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 8 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<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"/> 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 checked="" type="checkbox"/> 95 UNKNOWN
	<input 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"/> 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"/> 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 U <input checked="" type="checkbox"/> 1 SUCTION	A U <input type="checkbox"/> 2 PRESSURE	A U <input type="checkbox"/> 3 GRAVITY	A U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A U <input type="checkbox"/> 1 SINGLE WALL	A U <input type="checkbox"/> 2 DOUBLE WALL	A U <input type="checkbox"/> 3 LINED TRENCH	A U <input checked="" type="checkbox"/> 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	A U <input type="checkbox"/> 1 BARE STEEL	A U <input type="checkbox"/> 2 STAINLESS STEEL	A U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="checkbox"/> 4 FIBERGLASS PIPE
	A U <input type="checkbox"/> 5 ALUMINUM	A U <input type="checkbox"/> 6 CONCRETE	A U <input type="checkbox"/> 7 STEEL W/ COATING	A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	A U <input type="checkbox"/> 9 GALVANIZED STEEL	A U <input type="checkbox"/> 10 CATHODIC PROTECTION	A U <input checked="" type="checkbox"/> 95 UNKNOWN	A U <input type="checkbox"/> 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 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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>8/11/95</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u><10</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>Michael J. Killoran</u>	DATE <u>8/22/95</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.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS: <u>5000</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 checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<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"/> 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 checked="" type="checkbox"/> 95 UNKNOWN
	<input 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 type="checkbox"/> 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	<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 type="checkbox"/> 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 U <input checked="" type="checkbox"/> 1 SUCTION	A U <input type="checkbox"/> 2 PRESSURE	A U <input type="checkbox"/> 3 GRAVITY	A U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A U <input type="checkbox"/> 1 SINGLE WALL	A U <input type="checkbox"/> 2 DOUBLE WALL	A U <input type="checkbox"/> 3 LINED TRENCH	A U <input checked="" type="checkbox"/> 95 UNKNOWN
	A U <input type="checkbox"/> 99 OTHER _____			
C. MATERIAL AND CORROSION PROTECTION	A U <input type="checkbox"/> 1 BARE STEEL	A U <input type="checkbox"/> 2 STAINLESS STEEL	A U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="checkbox"/> 4 FIBERGLASS PIPE
	A U <input type="checkbox"/> 5 ALUMINUM	A U <input type="checkbox"/> 6 CONCRETE	A U <input type="checkbox"/> 7 STEEL W/ COATING	A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	A U <input type="checkbox"/> 9 GALVANIZED STEEL	A U <input type="checkbox"/> 10 CATHODIC PROTECTION	A U <input checked="" type="checkbox"/> 95 UNKNOWN	A U <input type="checkbox"/> 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 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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>8/11/95</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u><10</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) Michael J. Killoran DATE 8/22/95

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS: <u>5000</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 checked="" type="checkbox"/> PRODUCT	C. <input checked="" 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
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 checked="" type="checkbox"/> 95 UNKNOWN	
	<input 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 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	<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) _____	

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 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION				
<input type="checkbox"/> 1 VISUAL CHECK	<input 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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>8/11/95</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>< 10</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) Michael J. Killoran DATE 8/22/95

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

APPENDIX B
HEALTH AND SAFETY PLAN

HEALTH AND SAFETY PLAN

Prepared for:

Mr. Ken Chan
Chan's Shell
726 Harrison St.
Oakland, California

A. INTRODUCTION

This Site Specific Health and Safety Plan is written for the tank removal project located at the commercial property owned by Mr. Ken Chan. All job site personnel will follow CAL OSHA safe operating practices as outlined in 29 CFR 1910 and 1926, as well as established guidelines set forth by All Environmental, Inc. or their respective companies.

B. WORK DESCRIPTION

Prepared by: Michael Killoran, Project Manager

Site Manager: Dusty Roy

Approximate
Start Date: September, 1995

Address: 726 Harrison Street
Oakland, California

Scope of Work: All Environmental, Inc. (AEI) will remove one 1000-gallon heating oil, three 5000-gallon gasoline, and one 8000-gallon gasoline underground storage tanks at the property located at the above address. The tank will be emptied, removed and disposed of according to federal, state and local regulations. Soil samples will be taken from the native material, two feet below the center of the tank and from the stockpiled material. The excavation will be backfilled and resurfaced to match the surrounding conditions.

