



State of California
CONTRACTORS STATE LICENSE BOARD
 ACTIVE LICENSE



License Number **762034** Entity **CORP**

Business Name **TECHNOLOGY ENGINEERING &
 CONSTRUCTION INC DBA ACCUTITE**

Classification(s) **A HAZ B**

Expiration Date **04/30/2001**



JIM & SLAVKA THOMSON
 2310-1/2 Alameda Ave.
 Alameda, Ca. 94501

BUS: (510) 522-3567
RES: (510) 865-7473



Residential
 Commercial

Rentals
 Property Mgmt.

Income Prop.
 Appraisals



**Technology, Engineering &
 Construction, Inc.**

Contractor's License # 762034

Willie Green
 Foreman

35 South Linden Avenue
 South San Francisco, CA 94080
 (650) 952-5551 x 203
 (650) 952-7631 Fax

**Technology, Engineering &
 Construction, Inc.**

Contractor's License # 762034



Walter Cuculic
 Project Engineer

35 South Linden Avenue
 South San Francisco, CA 94080
 (650) 952-5551 x 205
 (650) 952-7631 Fax
 wcuculic@teecon.com

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

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

June 29, 2000

Ms. Jeannette St. Onge
1863 Sweetwood Drive
Daly City, CA 94105
STID 6624

650-991-9506

RE: 2411 Webb Avenue, Alameda, CA 94501

Dear Ms. Onge:

I have reviewed the case closure summary for the above site dated June 20, 2000 that was prepared by ACC Environmental Consultants. Before I can prepare my case closure summary for this site, a well survey within a one-half mile radius downgradient from the property should be performed.

If you have any questions, please contact me at (510) 567-74774.

Sincerely,


Larry Seto
Sr. Hazardous Materials Specialist

Cc: David DeMent, ACC Environmental Consultants, 7977 Capwell Drive, Suite 100,
Oakland, CA 94612

Files



Jeannette St. Onge

**1863 Sweetwood Drive
Daly City, California 94015
Home Phone: (650) 991-9506
Fax Number: (650) 994-4988**

FACSIMILE TRANSMISSION

DATE	3/14/2000
TO	Larry Soto
CONTACT	
FAX NUMBER	570 337 9335

NUMBER OF PAGES INCLUDING COVER SHEET	28
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COMMENT:	RE:
	2411 Webb Ave.

TRANSMIT REPORT

2000, 03-06 15:33
510 337 9335
ALAMEDA CO EHS HAZ-OPS

COM No.	REMOTE STATION	START TIME	DURATION	PAGES	RESULT	USER ID	REMARKS
799	9254260106	03-06 15:32	00' 52	02/02	OK		

7499402046

Alameda County Environmental Health

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

FACSIMILE COVER SHEET

TO:

Don Ashton - Clayton Env. - gated site

FROM:

Larry Seto *map with sampling location*

DATE:

3-6-2000

Total number of pages including cover sheet

2

-NOTES-

Side map and sampling location -

2411 Webb Ave, Alameda

TRANSMIT REPORT

2000,03-02 17:50
510 337 9335
ALAMEDA CO EHS HAZ-OPS

COM No.	REMOTE STATION	START TIME	DURATION	PAGES	RESULT	USER ID	REMARKS
791	650 994 4988	03-02 17:49	00' 49	02/02	OK		

7499402046

Alameda County Environmental Health

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

FACSIMILE COVER SHEET

TO: Jeanette Lau

FROM: Carry Seb

DATE: 3-2-2000

Total number of pages including cover sheet 2

-NOTES-

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-5577
(510) 567-6700
(510) 337-8335 (FAX)

March 2, 2000

Ms. Jeanette Lau
1863 Sweetwood Drive
Daly City, CA 94015-2014
STID 6624

RE: 2411 Webb Avenue, Alameda, CA 94501

Dear Ms. Lau:

I have reviewed the report dated December 21, 1999 prepared by Technology, Engineering & Construction, Inc. for the removal of two underground storage tanks (USTs) at the above site. On December 9, 1999 one 500-gallon gasoline UST and one 500-gallon heating oil UST were removed from the site. Soil samples collected underneath the tanks contained up to 8,300 ppm TPH(diesel) and 450-ppm TPH(gas).

As per Title 23, California Code of Regulations, Article 11, you are required to submit a Soil and Water Investigation workplan for review and approval. A California Registered Geologist, Certified Engineering Geologist, or Register Civil Engineer must prepare this workplan.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: David Lau, Transglobal Equipment, 1932 Mason Street, San Francisco, CA 94133
File

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

January 3, 2000

Mr. David Lau
Transglobal Equipment
1932 Mason Street
San Francisco, CA 94133
STID 6624

RE: 2411 Webb Avenue, Alameda, CA 94501

Dear Mr. Lau:

I have reviewed the report dated December 21, 1999 prepared by Technology, Engineering & Construction, Inc. for the Removal of Two Underground Storage Tanks (USTs) at the above site. On December 9, 1999 one 500 gallon gasoline UST and one 500 gallon heating oil UST were removed from the site. Soil samples collected underneath the tanks contained up to 8,300 ppm TPHd and 450 ppm TPHg.

