



**CONESTOGA-ROVERS
& ASSOCIATES**

2000 Opportunity Dr, Suite 110, Roseville, California 95678
Telephone: 916-677-3407, ext. 100 Facsimile: 916-677-3687
www.CRAworld.com

20391

January 3, 2008

Barney Chan
Alameda County
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

RE: **Project Manager Contact Change**
Chevron Service Station -211173
500 Grand Avenue
Oakland, CA

2008 JAN -7 PM 3:19

Dear Barney Chan,

On behalf of Chevron Environmental Management Company (Chevron), Conestoga-Rovers & Associates (CRA) is writing to inform you of management changes regarding the above referenced site.

The Chevron project manager is changing from Tom Bauhs to Stacie Hartung-Frerichs.

Stacie Hartung-Frerichs
Chevron Environmental Management Company
6001 Bollinger Canyon Rd., K-2200
San Ramon, CA 94583
Office phone: 925-842-9655
Office Fax: 925-548-0010
Email: StacieHF@chevron.com

Please contact either Stacie Hartung-Frerichs of Chevron or Brian Carey of CRA at 916-677-3407 ext. 106 if you have any questions.

Sincerely,

Judith Moore
Administrative Assistant

cc: Stacie Hartung-Frerichs, Chevron Environmental Management Company, San Ramon, CA

Equal
Employment
Opportunity Employer

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



F

July 30, 2007

Mr. Tom Bauhs
Chevron Environmental Management Co.
6001 Bollinger Canyon Rd., Room K2204
San Ramon, CA 94583

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

Dear Mr. Bauhs:

Subject: Fuel Leak Case RO0000391 & Global ID T0600101355, Chevron
#21-1173/Exxon #7-0237, 500 Grand Ave., Oakland, CA 94610

Alameda County Environmental Health (ACEH) staff has been requested to provide comment to the February 28, 2007 Subsurface Investigation Report for the subject site. Upon review of this report, it appears that Cambria (CRA) proposed in their discussion to submit a Supplemental Soil Vapor Workplan to repeat sample collection in previously proposed areas. It appears that this is the result of not being able to collect prior samples, not running the requested quality control samples and obtaining different results in the duplicate sample for SV-2. It appears that your Supplemental Soil Vapor Workplan has not been submitted. We, therefore request that you address the following technical comments when submitting the technical report requested below.

TECHNICAL COMMENTS

1. Quality Control Sampling- We request that appropriate quality control sampling be performed when collecting the soil vapor samples. This should follow the DTSC Guidance document, December 15, 2004, revised February 7, 2005. A tracer gas and a background air sample should be included.
2. Duplication of Samples- Cambria noted that because the leak testing analysis was left out and their inability to collect a soil vapor sample from SV-3, a supplemental work plan would be submitted to repeat sample collection at previously proposed areas plus additional sampling along northern Grand Avenue. Please collect soil samples from S-1 and S-2 at depths of 5' bgs to best duplicate prior sample data. Based upon the results of the previous investigation, we request that additional soil vapor samples be collected on-site. We suggest samples north of S-2 and along the eastern property boundary.

TECHNICAL REPORT REQUEST

Please submit the following technical report to our office according to the following schedule:

- August 30, 2007- Supplemental Soil Vapor Work Plan

ELECTRONIC SUBMITTAL OF REPORTS

Effective **January 31, 2006**, the Alameda County Environmental Cleanup Oversight Programs (LOP and SLIC) require submission of all reports in electronic form to the county's ftp site. Paper copies of reports will no longer be accepted. The electronic copy replaces the paper copy and will be used for all public information requests, regulatory review, and compliance/enforcement activities. Please do not submit reports as attachments to electronic mail. Submission of reports to the Alameda County ftp site is an addition to existing requirements for electronic submittal of information to the State Water Resources Control Board (SWRCB) Geotracker website. Submission of reports to the Geotracker website does not fulfill the requirement to submit documents to the Alameda County ftp site. In September 2004, the SWRCB adopted regulations that require electronic submittal of information for groundwater cleanup programs. For several years, responsible parties for cleanup of leaks from underground storage tanks (USTs) have been required to submit groundwater analytical data, surveyed locations of monitor wells, and other data to the Geotracker database over the Internet. Beginning July 1, 2005, electronic submittal of a complete copy of all necessary reports was required in Geotracker (in PDF format). Please visit the SWRCB website, (http://www.swrcb.ca.gov/ust/cleanup/electronic_reporting) for more information.

In order to facilitate electronic correspondence, we request that you provide up to date electronic mail addresses for all responsible and interested parties. Please provide current electronic mail addresses and notify us of future changes to electronic mail addresses by sending an electronic mail message to me at barney.chan@acgov.org.

PERJURY STATEMENT

All work plans, technical reports, or technical documents submitted to ACEH must be accompanied by a cover letter from the responsible party that states, at a minimum, the following: "I declare, under penalty of perjury, that the information and/or recommendations contained in the attached document or report is true and correct to the best of my knowledge." This letter must be signed by an officer or legally authorized representative of your company. Please include a cover letter satisfying these requirements with all future reports and technical documents submitted for this fuel leak case.

PROFESSIONAL CERTIFICATION & CONCLUSIONS/RECOMMENDATIONS

The California Business and Professions Code (Sections 6735, 6835, and 7835.1) requires that work plans and technical or implementation reports containing geologic or engineering evaluations and/or judgments be performed under the direction of an appropriately registered or certified professional. For your submittal to be considered a valid technical report, you are to present site specific data, data interpretations, and recommendations prepared by an appropriately licensed professional and include the professional registration stamp, signature, and statement of professional certification. Please ensure all that all technical reports submitted for this fuel leak case meet this requirement.


Mr. Tom Bauhs
RO 391, 500 Grand Ave., Oakland
Page 3 of 3

AGENCY OVERSIGHT

If it appears as though significant delays are occurring or reports are not submitted as requested, we will consider referring your case to the Regional Board or other appropriate agency, including the County District Attorney, for possible enforcement actions. California Health and Safety Code, Section 25299.76 authorizes enforcement including administrative action or monetary penalties of up to \$10,000 per day for each day of violation.

If you have any questions, please call me at (510) 567-6765.

Sincerely,



Barney M. Chan
Hazardous Materials Specialist

cc: files, D. Drogos

Mr. David Herzog, Cambria Environmental, 2000 Opportunity Drive, Suite 110,
Roseville, CA 95678

Mr. Brad Howard, Howard Tours Inc., 516 Grand Ave., Oakland, CA 94610-3515

7_30_07 500 GrandAve

C A M B R I A

Ru 391

March 30, 2007

Barney Chan
Alameda County
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

Alameda County

APR 11 2007

Re: **Project Manager Contact Change**
Chevron Service Station 211173
500 Grand Avenue
Oakland, CA

Environmental Health



Dear Barney Chan,

On behalf of Chevron Environmental Management Company (Chevron), Cambria Environmental Technology, Inc. (Cambria) is writing to inform you of management changes regarding the referenced site.

LI 000 26 24

The Chevron project manager is changing from Dana Thurman to Tom Bauhs

- Mr. Tom Bauhs, Chevron Environmental Management Company, K2204, 6001 Bollinger Canyon Rd, San Ramon, CA 94583, (925) 842-3334, tbauhs@chevron.com

Please note these changes, effective immediately, for future correspondence. Thank you for your assistance.

Sincerely,

Cambria Environmental Technology, Inc.

Judith Moore
Office Administrator

cc: Tom Bauhs, Chevron Environmental Management Company

**Cambria
Environmental
Technology, Inc.**

2000 Opportunity Drive
Suite 110
Roseville, CA 95678
Tel (916) 677-3407
Fax (916) 677-3687

2007 APR 11 PM 3:25

Chan, Barney, Env. Health

To: Dana Thurman (drth@chevrontexaco.com)

Cc: jbstick@cambria-env.com

Subject: Work Plan Extension, Chevron 21-1173, 500 Grand Ave., Oakland, RO391

Gentlemen: I have received your request for extension for the Subsurface Investigation Report for this site. It is approved so your new due date is January 20, 2007.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist
Alameda County Environmental Health
510-567-6765

11/13/2006

20391

Chan, Barney, Env. Health

From: Thurman, Dana (DThurman) [DThurman@chevron.com]
Sent: Monday, November 13, 2006 10:52 AM
To: Chan, Barney, Env. Health
Cc: jbostick@cambria-env.com
Subject: RE: Work Plan Extension, Chevron 21-1173, 500 Grand Ave., Oakland, RO391

Barney, thank you for the extension.