C. SITE/WASTE CHARACTERISTICS

Hazard Level: Serious: Low: XXX
 Moderate: XXX Unknown:

Waste Type: Solid: Underground Storage Tank
 Sludge: None
 Liquid: Remaining Product Inside Tank
 Gas: None

Hazard Characteristics: Combustible, Toxic

There will be a three foot boundary surrounding the excavation pit and the stockpiled material. The area within this boundary is considered an exclusion zone and only qualified personnel will be allowed to enter. All personnel arriving or departing the site should log in before entering the exclusion zone. All activities on site must be cleared through the Site Manager.

D. HAZARD EVALUATION

Potential chemical hazards include skin and eye contact or inhalation exposure to potentially toxic concentrations of hydrocarbon vapors. The potential toxic compounds that may exist at the site are listed below with descriptions of specific health effects of each. The list includes the primary potential toxic constituents that may be found at sites which previously handled petroleum hydrocarbons, including home heating diesel fuel.

1. Benzene

- a. Colorless to light yellow, flammable liquid with an aromatic odor.
- b. Toxic hazard by **inhalation, adsorption, ingestion and skin and/or eye contact.**
- c. Exposure may irritate eyes, nose and respiratory system and may cause acute restlessness, convulsions, nausea, or depression. Benzene is carcinogenic.*
- d. Permissible exposure level (PEL) for a time weighted average (TWA) over an eight hour period is 1.0 ppm.

2. Toluene

- a. Colorless liquid with a sweet, pungent, benzene like odor.
- b. Toxic hazard by **inhalation, adsorption, ingestion and skin and/or eye contact.**
- c. Exposure may cause fatigue, weakness, confusion, euphoria, dizziness, headaches, dilated pupils, lacrimation, nervousness, insomnia, paresthesia, and dermatitis.
- d. Permissible exposure level for a time weighted average over an eight hour period is 100 ppm.

3. Xylene

- a. Colorless liquid with an aromatic odor.
- b. Toxic hazard by **inhalation, adsorption, ingestion and skin and/or eye contact.**
- c. Exposure may irritate eyes nose and throat and may cause dizziness, excitement, drowsiness, incoordination, corneal vacuolization, anorexia, nausea, vomiting, and dermatitis.
- d. Permissible exposure level for a time weighted average over an eight hour period is 100 ppm.

4. Ethylbenzene

- a. Colorless liquid with an aromatic odor.
- b. Toxic hazard by **inhalation, ingestion, and skin and/or eye contact.**
Ethylbenzene is carcinogenic.*
- c. Exposure may irritate eyes and mucous membrane and may cause headaches, dermatitis, narcosis and loss of consciousness.
- d. Permissible exposure level for a time weighted average over an eight hour period is 100 ppm.

* Known to the State of California to cause cancer.

5. Lead

- a. A heavy ductile soft gray metal.
- b. Toxic hazard by **inhalation, ingestion, and skin and/or eye contact.**
- c. Exposure may cause weakness, nausea, lassitude, diarrhea, insomnia, anorexia, inflamed mucous membranes and abdominal pains. Lead is carcinogenic.*
- d. Permissible exposure level for a time weighted average over an eight hour period is .05 ppb (in vapor).

6. Diesel

- a. Colorless to dark brown, combustible liquid with an aromatic odor
- b. Toxic hazard by **inhalation, ingestion, skin and/or eye contact.**
- c. Inhalation of vapors may depress the central nervous system, increasing reaction times, and decreasing pulse rate and blood pressure. Skin irritant.
- d. Occupational exposure limit 5.0 ppm (in vapor).

7. Gasoline

- a. Colorless liquid with a strong aromatic odor. Highly volatile and extremely flammable.
- b. Toxic hazard by **inhalation, adsorption, ingestion and skin and/or eye contact.**
- c. Inhalation of vapors can cause depression of the central nervous system with symptoms such as headache, dizziness, nausea and loss of coordination. Skin contact can cause defatting of the skin, skin irritation and dermatitis. Benzene is a major constituent of gasoline.
- d. Permissible exposure level for a time weighted average over an eight hour period is 300 ppm.