This office concurs with your consultant's recommendation to advance 4 to 5 soil borings in and around the former UGTs and collect soil and groundwater samples to determine the extent of the soil and groundwater contamination. Please submit a subsurface workplan to determine the extent of soil and groundwater contamination.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc. Walter Cuculic, Technology, Engineering & Construction Inc, 35 South Linden
Avenue, South San Francisco, CA 94080-6407

Files

94076

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	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 1 <u>2</u> <u>1</u> 5 <u>9</u> 9 <u>9</u>	CASE # 6624	SIGNED _____ DATE 12-15-89

②

REPORTED BY NAME OF INDIVIDUAL FILING REPORT Scott Seery	PHONE (510) 567-6783	SIGNATURE <i>[Signature]</i>
REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME Alameda Co. Env. Health Dept.	
ADDRESS 1131 Harbor Bay Pkwy Alameda CA 94566		

RESPONSIBLE PARTY NAME David Lou	CONTACT PERSON same	PHONE (415) 956-2942
ADDRESS 1932 Mason Street San Francisco CA 94133		

SITE LOCATION FACILITY NAME (IF APPLICABLE) NA	OPERATOR NA	PHONE ()
ADDRESS 2411 Webb Street Alameda Alameda 94501		
CROSS STREET Park		

IMPLEMENTING AGENCIES LOCAL AGENCY See ①, above	AGENCY NAME	CONTACT PERSON Larry Seto	PHONE (510) 567-6774
REGIONAL BOARD San Francisco		CONTACT PERSON Chuck Headlee	PHONE (510) 622-2433

SUBSTANCES INVOLVED (1) gasoline	NAME	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
(2) diesel (heating oil?)		<input checked="" type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT DATE DISCOVERED 1 <u>2</u> <u>0</u> 9 <u>9</u> 9 <u>9</u>	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER
DATE DISCHARGE BEGAN m <u> </u> d <u> </u> y <u> </u> <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <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 1 <u>2</u> <u>0</u> 9 <u>9</u> 9 <u>9</u>	

SOURCE/CAUSE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER

CASE TYPE CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input 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
--

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

COMMENTS
Two (2) fuel tanks below sidewalk in front of historic auto garage. Building demolition completed previously due to seismic issues

Transfer of Eligible Local Oversight Case

 STID 6074 Date of input/By: _____

 Date: 12-15-99 From: Larry Seto

 Site Name: Law Property

 Address: 2411 Webb St. City: Alameda Zip: 94501

To be eligible for LOP, case must meet 3 qualifications:

1. Y N Tanks Removed? # of removed? 2 Date removed: 12-9-99
2. Y N Samples received? Contamination level: 8,300 ppm
 Type of test Diesel
 Contamination should be over 100 ppm TPH to qualify for LOP
3. Y N Petroleum? Circle Type(s):
 - Avgas
 - leaded
 - unleaded
 - fuel oil
 - jet
 - diesel
 - waste oil
 - kerosene
 - solvents

Procedure to follow should your site meet all the above qualifications:

1.
 - a. Close the deposit refund case.
 - b. Account for **ALL** time you have spent on the case.
 - c. Turn in account sheet to Leslie.

If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s: _____

 DepRef Case Closed with Candyce/Leslie? Y N (If no, explain why below.)

2. Submit the completed **A** and **B** permit application forms to **NORMA**.
3. Give the entire case to the proper LOP staff.

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		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 12/15/99		CASE # 6624		SIGNED: _____ DATE: 12/15/99		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Scott Seery		PHONE (510) 567-6783		SIGNATURE 	
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Alameda Co. Env. Health Dept.			
ADDRESS 1131 Harbor Bay Pkwy Alameda CA 94566						
RESPONSIBLE PARTY	NAME David Lou <input type="checkbox"/> UNKNOWN		CONTACT PERSON same		PHONE (415) 956-2942	
	ADDRESS 1932 Mason Street San Francisco CA 94133					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) NA		OPERATOR NA		PHONE ()	
	ADDRESS 2411 Webb Street Alameda Alameda 94501					
	CROSS STREET Park					
IMPLEMENTING AGENCIES	LOCAL AGENCY See ①, above		CONTACT PERSON Larry Seto		PHONE (510) 567-6774	
	REGIONAL BOARD San Francisco		CONTACT PERSON Chuck Headlee		PHONE (510) 622-2433	
SUBSTANCES INVOLVED	(1) gasoline QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN					
	(2) diesel (heating oil?) QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN					
DISCOVERY/ABATEMENT	DATE DISCOVERED 12/09/99		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 checked="" 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 12/09/99					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input 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 checked="" 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 checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input 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					
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)					
COMMENTS	To BE					

ALAMEDA COUNTY, DEPARTMENT OF
 ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

II, III

white -env.health
 yellow -facility
 pink -files

Site ID #6624 Site Name David Lee property Today's Date 12-19-199

II.A BUSINESS PLANS (Title 19)

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

Site Address 2411 Webb Street
 City Alameda Zip 94501 Phone

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

Inspection Categories:

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

II.B ACUTELY HAZ. MATLS

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

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

Comments:

Upon arrival, the south tank was already removed and sitting on plastic sheeting. Steve McKinley (AFD) was directing UST removal and ensuring tank integrity. LEL for both tanks was 0%.