Dana Thurman

Property Specialist

Chevron Environmental Management Company

6001 Bollinger Canyon Rd., Room K2236
San Ramon, CA 94583
Tel 925 842 9559
Fax 925 842 8370
Mobile 925 997 1492
dthurman@chevron.com

From: Chan, Barney, Env. Health [mailto:barney.chan@acgov.org]
Sent: Monday, November 13, 2006 10:50 AM
To: Thurman, Dana (DThurman)
Cc: jbostick@cambria-env.com
Subject: Work Plan Extension, Chevron 21-1173, 500 Grand Ave., Oakland, RO391

Gentlemen: I have received your request for extension for the Subsurface Investigation Report for this site. It is approved so your new due date is January 20, 2007.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist
Alameda County Environmental Health
510-567-6765

11/27/2006

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



F

September 5, 2006

Mr. Dana Thurman
Chevron Environmental Management Co.
6001 Bollinger Canyon Rd., Room K2236
San Ramon, CA 94583

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

Dear Mr. Thurman:

Subject: Fuel Leak Case **[REDACTED]**, Chevron #21-1173/Exxon #7-0237,
500 Grand Ave., Oakland, CA 94610

Alameda County Environmental Health (ACEH) staff has recently reviewed the case file for the subject site including the August 23, 2006 Work Plan for Additional Site Assessment by Cambria Environmental. The work plan proposes additional soil vapor sampling and soil sampling to provide an indication of current conditions in areas of potential environmental concern. Three boring pairs are proposed along the southern property boundary where previous elevated TPHg, BTEX had been detected in soil and also where elevated soil vapor samples had been detected. The shallow boring will be advanced to approximately 3.5' bgs and a soil vapor sample collected. The adjacent boring of the pair will be advanced to approximately 4' bgs for soil sampling. We concur that additional information in this area of the site may be sufficient for site closure. We request that you address the following technical comments when performing the proposed work and submit the technical report requested below.

TECHNICAL COMMENTS

1. We request that appropriate quality control sampling be performed when collecting the soil vapor samples. This should follow the DTSC Guidance document, December 15, 2004, revised February 7, 2005. A tracer gas and a background air sample should be included.
2. Because of the past analytical results, we request that the soil sample boring for the middle boring be located as close as possible to the former sample WS-4 and also be collected at a depth of 5' bgs. All borings should be advanced avoiding excavation backfill material. Vertical delineation of contamination should be performed as necessary.

Please submit your investigation report to our office by November 3, 2006.

ELECTRONIC SUBMITTAL OF REPORTS

Effective **January 31, 2006**, the Alameda County Environmental Cleanup Oversight Programs (LOP and SLIC) require submission of all reports in electronic form to the county's ftp site. Paper copies of reports will no longer be accepted. The electronic copy replaces the paper copy and will be used for all public information requests, regulatory review, and compliance/enforcement activities. Please do not submit reports as attachments to electronic mail.

Submission of reports to the Alameda County ftp site is an addition to existing requirements for electronic submittal of information to the State Water Resources Control Board (SWRCB) Geotracker website. Submission of reports to the Geotracker website does not fulfill the requirement to submit documents to the Alameda County ftp site. In September 2004, the SWRCB adopted regulations that require electronic submittal of information for groundwater cleanup programs. For several years, responsible parties for cleanup of leaks from underground storage tanks (USTs) have been required to submit groundwater analytical data, surveyed locations of monitor wells, and other data to the Geotracker database over the Internet. Beginning July 1, 2005, electronic submittal of a complete copy of all necessary reports was required in Geotracker (in PDF format). Please visit the SWRCB website for more information on these requirements ([http://www.swrcb.ca.gov/ust/cleanup/electronic reporting](http://www.swrcb.ca.gov/ust/cleanup/electronic%20reporting)).

In order to facilitate electronic correspondence, we request that you provide up to date electronic mail addresses for all responsible and interested parties. Please provide current electronic mail addresses and notify us of future changes to electronic mail addresses by sending an electronic mail message to me at barney.chan@acgov.org.

PERJURY STATEMENT

All work plans, technical reports, or technical documents submitted to ACEH must be accompanied by a cover letter from the responsible party that states, at a minimum, the following: "I declare, under penalty of perjury, that the information and/or recommendations contained in the attached document or report is true and correct to the best of my knowledge." This letter must be signed by an officer or legally authorized representative of your company. Please include a cover letter satisfying these requirements with all future reports and technical documents submitted for this fuel leak case.

PROFESSIONAL CERTIFICATION & CONCLUSIONS/RECOMMENDATIONS

The California Business and Professions Code (Sections 6735, 6835, and 7835.1) requires that work plans and technical or implementation reports containing geologic or engineering evaluations and/or judgments be performed under the direction of an appropriately registered or certified professional. For your submittal to be considered a valid technical report, you are to present site specific data, data interpretations, and recommendations prepared by an appropriately licensed professional and include the professional registration stamp, signature, and statement of professional certification. Please ensure all that all technical reports submitted for this fuel leak case meet this requirement.

AGENCY OVERSIGHT

If it appears as though significant delays are occurring or reports are not submitted as requested, we will consider referring your case to the Regional Board or other appropriate agency, including the County District Attorney, for possible enforcement actions. California Health and Safety Code, Section 25299.76 authorizes enforcement

Mr. Dana Thurman
RO 391, 500 Grand Ave., Oakland
Page 3 of 3

including administrative action or monetary penalties of up to \$10,000 per day for each day of violation.

If you have any questions, please call me at (510) 567-6765.

Sincerely,



Barney M. Chan
Hazardous Materials Specialist

cc: files, D. Drogos

Mr. David Herzog, Cambria Environmental, 2000 Opportunity Drive, Suite 110,
Roseville, CA 95678

Mr. Brad Howard, Howard Tours Inc., 516 Grand Ave., Oakland, CA 94610-3515

9_5_06 500 GrandAve

**Alameda County Environmental Cleanup
Oversight Programs
(LOP and SLIC)**

ISSUE DATE: July 5, 2005

REVISION DATE: May 31, 2006

PREVIOUS REVISIONS: October 31, 2005,
December 16, 2005

SECTION: Miscellaneous Administrative Topics & Procedures

SUBJECT: Electronic Report Upload (ftp) Instructions

Effective **January 31, 2006**, the Alameda County Environmental Cleanup Oversight Programs (LOP and SLIC) require submission of all reports in electronic form to the county's ftp site. Paper copies of reports will no longer be accepted. The electronic copy replaces the paper copy and will be used for all public information requests, regulatory review, and compliance/enforcement activities.

REQUIREMENTS

- Entire report including cover letter must be submitted to the ftp site as a **single portable document format (PDF) with no password protection**. (Please do not submit reports as attachments to electronic mail.)
- It is **preferable** that reports be converted to PDF format from their original format, (e.g., Microsoft Word) rather than scanned.
- Signature pages and perjury statements **must** be included and have either original or electronic signature.
- **Do not password protect the document**. Once indexed and inserted into the correct electronic case file, the document will be secured in compliance with the County's current security standards and a password. **Documents with password protection will not be accepted**.
- Each page in the PDF document should be rotated in the direction that will make it easiest to read on a computer monitor.
- Reports must be named and saved using the following naming convention:
RO#_Report Name_Year-Month-Date (e.g., RO#5555_WorkPlan_2005-06-14)

Additional Recommendations

- A separate copy of the tables in the document should be submitted by e-mail to your Caseworker in **Excel** format. These are for use by assigned Caseworker only.

Submission Instructions

1) Obtain User Name and Password:

- a) Contact the Alameda County Environmental Health Department to obtain a User Name and Password to upload files to the ftp site.
 - i) Send an e-mail to dehloptoxic@acgov.org
 - or
 - ii) Send a fax on company letterhead to (510) 337-9335, to the attention of: **ftp Site Coordinator**.
- b) In the subject line of your request, be sure to include "**ftp PASSWORD REQUEST**" and in the body of your request, include the **Contact Information, Site Addresses, and the Case Numbers (RO# available in Geotracker) you will be posting for**.

2) Upload Files to the ftp Site

- a) Using Internet Explorer (IE4+), go to <ftp://alcoftp1.acgov.org>
 - (i) Note: Netscape and Firefox browsers will not open the FTP site.
- b) Click on File, then on Login As.
- c) Enter your User Name and Password. (Note: Both are Case Sensitive.)
- d) Open "My Computer" on your computer and navigate to the file(s) you wish to upload to the ftp site.
- e) With both "My Computer" and the ftp site open in separate windows, drag and drop the file(s) from "My Computer" to the ftp window.

3) Send E-mail Notifications to the Environmental Cleanup Oversight Programs

- a) Send email to dehloptoxic@acgov.org notify us that you have placed a report on our ftp site.
- b) Copy your Caseworker on the e-mail. Your Caseworker's e-mail address is the entire first name then a period and entire last name at acgov.org. (e.g., firstname.lastname@acgov.org)
- c) The subject line of the e-mail must start with the RO# followed by **Report Upload**. (e.g., Subject: RO1234 Report Upload)

C A M B R I A

January 21, 2005

Mr. Barney Chan
ACEHS
1131 Harbour Bay Parkway, Suite 250
Alameda, CA 94502

RE: 500 Grand Ave., Oakland

Rd 391

Dear Mr. Chan:

This letter is to inform you of a change in consultants/management for the above-referenced site.



Effective immediately, the new ChevronTexaco project manager will be:

Mr. Dana Thurman
ChevronTexaco
6001 Bollinger Canyon Rd., K-2236
San Ramon, CA 94583
Phone: 925-842-9559

The new consultant will be:

Mr. Bruce Eppler
Cambria Environmental Technology, Inc.
4111 Citrus Avenue, Suite 12
Rocklin, CA 95677
Phone: (916) 630-1855 ext. 102

Please contact either Dana Thurman or Bruce Eppler if you have any questions.

Regards,

Cambria Environmental Technology, Inc.