8. Waste Oil

- a. Toxic hazard by **ingestion** and possibly **inhalation**.
- b. Prolonged contact may cause skin irritation and dermatitis. Waste oil may be carcinogenic.*
- c. Waste oil may contain metals or toxic organics from thermal breakdown of the oil. In some cases, chlorinated solvents may be present.
- d. Permissible exposure level for a time weighted average over an eight hour period is 5 ppm (in vapor).

* Known to the State of California to cause cancer.

Dusty Roy has been designated to coordinate access control and security on site. All work will strictly follow OSHA guidelines. A safe perimeter has been established at a three feet radius surrounding the site. These boundaries are identified by yellow caution tape and orange safety cones. Personnel shall maintain the maximum distance from the pit while performing their duties. No one shall enter an excavation pit that is greater than five feet in depth unless the excavation is shored or sloped and no one shall climb on the stockpiled material except to cover it with plastic. Additional hazards on site include heavy equipment and overhead lifting equipment. Heavy equipment used for performing the tank removal project may include a backhoe, an excavator, or a crane for lifting the tank out of the excavation. Only 40 hour trained personnel will operate equipment or perform any duty associated with this project. A hard hat and steel toed boots are mandatory for all personnel associated with the tank removal.

A FIRST AID KIT AND A 40 POUND BC FIRE EXTINGUISHER WILL BE AVAILABLE ON SITE.

EMERGENCY SERVICES ARE AVAILABLE BY DIALING 911 ON THE TELEPHONE LOCATED IN THE SITE MANAGER'S VEHICLE. THIS VEHICLE WILL BE ON SITE AT ALL TIMES.

E. PERSONAL PROTECTIVE CLOTHING

Based on evaluation of potential hazards, level "D" protective clothing has been designated as the appropriate protection for this project. The level of protective clothing will be upgraded if the organic vapor levels in the operator's breathing zone exceeds 5 ppm above background levels continuously for more than five minutes, or if any single reading exceeds 15 ppm. If this occurs then level C protection will be used. If the organic concentration in the operator's breathing zone exceeds 200 ppm for 5 minutes and/or the organic vapor concentration two feet above the excavation exceeds 1,000 ppm or 10% of the lower explosive limit, then the equipment will be shut down and the site evacuated. If organic vapor concentrations exceed 200 ppm and work continues then level B protection will be required.

"EPA Standard Operating Safety Guidelines" defines the levels of protective clothing as follows:

LEVEL A:

Fully encapsulating suit / SCBA / Hard hat / Steel toe boots / Safety gloves.

LEVEL B:

Splash resistant suit / SCBA / Hard Hat / Steel toe boots / Safety gloves.

LEVEL C:

Half face respirator / Hard hat / Safety glasses / Steel toe boots / Coveralls / Gloves.

LEVEL D:

Coveralls / Hard hat / Safety Glasses / Steel toe boots / Gloves.

If air purifying respirators are authorized, organic vapor w-filter is the appropriate canister for use with the involved substances and concentrations. A competent individual has determined that all criteria for using this type of respiratory protection have been met.

NO CHANGES TO THE SPECIFIED LEVELS OF PROTECTION SHALL BE MADE WITHOUT THE APPROVAL OF THE COMPANY SAFETY OFFICER, G. W. ROY.

F. MONITORING INSTRUMENTS

The following environmental monitoring instruments shall be used on site at specified intervals.

Lower Explosive Limit (LEL) Meter that will also check the tank for Oxygen levels will be used to check the tank for removal and transportation.

G. EMERGENCY HOSPITAL

The closest hospital with an emergency room is:

**SUMMIT HOSPITAL
EMERGENCY**

**(510) 869-6600
911**

DIRECTIONS FROM THE JOB SITE:

EXIT JOB SITE ONTO HARRISON STREET AND:

LEFT (WEST) ON 8TH STREET
RIGHT (NORTH) ON BROADWAY
LEFT (NORTH) ON WEBSTER
RIGHT (WEST) ON 34TH AVENUE
HOSPITAL ON IS LEFT AT THE NORTHWEST CORNER OF
WEBSTER AND 30TH ST.