III. UNDERGROUND TANKS (Title 23)

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

Monitoring for Existing Tanks

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

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

New Tanks

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

South tank - reported heating oil. Severe corrosion, pitting, and galvanic metal erosion. Holes noted

North tank - reported gasoline storage. Same condition as other tank.

Odors similar to diesel fuel emanated from the excavation. "Apparent" GW @ base of excavation's south end w/ froth; however, it was shown not to be actual GW.

Recovery started and water was found in sand/clayey sand area. Two samples were taken and sent to K, who analyzed for analysis to be conducted on the water and soil samples.

II, III

Contact: [Handwritten Name]

Title: [Handwritten Title]

Signature: [Handwritten Signature]

Inspector: [Handwritten Name]

Signature: [Handwritten Signature]

941
 12-19-99

REMOVED 12-09-97
SOS



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 1 NEW PERMIT 2 INTERIM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY SITE CLOSURE 7 PERMANENTLY CLOSED SITE

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

DBA OR FACILITY NAME: N/A NAME OF OPERATOR: David Lau
ADDRESS: 2411 Webb Avenue NEAREST CROSS STREET: PARCEL # (OPTIONAL):
CITY NAME: Alameda STATE: CA ZIP CODE: 94501 SITE PHONE # WITH AREA CODE: N/A
CORPORATION INDIVIDUAL PARTNERSHIP LOCAL-AGENCY DISTRICTS COUNTY-AGENCY * STATE-AGENCY * 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: 1 GAS STATION 2 DISTRIBUTOR 3 FARM 4 PROCESSOR 5 OTHER IF INDIAN RESERVATION OR TRUST LANDS # OF TANKS AT SITE: 2 E.P.A. I.D. # (optional): CAC001321976

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST): Lau, David PHONE # WITH AREA CODE: 415-950-2942
NIGHTS: NAME (LAST, FIRST): PHONE # WITH AREA CODE:
DAYS: NAME (LAST, FIRST): PHONE # WITH AREA CODE:
NIGHTS: NAME (LAST, FIRST): PHONE # WITH AREA CODE:

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME: David Lau CARE OF ADDRESS INFORMATION:
MAILING OR STREET ADDRESS: 1932 Mason Street
CITY NAME: San Francisco STATE: CA ZIP CODE: 94133 PHONE # WITH AREA CODE: 415-950-2942
CORPORATION INDIVIDUAL PARTNERSHIP LOCAL-AGENCY STATE-AGENCY
CORPORATION PARTNERSHIP COUNTY-AGENCY FEDERAL-AGENCY

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER: Same CARE OF ADDRESS INFORMATION:
MAILING OR STREET ADDRESS:
CITY NAME: STATE: ZIP CODE: PHONE # WITH AREA CODE:
CORPORATION INDIVIDUAL PARTNERSHIP LOCAL-AGENCY STATE-AGENCY
CORPORATION PARTNERSHIP COUNTY-AGENCY FEDERAL-AGENCY

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

TY (TK) HQ 44-04101109

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

1 SELF-INSURED 2 GUARANTEE 3 INSURANCE 4 SURETY BOND 5 LETTER OF CREDIT 6 EXEMPTION 7 STATE FUND
8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER 9 STATE FUND & CERTIFICATE OF DEPOSIT 10 LOCAL GOVT. MECHANISM 99 OTHER

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Legal notification and billing will be sent to the tank owner unless box I or II is checked.

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE): TANK OWNER'S TITLE: DATE: MONTH/DAY/YEAR: 1/1/99

LOCAL AGENCY USE ONLY

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

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

REMOVED 12-09-99
SOS

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM

<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 1111 Webb Avenue, Alameda

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D. # <u>unknown</u>	B. MANUFACTURED BY: <u>unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1939</u>	D. TANK CAPACITY IN GALLONS: <u>300</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input 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"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			C. A. S. #:		

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<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. EXTERIOR 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, etc.	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	
	DROP TUBE YES ___ NO ___		STRIKER PLATE YES ___ NO ___	
			DISPENSER CONTAINMENT YES ___ NO ___	