**Cambria
Environmental
Technology, Inc.**

cc: Dana Thurman, Chevron Texaco

4111 Citrus Avenue
Suite 9
Rocklin, CA 95677
Tel (916) 630-1855
Fax (916) 630-1856

Site #: 211173

LOP - CHANGE RECORD REQUEST FORM

printed:
04/24/2000

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

Insp:

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 1109 LOC: *****
 SITE NAME: Exxon # 7-0237 DATE REPORTED : 11/02/1988
 ADDRESS : 500 Grand Ave DATE CONFIRMED: 11/02/1988
 CITY/ZIP : Oakland 94610 MULTIPLE RPs : Y

SITE STATUS

CASE TYPE: W CONTRACT STATUS: 4 PRIOR CODE:2B3 EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 03/26/1992
 PRELIMINARY ASMNT: U DATE UNDERWAY: 06/01/1988 DATE COMPLETED:
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:
 ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 03/26/1992
 LUFT FIELD MANUAL CONSID: HSCAW
 CASE CLOSED: DATE CASE CLOSED:
 DATE EXCAVATION STARTED : 04/14/1992 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: J. & M. Howard Trust
 COMPANY NAME:
 ADDRESS: 146 Bell Av.
 CITY/STATE: Piedmont CA 94611

RP#2-CONTACT NAME: William Y. Wang
 COMPANY NAME: Exxon Company U.s.a.
 ADDRESS: 2300 Clayton Road
 CITY/STATE: Concord, Ca 94520

RP#3-CONTACT NAME: Karen Petryna
 COMPANY NAME: Equiva Services, L L C
 ADDRESS: P. O. Box 7869
 CITY/STATE: Burbank, California 91501-7869

} new contact RP

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

LOP - CHANGE RECORD REQUEST FORM

printed:
04/24/2000

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

Insp:

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
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SITE STATUS

CASE TYPE: W CONTRACT STATUS: 4 PRIOR CODE:2B3 EMERGENCY RESP:
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 LUFT FIELD MANUAL CONSID: HSCAW
 CASE CLOSED: DATE CASE CLOSED:
 DATE EXCAVATION STARTED : 04/14/1992 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: J. & M. Howard Trust
 COMPANY NAME:
 ADDRESS: 146 Bell Av.
 CITY/STATE: Piedmont CA 94611

RP#2-CONTACT NAME: William Y. Wang
 COMPANY NAME: Exxon Company U.s.a.
 ADDRESS: 2300 Clayton Road
 CITY/STATE: Concord, Ca 94520

RP#3-CONTACT NAME: Theodore B Harris
 COMPANY NAME: Texaco
 ADDRESS: 3631 Harbor Blvd Suite225
 CITY/STATE: Santa Ana, Ca 92704

Change

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

ANPNPGMS _____ LOP _____ DATE _____ LOP _____ DATE _____



Cal/EPA

**State Water
Resources
Control Board**

▶ DEC 31 1997

Division of
Clean Water
Programs

Mailing Address:
P.O. Box 944212
Sacramento, CA
94244-2120

2014 T Street,
Suite 130
Sacramento, CA
95814
(916) 227-4307
FAX (916) 227-4530

World Wide Web
<http://www.swrcb.ca.gov/~cwphome/fundhome.htm>

Ms. Feryal Sarrafian
Texaco R & M, L.A. Div.
10 Universal City Plz 7th Fl
Universal City, CA 91608-7812

UNDERGROUND STORAGE TANK CLEANUP FUND, CLAIM NO. 6131, FOR SITE ADDRESS: 500 GRAND AVE, OAKLAND 94612

The State Water Resources Control Board (State Board) is able to issue, pursuant to applicable regulations, the enclosed Letter of Commitment (LOC) in an amount not to exceed \$500,000. This LOC is based upon our review of the corrective action costs you reported to have incurred to date. The LOC may be modified by the State Board.

It is very important that you read the terms and conditions listed in the enclosed LOC. Claims filed with the Underground Storage Tank Cleanup Fund far exceed the funding available and it is very important that you make use of the funding that has been committed to your cleanup in a timely manner.

Consequently, if you do not submit your first reimbursement request for corrective action costs which you have incurred within ninety (90) calendar days from the date of this letter, your funds will automatically be deobligated. Once deobligated, any future funds for this site will be obligated subject to availability of funds at such time when we receive your reimbursement request.

You are reminded that you must comply with all regulatory agency time schedules and requirements and you must obtain three bids for any required corrective action. Only corrective action costs *required* by the regulatory agency to protect human health, safety and the environment can be claimed for reimbursement. **Unless waived in writing, you are required to obtain preapproval of costs for all future corrective action work (form enclosed).** If you have any questions on obtaining preapproval of your costs or the three bid requirement, please call Steve Marquez, our Technical Reviewer assigned to claims in your Region, at (916) 227-0746. Failure to obtain preapproval of your future costs may result in the costs not being reimbursed.

The following documents needed to submit your reimbursement request are enclosed:

- "Reimbursement Request Instructions" package. **Retain this package for future reimbursement requests.** These instructions must be followed when seeking reimbursement for corrective action costs incurred after January 1, 1988. Included in the instruction package are samples of completed reimbursement request forms and spreadsheets.

#109
SH



Pete Wilson
Governor



Recycled paper

Our mission is to preserve and enhance the quality of California's water resources, and ensure their proper allocation and efficient use for the benefit of present and future generations.

DEC 31 1997

- "Bid Summary Sheet" to list information on bids received which must be completed and returned.
- "Reimbursement Request" forms which you must use to request reimbursement of costs incurred.
- "Spreadsheet" forms which you must use in conjunction with your reimbursement request.
- "Claimant Data Record" (Std. Form 204) which must be completed and returned with your first reimbursement request.

We continuously review the status of all active claims. If you do not submit a reimbursement request or fail to proceed with due diligence with the cleanup, we will take steps to withdraw your LOC.

If you have any questions regarding the enclosed documents, please contact Anna Torres at (916) 227-4388.

Sincerely,



Dave Deane, Manager
UST Cleanup Fund Program

Enclosures

cc: ✓ Mr. Thomas Peacock
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577



Recycled paper

Our mission is to preserve and enhance the quality of California's water resources, and ensure their proper allocation and efficient use for the benefit of present and future generations.

ALAMEDA COUNTY ENVIRONMENTAL
HEALTH DEPARTMENT

ENVIRONMENTAL PROTECTION DIVISION
1131 Harbor Bay Parkway, Suite #250
Alameda, CA 94502-6577
Telephone (510) 567-6700
Fax Number (510) 337-9335

FAX COVER SHEET

DATE: DECEMBER 20, 1995

TO: NANCY JOHNSON

GROUNDWATER TECH

FAX # (310) 371-4782

Total number of pages including cover sheet 10

FROM: SUSAN HUGO

NOTE:

4 USTs permit to operate & removal
information for: 500 GRAND AVE. OAKLAND

(SMILE) have a nice day.
DO SOMETHING FOR OUR ENVIRONMENT.

Alameda County Health Care Services Agency

TB1090

Department of Environmental Health

FIVE YEARS

Permit

This is to certify that EXXON COMPANY, U.S.A. doing business as EXXON STS-17-0237 is permitted to operate a Three (3) Underground Storage Tanks at 500 Grand Avenue, Oakland, CA 94610.

This permit is not transferable and is good until January 30, 1994

Issued this 2nd day of MAY, 1991

Cynthia Chapman

HAZARDOUS MATERIAL SPECIALIST

400-WA-2-3/87

By Authority of County Health Officer

Alameda County Health Care Services Agency

Department of Environmental Health

Permit

This is to certify that EXXON COMPANY, U.S.A. doing business as Exxon Station 17-0237 is permitted to operate a (4) Underground Storage Tanks at 500 Grand Avenue Oakland, CA 94610.

This permit is not transferable and is good until 6 Months From Date of Issuance

Issued this 30th day of January, 1989

Sanitarian

400-WA-2-3/87

By Authority of County Health Officer

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

FACSIMILE TRANSMITTAL

TO:

(510) 834-1019 Floor/Room # _____
Fax Phone Number

Name: MR. JOSEPH D. HOWARD Title/Section

Agency: _____

Address: _____

Phone #: () _____

FROM:

_____ Floor/Room # _____
Fax Phone Number

Date: 10/7/93 Time Sent: _____

Sender: SUSAN L. HUGO - SR. HAZ MAT SPECIALIST Title/Section

Phone #: () _____

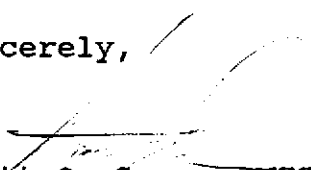
Number of Pages Including Transmittal Sheet: 3

Special Instructions/Comments:

Mr. Kenneth Hammer
RE: 1136-139th Avenue, San Leandro
September 26, 1991
Page 2 of 2

Please contact me at 510/271-4320 should you have any questions.

Sincerely,


Scott O. Seery, CHMM
Hazardous Materials Specialist

cc: Rafat A. Shahid, Assistant Agency Director, Environmental Health
Larry Blazer, Alameda County District Attorney's Office
Amanda Goldt, A.C. Property Management
files: Century Plating

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

October 4, 1993
STID# 1109

Mr. Joseph D. Howard
526 Grand Avenue
Oakland, California 94610

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

Mr. Robert Robles
Texaco Environmental Services
10 Universal City Plaza, 7th Floor
Universal City, California 91608

**RE: Status of the Soil and Groundwater Investigation/Remediation
at Former Texaco Station - 500 Grand Ave., Oakland, CA 94612**

Dear Sirs:

The Alameda County Department of Environmental Health, Hazardous Materials Division has recently reviewed the case file for the referenced site. We are in receipt of the latest report dated August 13, 1993 and prepared by Pacific Environmental Group, Inc. which documents the installation of two monitoring wells on site (MW-8K & MW-8L).