APPENDIX C
TRANSPORT AND DISPOSAL DOCUMENTS

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. Manifest Document No. 2. Page 1 of 1
 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
 4. Generator's Phone
 5. Transporter 1 Company Name 6. US EPA ID Number
 7. Transporter 2 Company Name 8. US EPA ID Number
 9. Designated Facility Name and Site Address 10. US EPA ID Number
 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

A. State Manifest Document Number
 B. State Generator's ID
 C. State Transporter's ID
 D. Transporter's Phone
 E. State Transporter's ID
 F. Transporter's Phone
 G. State Facility's ID
 H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
	No.	Type			
a. Used oil, Non-KCRA Hazardous	001	TR	001	COG	State: 221 EPA/Other: N/A
b.					State: EPA/Other:
c.					State: EPA/Other:
d.					State: EPA/Other:

J. Additional Descriptions for Materials Listed Above
 K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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 Signature Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name Signature Month Day Year

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 Signature Month Day Year

DO NOT WRITE BELOW THIS LINE.

93/30670
 GENERATOR
 TRANSPORTER
 FACILITY
 THE INFORMATION ON THIS FORM IS TO BE USED BY THE CALIFORNIA DEPARTMENT OF TOXIC SUBSTANCES CONTROL. THE INFORMATION ON THIS FORM IS NOT TO BE USED BY ANY OTHER AGENCY.
 1-800-424-8802 WITHIN CALIFORNIA, CALL 1-800-832-

966763

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **CAL00008999492869** Manifest Document No. **966763** of **1** Page **1**
 Information in the shaded areas is not required by Federal law.
 TKTMP CA93TEPM

3. Generator's Name and Mailing Address
KEN CHAN
4324 Edgewood AVE.
OAKLAND CA 94602

A. State Manifest Document Number
95592869

4. Generator's Phone **(510) 444-6583**
 5. Transporter 1 Company Name
ERICKSON INC.

B. State Generator's ID

C. State Transporter's ID
616258

D. Transporter's Phone
(510) 235-1393

6. US EPA ID Number
CAD009466392

E. State Transporter's ID

F. Transporter's Phone

7. Transporter 2 Company Name

G. State Facility's ID
CAD009466392

H. Facility's Phone
(510) 235 - 1393

9. Designated Facility Name and Site Address
ERICKSON INC.
255 PARR BLVD.
RICHMOND, CA 94801

10. US EPA ID Number
CAD009466392

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	1. Waste Number
001	055000	P	State 512
			EPA/Other NONE
			State
			EPA/Other
			State
			EPA/Other
			State
			EPA/Other

a. **NON-RCRA HAZARDOUS WASTE SOLID: WASTE**
EMPTY STORAGE TANK
ERG # NONE

b.

c.

d.

J. Additional Descriptions for Materials Listed Above
QTY. 1 EMPTY STORAGE TANK(S) # 16647
15 LBS. DRY ICE PER 1000 GALLON CAPACITY.
TANKS HAVE BEEN INERTED WITH

K. Handling Codes for Wastes Listed Above
01

15. Special Handling Instructions and Additional Information
KEEP AWAY FROM SOURCES OF IGNITION. ALWAYS WEAR
HARD HATS WHEN WORKING AROUND UGSTS.
 DE P.O.: **OE JOB: 966763**

24 HR. EMERGENCY CONTACT
 NAME: **KEN CHAN**
 24 HR. EMERGENCY PHONE
 PHONE: **(510) 444-6583**

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 **Dusty Roy** Signature **Dusty Roy** Month **10** Day **06** Year **95**

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name **DAVID BUNCE** Signature **David Bunce** Month **10** Day **06** Year **95**

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 **DAVE SATO** Month **10** Day **06** Year **95**

DO NOT WRITE BELOW THIS LINE.