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>U</u> 2 PRESSURE	A <u>U</u> 3 GRAVITY	A <u>U</u> 4 FLEXIBLE PIPING	A <u>U</u> 99 OTHER
B. CONSTRUCTION	A <u>U</u> 1 SINGLE WALL	A <u>U</u> 2 DOUBLE WALL	A <u>U</u> 3 LINED TRENCH	A <u>U</u> 95 UNKNOWN	A <u>U</u> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A <u>U</u> 1 BARE STEEL	A <u>U</u> 2 STAINLESS STEEL	A <u>U</u> 3 POLYVINYL CHLORIDE (PVC)	A <u>U</u> 4 FIBERGLASS PIPE	
	A <u>U</u> 5 ALUMINUM	A <u>U</u> 6 CONCRETE	A <u>U</u> 7 STEEL W/ COATING	A <u>U</u> 8 100% METHANOL COMPATIBLE W/FRP	
	A <u>U</u> 9 GALVANIZED STEEL	A <u>U</u> 10 CATHODIC PROTECTION	A <u>U</u> 95 UNKNOWN	A <u>U</u> 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
				<input type="checkbox"/> 99 OTHER	

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input checked="" type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>[Signature]</u>	DATE <u>12-09-99</u>
--	----------------------

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

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

REMOVED 12-09-97
SOS



STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A
COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM

<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED SITE
<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

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

DBA OR FACILITY NAME NIA		NAME OF OPERATOR David Lau	
ADDRESS 2411 Webb Avenue		NEAREST CROSS STREET	PARCEL # (OPTIONAL)
CITY NAME Alameda	STATE CA	ZIP CODE 94501	SITE PHONE # WITH AREA CODE NIA
<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
<input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER			2
E. P. A. I. D. # (optional) CAC001321976			

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

DAYS: NAME (LAST, FIRST) Lau, David	PHONE # WITH AREA CODE 415-950-2942	DAYS: NAME (LAST, FIRST) NIA	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 David Lau	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 1932 Mason Street	<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME San Francisco	STATE CA	ZIP CODE 94133	PHONE # WITH AREA CODE 415-950-2942

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

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

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

TY (TK) HQ **44-04101109**

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

box to indicate

<input type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input checked="" type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 7 STATE FUND
<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input type="checkbox"/> 10 LOCAL GOVT. MECHANISM	<input type="checkbox"/> 99 OTHER			

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

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING

I II III

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

TANK OWNER'S NAME (PRINTED & SIGNATURE)	TANK OWNER'S TITLE	DATE	MONTH DAY YEAR
---	--------------------	------	----------------

LOCAL AGENCY USE ONLY

COUNTY # <input type="checkbox"/>	JURISDICTION # <input type="checkbox"/>	FACILITY # <input type="checkbox"/>
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

REMOVED 12-09-99
SOS

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 1 NEW PERMIT 2 INTERIM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY TANK CLOSURE 7 PERMANENTLY CLOSED ON SITE 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 2411 Webb Avenue, Alameda

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # unknown B. MANUFACTURED BY: unknown
C. DATE INSTALLED (MO/DAY/YEAR) 1939 D. TANK CAPACITY IN GALLONS: 500

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

A. 1 MOTOR VEHICLE FUEL 4 OIL 2 PETROLEUM 80 EMPTY 3 CHEMICAL PRODUCT 95 UNKNOWN
B. 1 PRODUCT 2 WASTE
C. 1a REGULAR UNLEADED 3 DIESEL 6 AVIATION GAS
 1b PREMIUM UNLEADED 4 GASAHOL 7 METHANOL
 1c MIDGRADE UNLEADED 5 JET FUEL 8 M85
 2 LEADED 99 OTHER (DESCRIBE IN ITEM D. BELOW)

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

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

A. TYPE OF SYSTEM 1 DOUBLE WALL 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN 99 OTHER
B. TANK MATERIAL (Primary Tank) 1 BARE STEEL 2 STAINLESS STEEL 3 FIBERGLASS 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
 5 CONCRETE 6 POLYVINYL CHLORIDE 7 ALUMINUM 8 100% METHANOL COMPATIBLE W/FRP
 9 BRONZE 10 GALVANIZED STEEL 95 UNKNOWN 99 OTHER
C. INTERIOR LINING OR COATING 1 RUBBER LINED 2 ALKYD LINING 3 EPOXY LINING 4 PHENOLIC LINING
 5 GLASS LINING 6 UNLINED 95 UNKNOWN 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___
D. EXTERIOR CORROSION PROTECTION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC
 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 99 OTHER
E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____
DROPTUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

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

A. SYSTEM TYPE A (U) 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER
B. CONSTRUCTION A (U) 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A 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 95 UNKNOWN A U 99 OTHER
D. LEAK DETECTION 1 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER

V. TANK LEAK DETECTION

1 VISUAL CHECK 2 MANUAL INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 ANNUAL TANK TESTING
 7 CONTINUOUS INTERSTITIAL MONITORING 8 SIR 9 WEEKLY MANUAL TANK GAUGING 10 MONTHLY TANK TESTING 95 UNKNOWN 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

1 ESTIMATED DATE LAST USED (MO/DAY/YR) _____ 2 ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS 3 WAS TANK FILLED WITH INERT MATERIAL? YES ___ NO ___