Based on the current information submitted for the site, it appears that the groundwater contamination plume remains on the property with the two recently installed monitoring wells exhibiting elevated levels of petroleum hydrocarbons: MW-8L (76 ppb TPH gasoline, 1.1 ppb benzene, 6 ppb xylene) and MW-8K (54 ppb TPH gasoline, 12 ppb benzene). The petroleum hydrocarbon detected in these wells may be the edge of the plume as it moves southeast towards Lake Merritt. A substantial portion of the contaminant plume may have migrated off site to Grand Avenue. The two off site wells (MW-8G and MW-8F) near Lake Merritt are detecting significant levels of petroleum hydrocarbons: MW-8G (1100 ppb TPH diesel & 0.9 ppb benzene) and MW-8F (64 ppb TPH diesel).

A corrective action plan (CAP) must be submitted to this office which includes the following elements :

- assessment of the impacts of the unauthorized release as per CCR Title 23 Section 2725 (e)
- a feasibility study to evaluate alternatives for mitigating actual or potential adverse effects of the unauthorized release, as per CCR Title 23 Section 2725 (f)
- applicable cleanup levels as per CCR Title 23 Section 2725 (g)

RE: 500 Grand Ave. Oakland
October 4, 1993
Page 2 of 2

The Corrective Action Plan must be provided to this office **no later than November 15, 1993.**

With regards to the intended use of the property (construction of a building for restaurant), this office has no objection for such activities with the condition that **it will not impede** the progress of the on-going investigation and remediation at the site and the issues listed below are addressed:


- Deed notice must be submitted to the Building Department regarding the existing contamination at the site
- Corrective Action Plan submitted and approved by this agency
- Site conditions does not pose a threat to human health and safety

Until cleanup is complete, you will need to submit reports to this agency every three months and all reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project.

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

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

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Rich Hiett, San Francisco Bay RWQCB
Gil Jensen, Alameda County District Attorney's Office
Edgar B. Howell, Chief, Hazardous Materials Division - files

JOSEPH D. HOWARD

526 Grand Avenue, Oakland, California 94610
Telephone: (H) (510) 547 5300; (B) (510) 834 2260
FAX (510) 834 1019

September 9, 1993

Ms. Susan Hugo, Senior Hazard Material Specialist
Alameda County Department of Environmental Health
80 Swan Way, Room 200, Oakland, California 94621

Reference: Location: 500 Grand Avenue, Oakland
Tax Reference 10-780-15-8, Tracer 020231

Dear Ms. Hugo:

Until May 31, 1993 my property at 500 Grand Avenue, Oakland, was leased as a automobile service station by Texaco. Before the expiration of the lease period, Texaco excavated the soil about six feet deep throughout the property and refilled the cavity with what appeared to be fresh non-contaminated soil. After the excavation and refill ended, two underground test stations were installed within the property, along the sidewalk edge facing Lake Merritt, adjoining Grand Avenue.

Whenever testing took place thereafter, I observed the work and inquired about the results. I was always left with the impression that the testing was favorable. However, I do not know what is the official status of the total site.

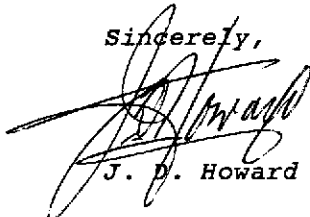
It is my intention to construct a building on the site right away. In my judgement, the site is financially perfect for a restaurant. This subject is being presently discussed with a potential restaurant tenant, who might construct his own building. Or, I might have to have the building constructed and financed rent it to a tenant who is already interested in operating the restaurant.

Before spending a lot of money to employ an architect and engineer to design the restaurant structure, I would like to know if the site is legally ready for my use as a restaurant. In other words, what is the current contamination status of the site. In replying, please advice me of the following:

1. Subject to my obtaining the building permits from the city officials, may I construct a building and use it as a restaurant as quickly as the building permit is obtained and the construction is done? I intent to apply for a building permit as soon as I learn that the site is approved for a restaurant.
2. Please answer the above question with a specific yes or no. If the reply is affirmative, I shall agree to having the two test wells remain on the property. If the reply is negative, please state the reasons for the answer. Specifically state in numerical order state must be done to qualify the site for its use as a restaurant.

May I hear from you as soon as possible? Thank you.

Sincerely,


J. D. Howard

93 SEP 13 PM 2:31

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF CLEAN WATER PROGRAMS
2014 T STREET, SUITE 130
P.O. BOX 944212
SACRAMENTO, CA 94244-2120

93 AUG -4 PM 1:06



SH

916/227-4325
Facsimile 916/227-4349

AUG 2 1993

Ms. Maria D. Guensler
Senior Environmental Engineer
Exxon Company, U.S.A.
PO Box 4032
Concord, CA 94524-2032

Dear Ms. Guensler:

UNDERGROUND STORAGE TANK (UST) LOCAL OVERSIGHT PROGRAM, VARIOUS SITES, ALAMEDA COUNTY

This is in response to your two letters dated June 19, 1993 regarding two sites in the Local Oversight Program. Also, this is in response to the letter addressed to Ron Zielinski, Texaco Environmental Services, dated May 21, 1993, regarding three sites in the Local Oversight Program. You mailed us a copy of this letter. You believe that Exxon is not involved in any environmental investigative/remediative work at the five sites and, therefore, is not responsible for the oversight costs.

The following information on Exxon's involvement at these sites was obtained from Alameda County. For your information, we have enclosed copies of the notices sent to you informing you that Exxon has been identified as a responsible party for these sites.

Site No. 3695, 1900 Webster Street, Alameda

Exxon acquired Signal Oil Company who was the owner/operator of the tanks at the time the unauthorized release occurred in 1963. Exxon has been named jointly responsible with the current property owner, Dolan Foster Enterprises, Inc.

Site No. 2996, 2200 E. 14th Street, Oakland

Exxon was the owner/operator of the tanks to June 6, 1973 and was the property owner until 1974 when the tanks were removed. Exxon has been named jointly responsible with Lili Good, Lano Choung, Nguyen Qua and Lan Chung.

Site No. 1039, 2225 Telegraph Avenue, Oakland

Exxon is the current property owner. Exxon has been named jointly responsible with Texaco.

AUG 02 1993

Ms. Marla D. Guensler

-2-

Site No. 1109, 500 Grand Avenue, Oakland

Exxon was the operator at the time the tank was removed and also subleased the property. Exxon has been named jointly responsible with J. and M. Howard Trust and Texaco.

Site No. 245, 2200 E. 12th Street, Oakland

Exxon is the current property owner. Exxon has been named jointly responsible with Texaco.

When more than one responsible party is identified at a site, it is the responsibility of all parties to apportion cleanup costs.

If you have any questions, please telephone Lori Casias at (916) 227-4325. Questions concerning site remediation should be directed to Tom Peacock, Alameda County, at (510) 271-4530.

Sincerely,



for Sandra L. Malos, Chief
Local Oversight Program

Enclosures

✓ cc: Tom Peacock, Alameda County



Texaco Refining
and Marketing Inc

10 Universal City Plaza
Universal City, CA 91608

April 14, 1993

Mr. Robert Mayo
PG & E
4801 Oakport
Oakland, CA 94601

STID 1109

Dear Bob:

This letter will confirm my telephone call to your office regarding soils that you will be excavating in the right-of-way along 500 Grand, Oakland. It is my understanding that the soils you remove will be placed inside the property fence enclosure. I will arrange to have an environmental consultant on site to assist you and to document the removal. I would like to take soil samples from the bottom of your trench to record its condition.

Please call me at 818 505 2476 and let me know your work schedule or if you have other question.

Very truly yours,
Texaco Refining And Marketing

Bob Robles
Environmental Protection Coordinator

RR:rr

pr__

CC: Pacific Environmental
RRZielinski

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

April 1, 1993
STID# 1109

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

Mr. Robert Robles
Texaco Environmental Services
10 Universal City Plaza, 7th Floor
Universal City, California 91608

**RE: Status of the Soil and Groundwater Investigation/Remediation
at Former Texaco Station - 500 Grand Ave., Oakland, CA 94612**

Dear Mr. Robles:

The Alameda County Department of Environmental Health, Hazardous Materials Division has recently reviewed the files concerning the soil and groundwater investigation/remediation at the referenced site. Four underground storage tanks were removed at the site - one 550 gallon waste oil tank (removed in 9/25/90) and three 10,000 gallon gasoline tanks (removed in 4/14/92). We are in receipt of the following reports :

- * Subsurface Investigation dated 7/20/88 and prepared by Harding Lawson Associates (HLA)
- * Analytical Results from Chem West Analytical Laboratory dated: 11/3/88; 11/7/88; 11/9/88
- * Underground Storage Tank Unauthorized Release (Leak)/ Contamination Report (2/3/89)
- * Quarterly Monitoring Report - 1st Quarter 1989 (5/31/89) prepared by HLA, submitted under Texaco's letter 6/14/89
- * Environmental Assessment Report (9/22/89) prepared by HLA, submitted under Texaco's cover letter 10/16/89
- * Work Plan for Supplemental Soil & Groundwater Investigation (11/27/89) prepared by HLA
- * Quarterly Monitoring Report - 3rd Quarter 1989 (12/1/89) prepared by HLA, submitted under Texaco's letter 12/12/89
- * Quarterly Monitoring Report - 4th Quarter 1989 (3/21/90) prepared by HLA, submitted under Texaco's letter 4/6/90
- * Quarterly Monitoring Report - 1st Quarter 1990 (6/13/90) prepared by HLA, submitted under Texaco's letter 6/26/90
- * Quarterly Monitoring Report - 2nd Quarter 1990 (8/30/90) prepared by HLA, submitted under Texaco's letter 1/8/91
- * Waste Oil Tank Removal Report (11/8/90), prepared by HLA, submitted under Exxon's letter 12/10/90
- * Interim Remedial Plan (12/7/90), prepared by HLA, submitted under Texaco's letter of 2/19/91, issued in lieu of 3rd Quarter 1990 Monitoring Report
- * Quarterly Monitoring Report - 4th Quarter 1990 (3/6/91) prepared by HLA, submitted under Texaco's letter 5/7/91