30392003
 WITHIN CALIFORNIA, CALL 1-800-952-2882
 SE CENTER 1-800-424-8802
 RES. CALL THE NATIONAL RESPONSE CENTER
 SPILL CALL THE NATIONAL RESPONSE CENTER
 EMERGENCY CALL THE NATIONAL RESPONSE CENTER
 CALL THE NATIONAL RESPONSE CENTER
 F A C I L I T Y

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA141009466392 Manifest Document No. 966763 Page 1 of 1
 Information in the shaded areas is not required by Federal law.
 TKTMP CA93TEMP

3. Generator's Name and Mailing Address
KEYN STATION
4525 FORTY-NINTH AVENUE
BAYLAND CA 94608

4. Generator's Phone (510) 442-6323

5. Transporter 1 Company Name ERICKSON INC 6. US EPA ID Number CA141009466392

7. Transporter 2 Company Name _____ 8. US EPA ID Number _____

9. Designated Facility Name and Site Address
ERICKSON INC.
255 PARR BLVD.
RICHMOND, CA 94801

10. US EPA ID Number CA141009466392

A. State Manifest Document Number 95592870

B. State Generator's ID _____

C. State Transporter's ID 616584

D. Transporter's Phone 510-235-1793

E. State Transporter's ID _____

F. Transporter's Phone _____

G. State Facility's ID CA141009466392

H. Facility's Phone (510) 235-1393

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Val	15. Waste Number	
	No.	Type			State	EPA/Other
a. NON-RCRA HAZARDOUS WASTE SOLID: WASTE EMPTY STORAGE TANK ERG # NONE	005	T P 151010 P			State	512
b.					EPA/Other	NONE
c.					State	
d.					EPA/Other	

1. Additional Descriptions for Materials Listed Above
QTY. (3) - EMPTY STORAGE TANK(S) # 16144, 16645
15 LBS. DRY ICE PER 1000 GALLON CAPACITY.
TANKS HAVE BEEN INERTED WITH

K. Handling Codes for Wastes Listed Above
 a. 61 b. _____
 c. _____ d. _____

15. Special Handling Instructions and Additional Information
 KEEP AWAY FROM SOURCES OF IGNITION. ALWAYS WEAR HARD HATS WHEN WORKING AROUND UGSTS.
 NAME: 24 HR. EMERGENCY CONTACT
IKEN CAPAZ
 PHONE: 24 HR. EMERGENCY PHONE
(510) 344-6323

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 DUSTY RAY Signature [Signature] Month 10 Day 06 Year 95

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name RICH POLASTRINI Signature [Signature] Month 10 Day 06 Year 95

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 [Signature] Month 10 Day 06 Year 95

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-2884

700763

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **CA L0101001819498** 9.2873
 Manifest Document No. **9.2873** of 1
 2. Page 1 information in the shaded areas is not required by Federal law.
 TKTMP CA93TEMP

3. Generator's Name and Mailing Address
Ken Chan
4328 Edgewood Ave
Oakland Ca 94602
 4. Generator's Phone **(510) 444-6583 / Oakland Ca. 94602**

A. State Manifest Document Number
95592873

B. State Generator's ID

5. Transporter 1 Company Name
Erickson Inc.
 6. US EPA ID Number
CA D0109466392

C. State Transporter's ID
616584

D. Transporter's Phone
(510) 235-1393

7. Transporter 2 Company Name

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
ERICKSON INC.
255 PARR BLVD.
RICHMOND, CA 94801
 10. US EPA ID Number
CA D0109466392

G. State Facility's ID
CA D01094663924

H. Facility's Phone
(510) 235 - 1393

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	1. Waste Number
	No.	Type			
a. NON-RCRA HAZARDOUS WASTE SOLID: WASTE EMPTY STORAGE TANK ERG # NONE	001	TP08000P			State 512 EPA/Other NONE
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

4. Additional Descriptions for Materials Listed Above
QTY. 1 EMPTY STORAGE TANK(S) # 16648
TANKS HAVE BEEN INERTED WITH
15 LBS. DRY ICE PER 1000 GALLON CAPACITY.

K. Handling Codes for Wastes Listed Above
 a. **01**
 b.
 c.
 d.

15. Special Handling Instructions and Additional Information
KEEP AWAY FROM SOURCES OF IGNITION. ALWAYS WEAR HARD HATS WHEN WORKING AROUND UGSTs.
 NAME: **24 HR. EMERGENCY CONTACT Ken Chan**
 PHONE: **24 HR. EMERGENCY PHONE (510) 444-6583**
 OE P.O.: **966763** OE JOB:

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 **Dusty Ray** on Behalf of **Dusty Ray** Month **11** Day **09** Year **95**

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name **Steve Fleming** Signature **Steve Fleming** Month **11** Day **09** Year **95**

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 SITO** Signature **DAVID SITO** Month **10** Day **09** Year **95**

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7000.