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) _____ DATE _____

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

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

Removal 12409299
505

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 221 Webb Avenue, Alameda

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.#	<u>unknown</u>	B. MANUFACTURED BY:	<u>unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>1939</u>	D. TANK CAPACITY IN GALLONS:	<u>500</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 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"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			C. A. S. #:		

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<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. EXTERIOR 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, etc.	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	
	DROP TUBE YES ___ NO ___		STRIKER PLATE YES ___ NO ___	
			DISPENSER CONTAINMENT YES ___ NO ___	

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>U</u> 2 PRESSURE	A <u>U</u> 3 GRAVITY	A <u>U</u> 4 FLEXIBLE PIPING	A <u>U</u> 99 OTHER
B. CONSTRUCTION	A <u>U</u> 1 SINGLE WALL	A <u>U</u> 2 DOUBLE WALL	A <u>U</u> 3 LINED TRENCH	A <u>U</u> 95 UNKNOWN	A <u>U</u> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A <u>U</u> 1 BARE STEEL	A <u>U</u> 2 STAINLESS STEEL	A <u>U</u> 3 POLYVINYL CHLORIDE (PVC)	A <u>U</u> 4 FIBERGLASS PIPE	
	A <u>U</u> 5 ALUMINUM	A <u>U</u> 6 CONCRETE	A <u>U</u> 7 STEEL W/ COATING	A <u>U</u> 8 100% METHANOL COMPATIBLE W/FRP	
	A <u>U</u> 9 GALVANIZED STEEL	A <u>U</u> 10 CATHODIC PROTECTION	A <u>U</u> 95 UNKNOWN	A <u>U</u> 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
				<input type="checkbox"/> 99 OTHER	

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input checked="" type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE)	DATE
---	------

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

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 ENVIRONMENTAL HEALTH SERVICES
 1131 HARBOR BAY PARKWAY, RM 250
 ALAMEDA, CA 94502-6577
 PHONE # 510/567-6700

ACCEPTED

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

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your original plans indicated by this Department are to assure compliance with State and local laws. The project proposed hereby is not intended for issuance of any required building permits, for construction/destruction.

One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any changes or alterations of these plans and specifications must be submitted to this Department and to the 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

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact @ contact

ROBERT WESTON

NOV - 2 1999

SEE PAGE 6

UNDERGROUND TANK CLOSURE PLAN

* * * Complete plan according to attached instructions * * *

1. Name of Business N/A
 Business Owner or Contact Person (PRINT) David Lau
2. Site Address 2411 Webb Avenue
 City Alameda Zip 94501 Phone N/A
3. Mailing Address 1932 Mason Street
 City San Francisco Zip CA Phone 94133
- Property Owner David Lau
 Business Name (if applicable) Trans Global Equipment
 Address 1932 Mason Street
 City, State San Fran., CA Zip 94133
- Generator name under which tank will be manifested
Ecology Control Industries
- EPA ID# under which tank will be manifested CA LCL 1321976

6. Contractor Accutite Environmental Engineer
 Address 35 South Linden Avenue
 City So. San Francisco Phone 650-952-5551
 License Type A, HAZ, B ID# 94-331-5374 ^{x203}
7. Consultant (if applicable) Same as above
 Address _____
 City, State _____ Phone _____
8. Main Contact Person for Investigation (if applicable)
 Name Willie Green Title Project Manager
 Company Accutite
 Phone 650-952-5551 x203
9. Number of underground tanks being closed with this plan 2
 Length of piping being removed under this plan 7'
 Total number of underground tanks at this facility (**confirmed with owner or operator) 2
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 Ecology Control Industries EPA I.D. No. ECI CA1982030
 Hauler License No. 1753 License Exp. Date 6/2000
 Address 255 Parr Blvd.
 City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site
 Name Same as above EPA ID# _____
 Address _____
 City _____ State _____ Zip _____

c) Tank and Piping Transporter

Name E.C.I. EPA I.D. No. E.C.I. CAD 982030173

Hauler License No. 1753 License Exp. Date 6/2000

Address 255 Pan Blvd

City Richmond State Calif Zip 94801

d) Tank and Piping Disposal Site

Name Ecology Control Industries EPA I.D. No. _____

Address (Same)

City _____ State _____ Zip _____

11. Sample Collector

Name _____

Company Accutite

Address Same

City _____ State _____ Zip _____ Phone _____

12. Laboratory

Name North State Environmental

Address P.O. Box 5624

City So. San Francisco State CA Zip 94083

State Certification No. _____

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

If yes, describe. _____

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

Dry ice will be used to render the tanks inert; however if dry ice is not sufficient, we will rinse the tank prior to removal.

Before tanks are pumped out and inerted, all associated piping must be flushed back into the tank(s). All accessible piping must then be removed. Inaccessible piping must be permanently plugged using grout.

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 have a functional combustible gas indicator on-site to verify that the tank(s) is inerted.