Mr. Robert Robles
RE: 500 Grand Avenue, Oakland, CA 94612
April 1, 1993
Page 2 of 5

- * Results of Pipe Excavation & Recent Groundwater Analyses (1/31/91), prepared by HLA, submitted under Texaco's letter 5/7/91
- * Quarterly Monitoring Report - 1st Quarter 1991 (6/4/91) prepared by HLA, submitted under Texaco's letter 6/25/91
- * Quarterly Monitoring Report - 2nd Quarter 1991 (9/9/91) prepared by HLA, submitted under Texaco's letter 10/4/91
- * Quarterly Monitoring Report - 3rd Quarter 1991 (12/16/91) prepared by HLA, submitted under Texaco's letter 12/26/91
- * Quarterly Monitoring Report - 4th Quarter 1991 (3/4/92) prepared by HLA, submitted under Texaco's letter 4/20/92
- * Proposal to Decommission the Monitoring Wells (5/13/92) prepared by HLA
- * Well Destruction Report (8/14/92) prepared by HLA
- * Quarterly Monitoring Report - 2nd Quarter 1992 (9/10/92) prepared by HLA, submitted under Texaco's letter 9/25/92
- * Quarterly Monitoring Report - 3rd Quarter 1992 (12/29/92) prepared by RESNA, submitted under Texaco's letter 1/25/93
- * Letter from Texaco dated 2/6/93 with 2nd Quarter 1992 report and Phase II work outlined in 9/18/92 letter to Bay Area Tank and Marine
- * Quarterly Monitoring Report - 4th Quarter 1992 (2/22/93) prepared by RESNA, submitted under Texaco's letter 3/11/93

Based upon the review process of all the reports submitted to this office for the referenced site, the following issues needed clarification and must be addressed:

- 1) An interim remedial plan dated 12/7/90 was submitted to this office on 2/19/91 proposing to install groundwater interception trench on the downgradient site perimeter along Grand Avenue to control off-site migration. Has this been implemented? It appears that the soil and groundwater contaminant plume has migrated off-site and the edge of the plume is on Grand Avenue. This remedial plan must be implemented and a time schedule for plan implementation must be submitted to this office.
- 2) Two monitoring wells on-site (MW-8A & MW-8E) were abandoned on 8/3/92 during the overexcavation activities to remove hydrocarbon contaminated soil at the site. It appears that only two monitoring wells remain on site (MW-8B & MW-8C). The two decommissioned wells must be replaced. Please submit a work plan to include site map location for the installation of additional on-site wells.

Mr. Robert Robles
RE: 500 Grand Avenue, Oakland, CA 94612
April 1, 1993
Page 3 of 5

- 3) Disposal records for both the tanks and the stockpiled soil must be provided to this office. Please submit copies of the manifests for the three tanks and records of stockpiled soil disposal.
- 4) Please clarify if the cement sump and the automotive hoist located near the service bays have been removed, method of disposal and the analytical results of samples collected in this area.
- 5) Residual soil contamination as high as 1,000 ppm TPH as gasoline and 22 ppm benzene remains on site. A proposal for implementation of remedial measures to address the residual soil contamination along the excavation sidewall on Grand Avenue must be submitted.
- 6) Quarterly monitoring reports for the 3rd Quarter 1992 and 4th Quarter 1992 prepared by RESNA showed that Grand Avenue is in the **northern direction** and Euclid Avenue is towards the **west**. Actual site location showed that Grand Avenue is in the **eastern direction** and Euclid Avenue is towards the **north**. Direction of groundwater flow at the site is to the southeast towards Lake Merritt and not northeast as mentioned in the reports. Future reports for this site must reflect these corrections.
- 7) Chain of custody was missing from the 3rd Quarter 1992 monitoring report.
- 8) Total petroleum hydrocarbon as diesel and total oil & grease had been dropped from the quarterly sampling program for the 3rd and 4th Quarter of 1992. Previous sampling events showed TPH as diesel and TOG in almost all the wells. All monitoring wells must be analyzed for the following target compounds: TPH as gasoline, TPH as diesel, benzene, ethyl benzene, toluene, xylene, oil and grease.
- 9) Please explain why MW-8B and MW-8C were not monitored during the sampling events conducted on 9/28/92 (3rd Quarter 1992) and on 11/19/92 (4th Quarter 1992).
- 10) Please clarify if any overexcavation was performed in the east wall and south wall of the tank pit as planned per page 11 of the 2nd Quarter 1992 report where the tank removal activities were documented.
- 11) Phase III Work listed in your correspondence to this office dated 2/6/93 was missing from the report submittal.

Mr. Robert Robles
RE: 500 Grand Avenue, Oakland, CA 94612
April 1, 1993
Page 4 of 5

- 12) Complaints from P G & E was received by our office concerning the soil contamination underneath the sidewalk along Grand Avenue. P G & E was in the process of installing cables underneath the sidewalk when they encountered the soil contamination and had to discontinue the work. PG & E's installation work is currently on hold and the sidewalk remains unpaved. I spoke with Mr. Robert Mayo of P G & E and advised him that Texaco & PG&E must coordinate the work to resolve this issue. Please contact Mr. Robert Mayo at:
PG & E - 4801 Oakport, Oakland, California 94601
(510) 473-2128.

Response to the items mentioned above must be provided to this office **no later than May 7, 1993.**

Until cleanup is complete, you will need to submit reports to this office and to RWQCB every three months (or at a more frequent interval, if specified at any time by either agency). In addition, the following items must be incorporated in your future reports or work plan:

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

Mr. Robert Robles
RE: 500 Grand Avenue, Oakland, CA 94612
April 1, 1993
Page 5 of 5

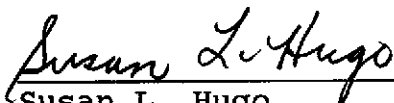
All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project. Copies of reports and proposals must also be submitted to :

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

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

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

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Rich Hiatt, San Francisco Bay RWQCB
Gil Jensen, Alameda County District Attorney's Office
Edgar B. Howell, Chief, Hazardous Materials Division - files
J.D. Howard - 526 Grand Avenue, Oakland, CA 94612

STID - 1109

94610

10/19/92 James Laxon - 500 Grand Ave. Oakland

Site Visit - Took pictures

investigation re: complaint, stockpiled soil
still on site. PG&E digging - found contamination

Current status: - site fenced - stockpiled soil
not opened on site (may have been disposed)



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

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 1109
 SITE NAME: Exxon # 7-0237 DATE REPORTED : 11/02/88
 ADDRESS : 500 -0 Grand Ave. DATE CONFIRMED: 11/02/88
 CITY/ZIP : Oakland 94610 MULTIPLE RPs : Y

SITE STATUS

CASE TYPE: G CONTRACT STATUS: 3 EMERGENCY RESP: -0-
 RP SEARCH: S DATE COMPLETED: 03/26/92
 PRELIMINARY ASMNT: U DATE UNDERWAY: 06/01/88 DATE COMPLETED: -0-
 REM INVESTIGATION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REMEDIAL ACTION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 POST REMED ACT MON:- DATE UNDERWAY: -0- DATE COMPLETED: -0-

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 03/26/92
 LUFT FIELD MANUAL CONSID: H,S,C,A,W
 CASE CLOSED: - DATE CASE CLOSED: -0-
 DATE EXCAVATION STARTED : 04/14/92 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: J. & M. Howard Trust
 COMPANY NAME: -0-
 ADDRESS: 146 Bell Av.
 CITY/STATE: Piedmont C A 94611

RP#2-CONTACT NAME: William Y. Wang
 COMPANY NAME: Exxon Company U.s.a.
 ADDRESS: 2300 Clayton Road
 CITY/STATE: Concord, Ca 94520

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

ANPPGMS _____ LOP _____ DATE _____ LOP _____ DATE _____

ALAMEDA COUNTY
HEALTH CARE SERVICES

CARL N. LESTER AGENCY
Agency Director



470-27th Street, Third Floor
Oakland, California 94612
(415) 874-7237

November 27, 1985

BRANDT PRINTING
GREGORY BRANDT
11 LEWELLING BLVD
SAN LORENZO, CA 94580

SUBJECT: Alameda County Hazardous Materials/Waste Management Programs

This is to inform you that the Alameda County Board of Supervisors adopted a County-wide program for the management of hazardous materials and waste in this County. The intent of this program is to protect the public health and the environment and to minimize the impact of hazardous materials accidentally or intentionally released or illegally disposed of to the environment.