GENERATOR

TRANSPORTER

FACILITY

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE

NO. 18091

CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

CUSTOMER
JOB NO.
DATE

FOR: ERICKSON, INC. TANK NO. 15511

LOCATION: RICHMOND DATE: 05/10/79 TIME: 11:00

TEST METHOD VISUAL GASTECH/1014 SMPN LAST PRODUCT NS

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 5000 GALLON TANK CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 0.1%
ERICKSON, INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY.
ERICKSON, INC. HAS THE APPROPRIATE 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.

[Signature]
REPRESENTATIVE

TITLE

[Signature]
INSPECTOR

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE

NO. 18092

CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

CUSTOMER
ENVIRONMENTAL
JOB NO.
DATE

FOR: ERICKSON, INC. TANK NO. 16845

LOCATION: RICHMOND DATE: 95/10/19 TIME: 14:11

TEST METHOD VISUAL GASTECH/1314 SMEN 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 5000 GALLON TANK CONDITION SAFE FOR FIRE

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

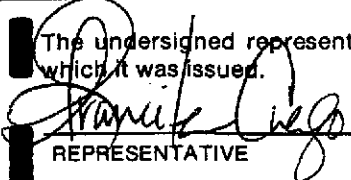
In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION

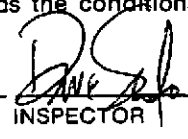
SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable 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.


 REPRESENTATIVE

TITLE


 INSPECTOR

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE

NO. 18093

CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

CUSTOMER
JOB NO.

FOR: ERICKSON, INC. TANK NO. 16646

LOCATION: RICHMOND DATE: 95/10/19 TIME: 11:15

TEST METHOD VISUAL GASTECH/1014 SMPN LAST PRODUCT UO

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 1000 GALLON TANK CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 2.1%
ERICKSON, INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS WASTE FACILITY.
ERICKSON, INC. HAS THE APPROPRIATE 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.

[Signature]
REPRESENTATIVE

TITLE

[Signature]
INSPECTOR

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE

NO. 18094

CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

CUSTOMER
ALL ENVIRONMEN
JOB NO.
986763

FOR: ERICKSON, INC TANK NO. 16647

LOCATION: RICHMOND DATE: 95/10/19 TIME: 14:16

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 5000 GALLON TANK CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 0.1%
ERICKSON, INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY.
ERICKSON, INC. HAS THE APPROPRIATE 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.

[Signature]
REPRESENTATIVE

TITLE

[Signature]
INSPECTOR

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 18080

CUSTOMER
ERICKSON, INC.
JOB NO.
885763

FOR: ERICKSON, INC. TANK NO. 18848

LOCATION: RICHMOND DATE: 95/11/18 TIME: 10:11

TEST METHOD VISUAL CHECK/10% SMPN LAST PRODUCT NO

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 8000 GALLON TANK CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 0.1%
ERICKSON, INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY.
ERICKSON, INC. HAS THE APPROPRIATE 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.

[Signature]
REPRESENTATIVE

TITLE

DAVE SAO
INSPECTOR

APPENDIX D
ANALYTICAL DOCUMENTATION



PRIORITY ENVIRONMENTAL LABS

Precision Environmental Analytical Laboratory

October 12, 1995

PEL # 9510024

ALL ENVIRONMENTAL, INC.

Attn: Mike Killoran

Re: Fifteen soil samples for Gasoline/BTEX, Diesel, and Oil & Grease analyses.

Project name: Chan

Project number: 1269

Date sampled: Oct 09, 1995
Date extracted: Oct 10-12, 1995

Date submitted: Oct 10, 1995
Date analyzed: Oct 10-12, 1995

RESULTS:

SAMPLE I.D.	MTBE (mg/Kg)	Gasoline (mg/Kg)	Diesel (mg/Kg)	Benzene (ug/Kg)	Toluene (ug/Kg)	Ethyl Benzene (ug/Kg)	Total Xylene (ug/Kg)	Oil Grease (mg/Kg)
AE-15'	N.D.	N.D.	---	N.D.	N.D.	N.D.	N.D.	---
AW-15'	N.D.	N.D.	---	N.D.	N.D.	N.D.	N.D.	---
BE-15'	N.D.	470	---	260	520	630	1500	---
BW-15'	N.D.	67	---	31	52	57	170	---
CE-15'	N.D.	73	---	96	120	130	350	---
CW-15'	N.D.	N.D.	---	N.D.	N.D.	N.D.	N.D.	---
DE-15'	N.D.	450	---	320	640	790	2200	---
DW-15'	N.D.	5.9	---	N.D.	9.5	11	65	---
E-WO-8'	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	85
N-ISLE-3.5'	N.D.	3.7	---	6.0	13	11	57	---
N-STKP-								
A,B,C,D,E*	N.D.	N.D.	---	N.D.	N.D.	N.D.	N.D.	---
S-ISLE-3.5'	N.D.	N.D.	---	N.D.	N.D.	N.D.	N.D.	---
S-STKP-								
A,B,C,D,E*	N.D.	94	---	29	60	90	320	---
W-WO-8'	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	24
WO-STKP	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	340
Blank	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.
Spiked								
Recovery	---	82.2%	81.9%	101.2%	97.3%	90.6%	104.6%	---
Detection								
limit	5.0	1.0	1.0	5.0	5.0	5.0	5.0	10
Method of		5030 /	3550 /					5520
Analysis	8020	8015	8015	8020	8020	8020	8020	D & F

*Composited soil samples.

David Duong
Laboratory Director



PRIORITY ENVIRONMENTAL LABS

Precision Environmental Analytical Laboratory

PEL # 9510024

October 12, 1995

ALL ENVIRONMENTAL, INC.

Attn: Mike Killoran

Re: Fifteen soil samples for Cadmium, Chromium, Lead, Nickel, and Zinc analyses.

Project name: Chan
Project number: 1269

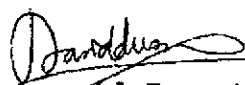
Date sampled: Oct 09, 1995
Date extracted: Oct 10-12, 1995

Date submitted: Oct 10, 1995
Date analyzed: Oct 10-12, 1995

RESULTS:

SAMPLE I.D.	Cadmium (mg/Kg)	Chromium (mg/Kg)	Lead (mg/Kg)	Nickel (mg/Kg)	Zinc (mg/Kg)
AE-15'	---	---	5.2	---	---
AW-15'	---	---	3.9	---	---
BE-15'	---	---	9.7	---	---
BW-15'	---	---	4.1	---	---
CE-15'	---	---	3.2	---	---
CW-15'	---	---	3.2	---	---
DE-15'	---	---	3.3	---	---
DW-15'	---	---	5.5	---	---
N-ISLE-3.5'	---	---	3.0	---	---
N-STKP-A,B,C,D,E*	---	---	1.9	---	---
S-ISLE-3.5'	---	---	2.6	---	---
S-STKP-A,B,C,D,E*	---	---	5.3	---	---
E-WO-8'	8.1	38	20	49	210
W-WO-8'	2.2	21	5.2	26	83
WO-STKP	4.1	31	9.1	36	310
Blank	N.D.	N.D.	N.D.	N.D.	N.D.
Detection limit	1.0	1.0	1.0	1.0	1.0
Method of Analysis	7130	7190	7420	7520	7950

*Composited soil sample.


David Duong
Laboratory Director

ALL ENVIRONMENTAL, INC.
 2641 Crow Canyon Road, Ste. 5
 San Ramon, CA 94583
 (510) 820-3224 FAX: (510) 838-2687