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
500 gallons	unknown	soil, groundwater	sidewalk 5' depth
500 gallons	unknown	soil, groundwater	

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) <i>10 yards</i>	Sampling Plan <i>Yes</i>

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

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

If yes, explain reasoning _____

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

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
HEATING OIL	SEE TABLE 2		

18. Submit Worker's Compensation Certificate copy

Name of Insurer Fremont Compensation

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

20. Enclose Deposit (See Instructions)

21. Report all 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)

FROM : Panasonic PPF

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 Accutite Environmental Engineering

Name of Individual Willie Green

Signature Willie Green Date 10/13/99

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business _____

Name of Individual David Lau

Signature David Lau Date 10/14/99

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.

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

CONTRACTOR INFORMATION

Name of Business Accutite Environmental Engineering

Name of Individual Willie Green

Signature Willie Green Date 10/13/99

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business _____

Name of Individual David Yau

Signature _____ Date _____

INSTRUCTIONS

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 Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION
Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the 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 excerpts from 29 CFR Part 1910.120(b)(4), Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

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

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

20. DEPOSIT

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

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from 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.

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TOTAL LEAD	AA
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
	EDB	DHS-AB1803	EDB	DHS-AB1803
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	G C F I D (3 5 1 0)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E	8260	CL HC AND BTX&E	8260
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TPH and BTX&E	8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E	8260		
	O & G	5520 D & F	O & G	5520 B & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624
ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni				
METHOD 8270 FOR SOIL OR WATER TO DETECT:				
PCB*		PCB		
PCP*		PCP		
PNA		PNA		
CREOSOTE		CREOSOTE		

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

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

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractable, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydro- carbons, 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%)
$\leq .5$ ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

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

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

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

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

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

There may be excess funds remaining in the Site Account at the completion of this project. The PAYOR (person or company that issues the check) will use this form to predesignate another party to receive any funds refunded at the completion of this project. In the absence of this form, the PAYOR will receive the refund.

ENVIRONMENTAL
PROTECTION
99 OCT 20 PM 3:52

SITE INFORMATION:

Site ID Number
(if known)

N/A
Name of Site

2411 Webb Avenue
Street Address

Alameda, CA 94501
City, State & Zip Code

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

Accutite Environmental Eng.
Name

35 South Linden Avenue
Street Address

So. San Francisco CA 94080
City, State & Zip Code

Michelle Ortiz
Signature of Payor

10/13/99
Date

Michelle Ortiz
Name of Payor
(PLEASE PRINT CLEARLY)

Accutite
Company Name of Payor

RETURN FORM TO:

County of Alameda, Environmental Protection
1131 Harbor Bay Parkway, Rm 250
Alameda CA 94502-6577
Phone#(510) 567-6700

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

7 / 2 / 1999

PRODUCER

Andreini & Co License 0208825
 220 West 20th Ave.
 San Mateo, CA 94403
 (650) 573-1111 Fax (650) 378-4361

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

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER A UNITED CAPITOL INS. CO.
- COMPANY LETTER B GOLDEN EAGLE INSURANCE CORP.
- COMPANY LETTER C FREMONT COMPENSATION
- COMPANY LETTER D
- COMPANY LETTER E

INSURED

ACCUTITE ENVIRONMENTAL
 ENGINEERING
 35 SO. LINDEN AVE.
 SO. SAN FRANCISCO, CA 94080

COVERAGES

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNERS & CONTRACTORS PROT. <input checked="" type="checkbox"/> POLL. LIAB.	GLA1003728	07/01/99	07/01/00	GENERAL AGGREGATE \$ 5,000,000 PRODUCTS-COMP/OP AGG. \$ 5,000,000 PERSONAL & ADV. INJURY \$ 5,000,000 EACH OCCURRENCE \$ 5,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000 COMBINED SINGLE LIMIT \$ 1,000,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	CCP 601603-00	04/07/99	04/07/00	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM	UMB 1480004	07/01/99	07/01/00	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WN98-12469-01	04/07/99	10/01/99	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE - POLICY LIMIT \$ 1,000,000 DISEASE - EACH EMPLOYEE \$ 1,000,000
OTHER PROFESSIONAL LIABILITY	GLA1003728	07/01/99	07/01/00	EACH LOSS 5,000,000 CLAIMS MADE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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

CERTIFICATE HOLDER

CANCELLATION

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

SPECIMEN

AUTHORIZED REPRESENTATIVE

Shirley Marble

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mailer# P 074 535 612

ENVIRONMENTAL HEALTH SERVICES

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

June 20, 1997

Mr. Jim Thomson
Justin Realty
2310-1/2 Alameda Avenue
Alameda, CA 94501

RE: 2411 Webb Avenue, Alameda, CA

Dear Mr. Thomson:

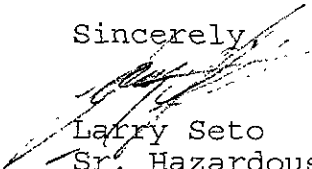
I have received the underground storage tank inspection letter dated May 16, 1997, prepared by Blymyer Engineers, Inc. This report identifies two underground tanks at the above address, which concurs with the City of Alameda, Fire Department records.

Inspector Mike Edwards, Alameda Fire Department informed me the City of Alameda position is that the property owner of the above address is the owner of the tanks, and is responsible for their removal.