The County entered into a Memorandum of Understanding with the State of California, Department of Health Services, Toxic Substances Control Division, to enforce California hazardous waste control laws and its enabling regulations. The County Board of Supervisors enacted a fee ordinance to offset the costs of these programs. The elements of the County program will provide the following services to businesses and public agencies:

1. Inspections of hazardous waste generators
2. Inspections of hazardous waste haulers
3. Permitting and inspection of underground tanks containing hazardous substances
4. Inspection and identification of abandoned hazardous waste sites
5. Emergency response for hazardous materials incidents
6. Development of the hazardous materials/waste data bank
7. Development of a hazardous waste exchange service
8. Development of hazardous materials/waste disclosure service
9. Support services for land-use planning and development activities
10. Occupational safety and health services to employees and employers involved in hazardous materials/waste facilities

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name TEXACO Today's Date 1/1/92

II.A BUSINESS PLANS (Title 19)

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

Site Address 500 GRAND AVE

City Oakland Zip 94612 Phone _____

II.B ACUTELY HAZ. MATLS

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

Inspection Categories:

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

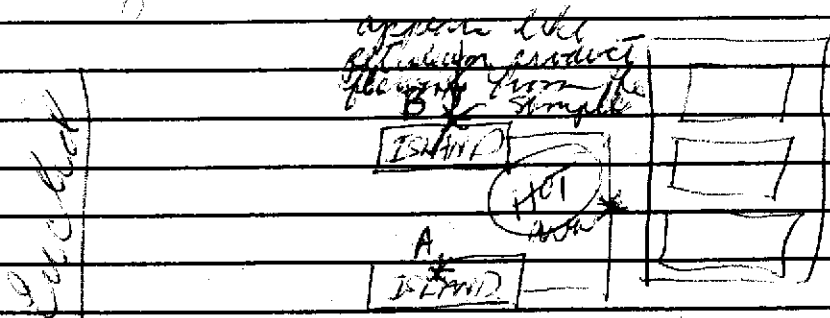
8745 →

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

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

Comments:

Dipping trenches samples



Strong hydrocarbon odor product visible in the soil sample (B)

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. Precls Tank Test Date: _____ 2643
- ___ 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 Date: _____ 2711
 - ___ 14. As Built Date: _____ 2635

Rev 6/88

II, III

Contact: _____

Title: _____

Signature: _____

Inspector: _____

Signature: _____

[Handwritten signature]

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Texas Co Today's Date 4/14/92

Site Address 500 Grand St

City Oakland Zip 94612 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

white / product 90 79 2395

Calif. Administration Code (CAC) or the Health & Safety Code (H&S)

Comments:

Manifest for Tank #3: 90648137
Tank #2: 90648138
Tank #1: 90648139
 3 - 10,000 gallons tanks removed
 Waste oil tank removed 4 years ago (approx)
 Ground water present - pitched groundwater (approx) 1 ft from ground level (see sketch)
 4 MWS at the site
 Free product present, all 3 tanks were fiberless, pea gravel backfill. Tanks were strapped.
 Obtain US coloration. Strong petroleum odor. All pipes associated with the tank must be disposed of properly. Because of the unique condition (pitched groundwater at approx. 1 ft) any water run-off must be prevented. Contaminated backfill should be disposed of properly.
 Pipings, transfer samples to be collected (4/15/92)

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

- General**
- 1. Permit Application 25284 (H&S)
- 2. Pipeline Leak Detection 25292 (H&S)
- 3. Records Maintenance 2712
- 4. Release Report 2651
- 5. Closure Plans 2670
- 6. Method
- 1) Monthly Test
- 2) Daily Vadose
- Semi-annual groundwater
- One time sols
- 3) Daily Vadose
- One time sols
- Annual tank test
- 4) Monthly Gndwater
- One time sols
- 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: _____

Rev 6/86

Contact: Carol Zucora

Title: Pres

Signature: [Signature]

Inspector: _____

Signature: [Signature]

II, III

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

white -env.health
yellow -facility
pink -files

Hazardous Materials Inspection Form

II, III

Site ID # Site Name Today's Date
Lepero Co. 4/14/92

II.A BUSINESS PLANS (Title 19)

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

Site Address 500 GRAND

City Oakland Zip 94612 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(i)
18. Exemption Request? (Y/N) 25536(b)
19. Trade Secret Requested? 25538

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

Comments:

III. UNDERGROUND TANKS (Title 23)

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

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

Handwritten notes and diagrams in the comments section, including 'ISLAND' and 'GRAND' labels and a grid structure.

Contact: _____

Title: _____

Signature: _____

Inspector: _____

Signature: _____

II, III

REMOVED 4/14/92

STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD



FORM 'A':
SITE

UNDERGROUND STORAGE TANK PROGRAM
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION

COMPLETE THIS FORM FOR EACH FACILITY/SITE

No 34787

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED 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)

FACILITY/SITE NAME <i>TEXACO COMPANIES, INC.</i>		CARE OF ADDRESS INFORMATION <i>10 UNIVERSAL CITY PLAZA, CITY 91608</i>		
ADDRESS <i>500 GRAND &</i>		NEAREST CROSS STREET <i>EUCLID</i>	<input checked="" type="checkbox"/> Box to indicate <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME <i>OAKLAND</i>		STATE <i>CA</i>	ZIP CODE <i>94612</i>	SITE PHONE #, WITH AREA CODE <i>415-999-5015</i>
TYPE OF BUSINESS: <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 <input checked="" type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS		EPA ID #		# of TANK's AT THIS SITE <i>4</i>
EMERGENCY CONTACT PERSON (PRIMARY) DAYS: NAME (LAST, FIRST) <i>LONG, FRED</i> PHONE # WITH AREA CODE <i>818-505-2483</i>		EMERGENCY CONTACT PERSON (SECONDARY) DAYS: NAME (LAST, FIRST) _____ PHONE # WITH AREA CODE _____		
NIGHTS: NAME (LAST, FIRST) _____ PHONE # WITH AREA CODE _____		NIGHTS: NAME (LAST, FIRST) <i>ZACCOR, GARY</i> PHONE # WITH AREA CODE <i>415-363-2181</i>		

II. PROPERTY OWNER INFORMATION & ADDRESS -- (MUST BE COMPLETED)

NAME <i>TEXACO COMPANIES, INC.</i>		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS <i>10 UNIVERSAL CITY PLAZA</i>		<input checked="" type="checkbox"/> Box to indicate <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <i>UNIVERSAL CITY</i>		STATE <i>CA</i>	ZIP CODE <i>91608</i>	PHONE #, WITH AREA CODE <i>818-505-2483</i>

III. TANK OWNER INFORMATION & ADDRESS -- (MUST BE COMPLETED)

NAME <i>TEXACO COMPANIES, INC.</i>		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS <i>10 UNIVERSAL CITY PLAZA</i>		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <i>UNIVERSAL CITY, CA</i>		STATE	ZIP CODE <i>91608</i>	PHONE #, WITH AREA CODE <i>818-505-2483</i>

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION AND BILLING: I. II. III.

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>Gary Zaccor - GARY ZACCOR</i>	DATE <i>3 MAR 92</i>
--	-------------------------

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	# of TANKS at SITE
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
LOCATION CODE	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT # BY:

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

REMOVED 4/1/92



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: 500 GRAND & EUCLID ST., OAKLAND

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

A. OWNER'S TANK I.D.# ~~0444004~~ 351519 B. MANUFACTURED BY: XERKES
C. DATE INSTALLED (MO/DAY/YEAR) 4-83 D. TANK CAPACITY IN GALLONS: ~~500~~ 10,000

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
 2 LEADED 5 JET FUEL 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED C. A. S. #:

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

A. TYPE OF SYSTEM 1 DOUBLE WALL 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SECONDARY CONTAINMENT (VAULTED TANK) 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 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. CORROSION PROTECTION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC
 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 99 OTHER

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 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 AUTOMATIC LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 INTERSTITIAL MONITORING 99 OTHER

V. TANK LEAK DETECTION

1 VISUAL CHECK 2 INVENTORY RECONCILIATION 3 VAPOR MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING
 6 TANK TESTING 7 INTERSTITIAL MONITORING 91 NONE 95 UNKNOWN 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) 1-31-92
2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0 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

APPLICANT'S NAME (PRINTED & SIGNATURE) GARY ZACCOR - Gary Zaccor DATE 3-3-92

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

REMOVED 4/14/92

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 500 GRAND & EUCLID OAKLAND, CA

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

A. OWNER'S TANK I.D.# <u>351469</u>	B. MANUFACTURED BY: <u>XERXES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>4-83</u>	D. TANK CAPACITY IN GALLONS: <u>10,000</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 type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input checked="" type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input checked="" 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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 7 ALUMINUM
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<input 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 checked="" type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO <input checked="" type="checkbox"/>		
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"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____

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 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	<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 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1-31-92</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--	--

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>GARY ZACCOR - Gary Zaccor</u>	DATE <u>3-3-92</u>
--	-----------------------

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

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

REMOVED approx. 1988

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: 500 GRAND + EUCLID OAKLAND, CA

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>351467</u>	B. MANUFACTURED BY: <u>XERXES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>4-83</u>	D. TANK CAPACITY IN GALLONS: <u>550</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 type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input checked="" type="checkbox"/> 80 EMPTY	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
			<input type="checkbox"/> 3 DIESEL
			<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>WASTE O.I</u>			C. A. S.#:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D			
A. TYPE OF SYSTEM	<input checked="" type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input 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 checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<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 checked="" type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO <input checked="" type="checkbox"/>		
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"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER

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>U</u> 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A <u>U</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>U</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 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1-31-92</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>GARY ZACCOR - Gary Zaccor</u>	DATE <u>3-3-92</u>
--	-----------------------

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

REMOVED 4/14/92



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: 500 GRAND & EUCLID OAKLAND, CA

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# 357468 B. MANUFACTURED BY: XERXES
C. DATE INSTALLED (MO/DAY/YEAR) 4-83 D. TANK CAPACITY IN GALLONS: 10,000

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

A. 1 MOTOR VEHICLE FUEL 2 PETROLEUM 3 CHEMICAL PRODUCT 4 OIL 80 EMPTY 95 UNKNOWN
B. 1 PRODUCT 2 WASTE
C. 1a REGULAR UNLEADED 1b PREMIUM UNLEADED 2 LEADED 3 DIESEL 4 GASAHOL 5 JET FUEL 6 AVIATION GAS 7 METHANOL 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED C. A. S. #:

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

A. TYPE OF SYSTEM 1 DOUBLE WALL 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SECONDARY CONTAINMENT (VAULTED TANK) 95 UNKNOWN 99 OTHER
B. TANK MATERIAL (Primary Tank) 1 BARE STEEL 5 CONCRETE 9 BRONZE 2 STAINLESS STEEL 6 POLYVINYL CHLORIDE 10 GALVANIZED STEEL 3 FIBERGLASS 7 ALUMINUM 95 UNKNOWN 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC 8 100% METHANOL COMPATIBLE W/FRP 99 OTHER
C. INTERIOR LINING 1 RUBBER LINED 5 GLASS LINING 2 ALKYD LINING 6 UNLINED 3 EPOXY LINING 95 UNKNOWN 4 PHENOLIC LINING 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES NO
D. CORROSION PROTECTION 1 POLYETHYLENE WRAP 5 CATHODIC PROTECTION 2 COATING 91 NONE 3 VINYL WRAP 95 UNKNOWN 4 FIBERGLASS REINFORCED PLASTIC 99 OTHER

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 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 AUTOMATIC LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 INTERSTITIAL MONITORING 99 OTHER

V. TANK LEAK DETECTION

1 VISUAL CHECK 2 INVENTORY RECONCILIATION 3 VAPOR MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 TANK TESTING 7 INTERSTITIAL MONITORING 91 NONE 95 UNKNOWN 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) 1-31-92
2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0 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

APPLICANT'S NAME (PRINTED & SIGNATURE) GARY ZACCOR - Gary Zaccor DATE 3-3-92

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

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

SITE INFORMATION

Texaco Co.
500 Grand Ave & Euclid
Oakland 94612
Site Contact:
Site Phone : 818/505-2483

SITE#:	1836
PROJECT#:	1836A
PROJECT TYPE:	R
INSP:	Susan Hugo
ACCT. SHEET PG #:	_____

PROPERTY OWNER INFORMATION

Texaco Co.
10 Universal City Plaza
Universal City, Ca 91608
Owner Contact:
Owner Phone : 818/505-2483

CONTRACTOR INFORMATION

Zaccor Co. Inc.
1784 Channing Ave.
Palo Alto CA 94303 #101
Contr. Contact:
Contr. Phone :

Date	Action Taken	Time		Hours Spent/ Depstd	Hour Balnce	Money Spent/ Depositd	Money Balance
		In	Out				
	Balance from Prev. Page	
03/16/92	Rcpt# U604836 Deposit of \$1,137.00 @ \$71/hour			+16.01			LOP 1109
3/31/92	Review closure plan for 4 UGTs.	10:00	11:30	1.5	14.51		} Code ST10 1109
4/1/92	Phone consultation re: deficiencies in closure plan	12:00	12:15	0.25	14.26		
4/1/92	Received documents approved closure plan	2:00	2:15	0.25	14.01		
4/13/92	Phone consultation w/ property owner re: deficiencies in closure plan	10:00	10:15	0.25	13.76		
4/14/92	Bank removal	3:00	6:00	3.00	10.76		

PROJECT COMPLETED BY : _____

DATE OF COMPLETION : _____

DATE SENT TO BILLING: _____

TOTAL COST OF PROJECT: _____

REFUND AMOUNT: _____

ZACCOR

LIC. #478788

TELECOPIER COVER LETTER

DATE: 4-2-92

TO Susan Yugo

COMPANY Alameda County Env. Health

FAX 510-568-3706

FROM: Laketti

ZACCOR CORPORATION
(415)326-7753 FAX

TOTAL NO. OF PAGES: 2

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL (415) 363-2181.

Susan:
Here is the other certificate
for another employee working @
the 300 Grand St. site.

CERTIFICATE OF TRAINING

OSHA - SARA

CHARLES SALAMONE

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

Charles Salomone
ACKNOWLEDGEMENT
N/A Industries, Inc.

NOVEMBER 7, 1991
DATE

ZACCOR

CORPORATION

TELECOPIER COVER LETTER

DATE: April 1, '92

TO Susan Huggs

COMPANY Alameda County Env. Health

FAX 510-569-4757

FROM: Barbette Austin

ZACCOR CORPORATION
(415)326-7753 FAX

TOTAL NO. OF PAGES: 4

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL (415) 363-2181.

*Hazardous Training Certificates
for employees working at
500 Grand Street, Oakland.*



OSHA 29 CFR 1910.120 Training
Temporary ID

Expires: 07 27 92

Course: OSHA 40 Refresher

Name: SEPT ZACCOR

SS#: 0746 58 2637

Employer: ZACCOR CORP.

Instructor: D. Zaccorita HSO.
 David T. Killough, CIH/CSP- Manager-Health & Safety
 Davy Environmental

**COMPLETION OF TRAINING
OSHA - SARA**

GARY ZACCOR

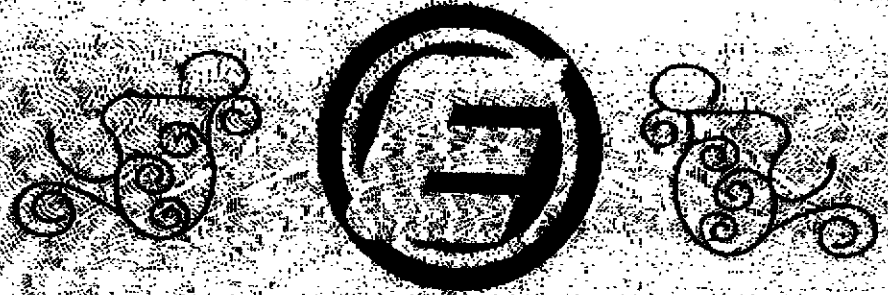
**Has Met The 8 Hour Refresher Training Requirement Under OSHA
Standard, 29CFR1910.120 Hazardous Waste Operations And
Emergency Response**


ACKNOWLEDGEMENT

M/A Industries, Inc.

February 13, 1992

DATE



May it be known that this Certificate has been presented to

SOON ZACCOR

for Successful Completion of

ERICKSON TRAINING SERVICES 40 HOUR SARA HAZARDOUS WASTE SITE WORKERS BASIC TRAINING

PRESENTED THIS

20th DAY OF

July, 19 90

[Signature]
Corporate Safety Director

[Signature]
[Illegible Title]

WATER RESOURCES CONTROL BOARD
DIVISION OF WATER QUALITY - UST CLEANUP PROGRAM
SITE SPECIFIC QUARTERLY REPORT
01/01/92 THROUGH 03/31/92

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
StID : 1109
SITE NAME: Exxon # 7-0237 DATE REPORTED : 11/02/88
ADDRESS : 500 Grand Ave. DATE CONFIRMED: 11/02/88
CITY/ZIP : Oakland 94610 MULTIPLE RPs : Y

SITE STATUS

CASE TYPE: G CONTRACT STATUS: 3 EMERGENCY RESP:
RP SEARCH: S DATE COMPLETED: 03/26/92
PRELIMINARY ASMNT: U DATE UNDERWAY: 06/01/88 DATE COMPLETED:
REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:
ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 03/26/92
LUFT FIELD MANUAL CONSID: H,S,C,A,W
CASE CLOSED: DATE CASE CLOSED:
DATE EXCAVATION STARTED : 04/14/92 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: J. & M. Howard Trust
COMPANY NAME:
ADDRESS: 146 Bell Av.
CITY/STATE: Piedmont C A 94611

RP#2-CONTACT NAME: William Y. Wang
COMPANY NAME: Exxon Company U.s.a.
ADDRESS: 2300 Clayton Road
CITY/STATE: Concord, Ca 94520

RP#3-CONTACT NAME: Theodore B Harris
COMPANY NAME: Texaco
ADDRESS: 3631 Harbor Blvd Suite225
CITY/STATE: Santa Ana, Ca 92704

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

March 23, 1992

Dear Sir:

The attached "Notice of Reimbursement" is not a bill. It is required by our contract with the State Water Resources Control Board that we send this letter to all responsible parties involved in a leaking petroleum underground tank site. You fall into the following category:

You (or your contractor/consultant) deposited funds for us to use to oversee the tank removal followed by the cleanup. Your case has been transferred to the Alameda County Local Oversight Program. This will involve your being billed **after** after the work has been accomplished. It is directed to all responsible parties as the law requires all operators and owners to be notified.

We will continue to work with you to resolve the site remediation in progress.

If you still have any question please call this office at 271-4530 and ask for the specialist noted in the attached notice.