PEL # 9510024 (1 of 2)
 INV # 26409

Chain of Custody

DATE: 10/9/95 PAGE: 1 OF: 2

AEI PROJECT MANAGER: <u>Mike Killoran</u> PROJECT NAME: <u>CHAN</u> PROJECT NUMBER: <u>1269</u> SIGNATURE: <u>[Signature]</u> TOTAL # OF CONTAINERS: <u>23</u> RECD. GOOD COND./COLD: <u>Yes</u>				ANALYSIS REQUEST										NUMBER OF CONTAINERS					
				TPH-Gasoline (EPA 5030,8015)	TPH-Cooking (EPA 5030,8015) w/ ATX (EPA 802,8030)	TPH-Diesel (EPA 3510/3550,8015)	PURCHASABLE AROMATICS ATX (EPA 802,8020)	TOTAL OIL & GREASE (EPA 5570 2427)	TOTAL LEAD (AA) (EPA 7420)	VOLATILE ORGANIC COMPOUNDS (EPA 8240)	LUFT Meth (EPA 7120/7160/740/780/790)	STLC CAM 17 (EPA 1310/8010)	PCB ACTIVITY CONCENTRATION (EPA 8001,814)		MTBE (EPA 8020) <i>Riverdale (Kilcorb)</i> (EPA 8010)				
SAMPLE I.D.	DATE	TIME	MATRIX																
AW-15'	10-9-95		Soil	X					X					X					
AE-15'				X					X					X					
CW-15'				X					X					X					
CE-15'				X					X					X					
DW-15'				X					X					X					
DE-15'				X					X					X					
N-ISLE-3.5'				X					X					X					
S-ISLE-3.5'				X					X					X					
BW-15'				X					X					X					
BE-15'				X					X					X					
W-W.O.-8'				X	X		X				X			X	X				
E-W.O.-8'				X	X		X				X			X	X				
WO. STKP				X	X		X				X			X	X				
ANALYTICAL LAB: <u>Priority Analytical</u>				RELINQUISHED BY: <u>[Signature]</u> Signature Printed Name Company Time <u>9:05 AM</u> Date <u>10-10-95</u>				RECEIVED BY: <u>[Signature]</u> Signature Printed Name Company Time <u>9:05 AM</u> Date <u>10/10/95</u>				RELINQUISHED BY: <u>[Signature]</u> Signature Printed Name Company Time _____ Date _____				RECEIVED BY: <u>[Signature]</u> Signature Printed Name Company Time _____ Date _____			
ADDRESS: <u>Milpitas, CA</u>																			
PHONE: () _____ FAX: () _____																			
INSTRUCTIONS/COMMENTS:																			

ALL ENVIRONMENTAL, INC.
 2641 Crow Canyon Road, Ste. 5
 San Ramon, CA 94583
 (510) 820-3224 FAX: (510) 838-2687

PEL # 9510024 (2 of 2)
 INV # 26409

Chain of Custody

DATE: 10/9/95 PAGE: 2 OF: 2

AZI PROJECT MANAGER: Mike Killoran
 PROJECT NAME: CHAN
 PROJECT NUMBER: 1269
 SIGNATURE: Michael J. Killoran
 TOTAL # OF CONTAINERS: 23
 RECD. GOOD COND./COLD: Yes

ANALYSIS REQUEST

SAMPLE I.D.	DATE	TIME	MATRIX	TPH-Casoline (EPA 800.8015)	TPH-Casoline (EPA 800.8015) w/ STX (EPA 802.8020)	TPH-Diesel (EPA 8010/8550.8015)	PURGEABLE AROMATICS STX (EPA 802.8020)	TOTAL OIL & GREASE (EPA 802.8020)	TOTAL LEAD (AA) (EPA 7.950)	VOLATILE ORGANIC COMPOUNDS (EPA 8040)	LYFT Metals (EPA 7087/100.7087/100)	STLC CAM 17 (EPA 1310/8010)	PCI REACTIVITY CORRECTED (EPA 801.1001/1001)	MTSE (EPA 8020)	NUMBER OF CONTAINERS		
S-STKP-A	10/9/95		Soil		X				X					X			
-B																	
-C																	
-D																	
-E																	
N-STKP-A					X				X					X			
-B																	
-C																	
-D																	
-E																	

ANALYTICAL LAB: Priority Analytical
 ADDRESS: Milpitas, CA
 PHONE () FAX ()
 INSTRUCTIONS/COMMENTS:

RELINQUISHED BY:
Michael J. Killoran
 Signature
 Michael J. Killoran
 Printed Name
 All Environmental, Inc.
 Company
 Time: 9:05 AM Date: 10-10-95

RECEIVED BY:
David Duan
 Signature
 DAVID DUAN
 Printed Name
 PEL
 Company
 Time: 9:05 AM Date: 10/10/95

RELINQUISHED BY: 2
 Signature
 Printed Name
 Company
 Time Date

RECEIVED BY: 2
 Signature
 Printed Name
 Company
 Time Date