Please forward the name, mailing address, and phone number of the property owner to this office within 5 days of the receipt of this letter.

If you have any questions, please contact me at 567-6774.

Sincerely,


Larry Seto
Sr. Hazardous Materials Specialist

cc: Inspector Mike Edwards, Alameda Fire
Captain Steve McKinley, Alameda Fire
Files

P 074 535 612

US Postal Service

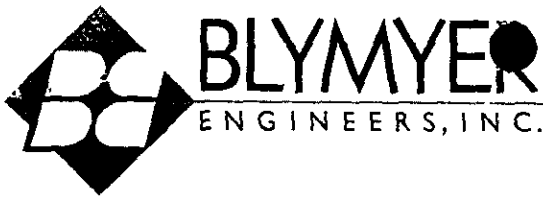
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	Justin Realty
Street & Number	2310 1/2 Alameda Ave
Post Office, State, & ZIP Code	Alameda CA 94501

June 20, 1997



May 16, 1997
BEI Job No. 97069
97 JUN 17 PM 12:48

VIA FACSIMILE AND REGULAR MAIL

Mr. Jim Thomson
Justin Realty
2310-½ Alameda Avenue
Alameda, CA 94501

**Subject: Underground Storage Tank Inspection
 2411 Webb Avenue
 Alameda, California**

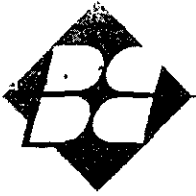
Dear Mr. Thomson:

Blymyer Engineers, Inc. performed an inspection of the subject property on May 15, 1997, to locate a potential underground storage tank (UST) at the property identified in Alameda Fire Department (AFD) records. We understand that the owner is selling the property and that information on potential USTs is needed for environmental disclosure purposes.

Two USTs were identified during our inspection (Figure 1). Two 1½-inch-diameter vent risers were observed on the southwest exterior wall of the building at the subject property. Two 2-inch-diameter fill pipes were located in access manholes approximately 15 feet apart in the sidewalk adjacent to Webb Avenue. The fill pipes were gauged with a tape measure and the depth from grade to the bottom of the USTs was determined to be approximately 88 inches. The southeast UST had 17 inches of liquid that appeared to be water and did not exhibit any distinguishable odor. The northwest UST was completely empty, but a gasoline odor was noted on the tape measure. The tape measure could not be hooked on the top of either UST, indicating that the USTs likely have drop tubes, so the diameter of the USTs could not be accurately ascertained.

A separate access manhole adjacent to the fill pipe for the northwest UST allowed access to what appeared to be the connection for a 2-inch-diameter product line to the northwest UST. The product line exited the access manhole to the northeast, towards the building at the subject property. Based on the depth of the product line connection to the UST, the burial depth of the northwest UST was estimated to be 24 inches below grade. This would indicate a UST diameter of 64 inches (total depth of 88 inches minus burial depth of 24 inches). That diameter would indicate a UST capacity ranging from 2,000 gallons (12 feet long) to 4,000 gallons (24 feet long). Based on the observed configuration of visible UST components and assuming the burial depth of the southeast UST is also 24 inches, we estimate the capacities of the two USTs to be 2,000 gallons each.

The interior of the building was inspected for evidence of fuel dispensers or supply/return lines for a former furnace, but none was observed. An attempt to trace the product line for the northwest UST into the building using a pipe and cable locator was unsuccessful.



Mr. Jim Thomson
May 16, 1997
Page 2

Based on the results of our inspection, Blymyer Engineers recommends that the USTs be properly abandoned in place as opposed to removed. This recommendation is based on the following rationale:

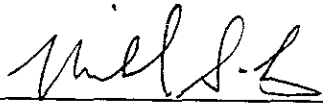
1. The USTs are located in a public right-of-way in a commercial area with a high volume of foot traffic. Numerous utility vaults (electrical, telephone, water, etc.) were observed in close proximity to the USTs, which would make removal very difficult.
2. The building at the subject property is of unreinforced masonry (URM) construction. Excavation to remove the USTs would seriously undermine and possibly damage the adjacent building foundation (see Section A in Figure 1). The distance from the wall of the UST (assuming a 64-inch diameter) to the outer surface of the wall of the building is only 22 inches, which is not sufficient to install shoring (e.g., sheet piles) while maintaining a safe distance from the URM building.

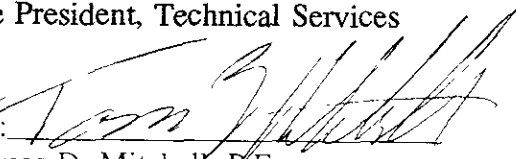
Abandonment of the USTs in place will require (1) approval of the AFD and Alameda County Department of Environmental Health (ACDEH), (2) a subsurface investigation in accordance with ACDEH requirements to determine whether a release from the USTs has occurred, and (3) cleaning and filling of the USTs with an approved inert material, such as concrete grout. We would be pleased to provide proposals for these activities at your request.

Thank you for the opportunity to be of service. If you have any questions, please contact Mike Lewis at 521-3773.

Cordially,

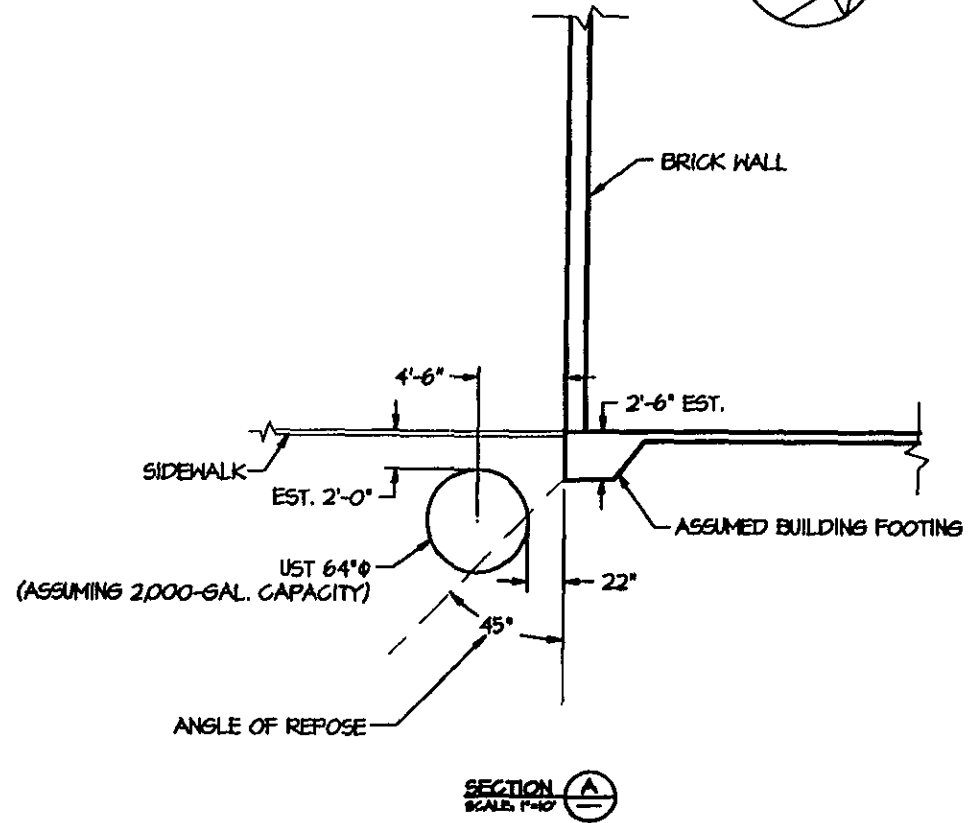
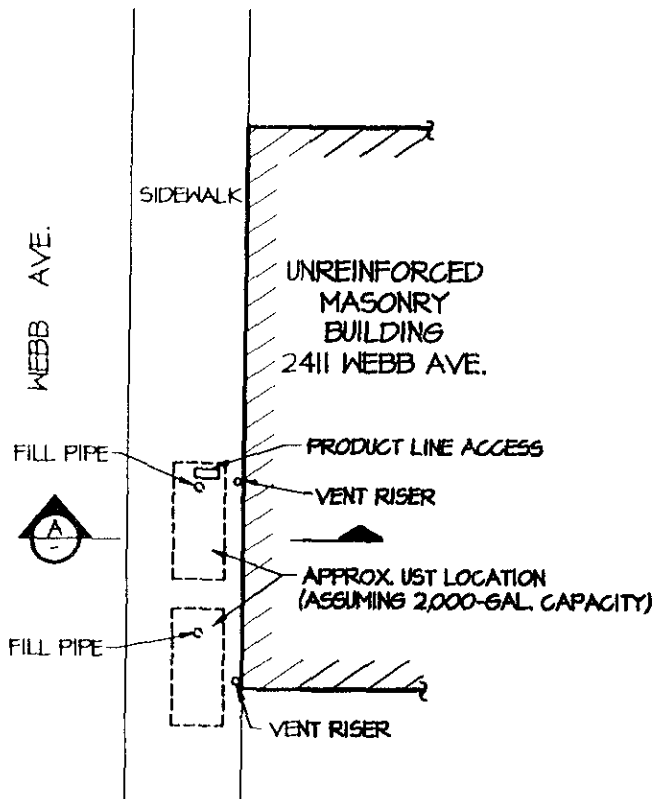
Blymyer Engineers, Inc.

By: 
Michael S. Lewis
Vice President, Technical Services

And: 
Thomas D. Mitchell, P.E.
Director, Engineering Services

Enclosure: Figure 1

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 BLYMYER ENGINEERS, INC.	LEGEND		SITE PLAN JUSTIN REALTY 2411 WEBB AVE. ALAMEDA, CA	FIGURE 1
	UST UNDERGROUND STORAGE TANK	BEI JOB NO. 97069		