Sincerely,

Thomas F. Peacock, Supervising HMS
Hazardous Material Division

Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge)
 2. Restricted Delivery (Extra charge)

3. Article Addressed to: Exxon Station 500 Grand Ave. Oakland CA 94612	4. Article Number (JE) #1109 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

ALAMEDA COUNTY

HEALTH CARE SERVICES AGENCY

Hazardous Materials Program
 80 Swan Way, Rm. 200
 Oakland, CA 94621

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1986-212-865 DOMESTIC RETURN RECEIPT

LAKE MERRITT

Exxon Station
 500 Grand Ave.
 Oakland CA 94612

LAKE500 946123032 IN 04/06/92
 RETURN TO SENDER
 EXX0500 946123032 IN 04/06/92
 RETURN TO SENDER
 NO FORWARD ORDER ON FILE
 UNABLE TO FORWARD
 RETURN TO SENDER

MAIL CERTIFIED
 P 367 604 003

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

92115712 11/18/89

Project Specialist (print) SUSAN L. HUGO

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
 470 - 27th Street, Third Floor
 Oakland, CA 94612
 Telephone: (415) 275-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction. One copy of these accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- Removal of Tank and Piping
- Sampling
- Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

*Please note change made on page 5.
Susan L. Hugo*

UNDERGROUND TANK CLOSURE PLAN

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

1. Business Name Texaco Companies, Inc.
 Business Owner Texaco Companies, Inc.
2. Site Address 500 Grand Street & Euclid
 City Oakland, CA Zip 94612 Phone 818-505-2483
3. Mailing Address Texaco Companies, Inc. - 10 Universal City Plaza
 City Universal City, CA Zip 91608 Phone 818-505-2483
4. Land Owner same as above
 Address _____ City, State _____ Zip _____
5. Generator name under which tank will be manifested Texaco Companies, Inc.

EPA I.D. No. under which tank will be manifested CAC000707272

6. Contractor Zeece Companies Inc.
Address 291 Hamilton Avenue
City Menlo Park, CA 94025 Phone 415-363-2181
License Type A ID# 478799

7. Consultant Environmental Technical Services
Address P O Box 2572
City Menlo Park, CA 94025 Phone 408-264-9095

8. Contact Person for Investigation
Name Mary Zeece Title Proj. Mgr.
Phone 415-363-2181

9. Number of tanks being closed under this plan (4)
Length of piping being removed under this plan unknown
Total number of tanks at facility (4)

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

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

a) Product/Residual Sludge/Rinsate Transporter
Name Alred Oil & Pumping EPA I.D. No. CAT080014277
Hauler License No. 77995 License Exp. Date 7/92
Address P O Box 399
City Alviso State CA Zip 95002

b) Product/Residual Sludge/Rinsate Disposal Site
Name Refinery Services EPA I.D. No. CA0083166728
Address 13331 No. Hwy. 33
City Patterson State CA Zip 95363

c) Tank and Piping Transporter

Name Erickson Inc. EPA I.D. No. CA0009466392
Hauler License No. #019 License Exp. Date 5/92
Address 225 Parr Blvd.
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CA0009466392
Address 225 Parr Blvd.
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name E. Helen Mawhoney / H2A - sample collector
Company Erickson, Inc.
Address 2 P.O. Box 2572
City Menlo Park State CA Zip _____ Phone _____

12. Laboratory

Name Chromalab, Inc.
Address 2239 Omega Road #1
City San Ramon State CA Zip 94583
State Certification No. E694

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

If yes, describe. unknown

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) LESS THAN 10,000 GALS 150 CYS - LESS THAN 10 CYS = 550 W.O.	Sampling Plan ONE CONFIRMATORY STOCKPILE SAMPLE ANALYZED AS TOTAL PETROLEUM HYDROCARBONS AS GASOLINE PLUS BTEX AND TOTAL LEAD - WASTE OIL

* STOCKPILED SOIL W/B CHARACTERIZED BASED ON DISPOSAL METHOD.

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPH GASOLINE	5030	GC/FID (5030)	170 ppm (Soil)
BTEX	8020	8020 or 8240	.005 ppm (Soil)
LEAD	AA	AA	
WASTE OIL		5035	
TPH Diesel Oil & Grease	3550	GC/FID	1.0 ppm (Soil)
CHC	5520 DEF		50.0 ppm (Soil)
Mercury			
Cd, Cr, Pb, Zn			
Mn			
PCP			
PCP			
PNA			
Cyanide			

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Fund Compensation - 0801058

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

Signature of Contractor

Name (please type) ZACCOR CORPORATION

Signature [Handwritten Signature]

Date MAR 3, 92

Signature of Site Owner or Operator TEXACO REFINING AND MARKETING INC.

Name (please type) F.G. LONG Environmental Specialist

Signature [Handwritten Signature]

Date 10 March 1992

GRAND ST.

Building
500 Grand St

W.O.
560

CANOPY

10K

UNL

10K

LEAD

10K

UNL

EUCLID ST., OAKLAND

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

MARCH 20, 1991

POLICY NUMBER: 0801858 - 91
CERTIFICATE EXPIRES: 3-15-92

ALAMEDA COUNTY
ATTN ENVIRONMENTAL HEALTH
80 SWAN WAY ROOM 200
OAKLAND
CA 94621

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ³⁰~~ten~~ days' advance written notice to the employer.

We will also give you ³⁰~~TEN~~ days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance 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.


PRESIDENT

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE
03/15/91 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

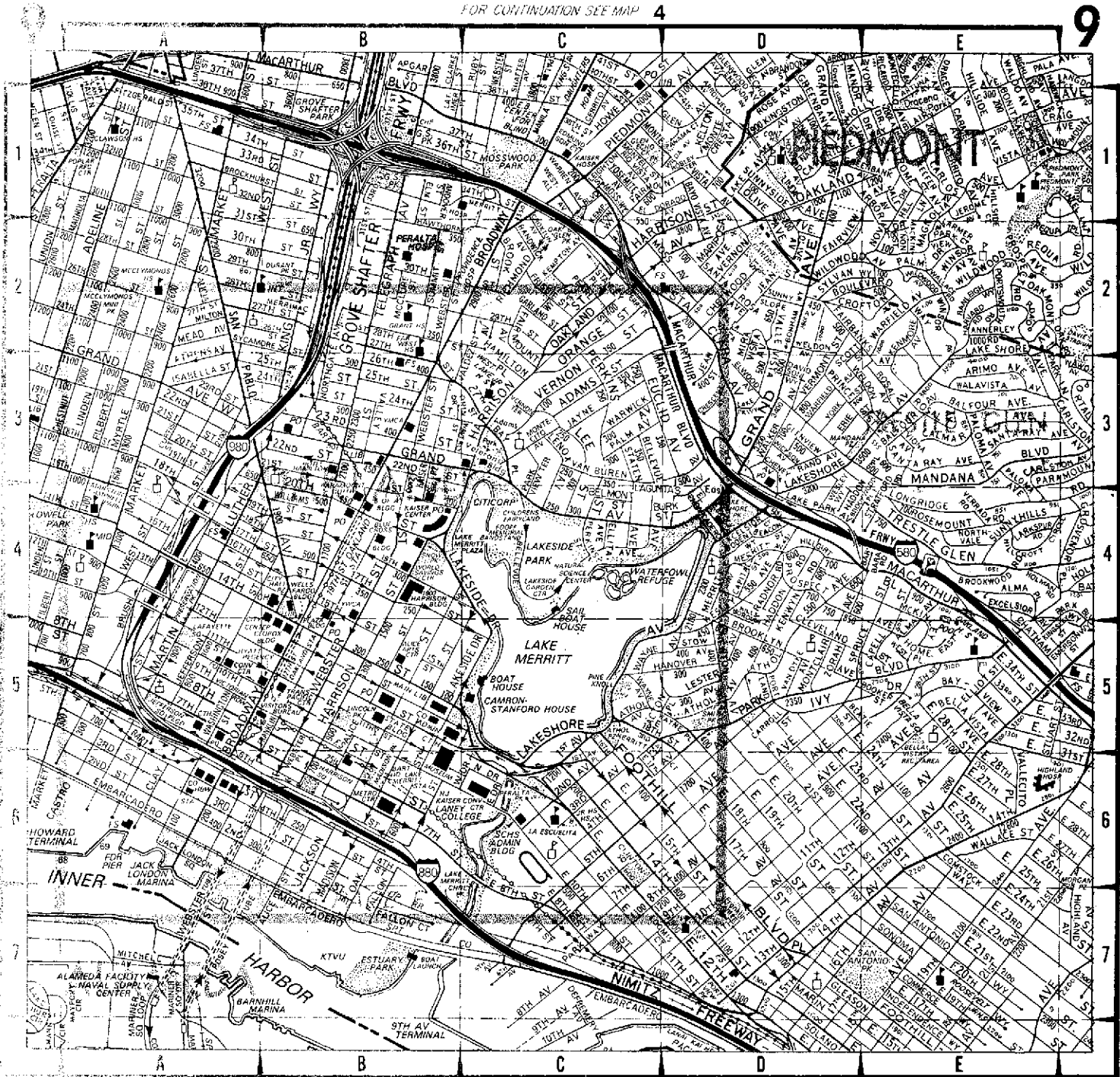
EMPLOYER

ZACCOR COMPANIES INC.
791 HAMILTON AVE
MENLO PARK
CA 94025

Peralta Hospital: 450-30th Street, Oakland, CA 415-451-4900

FOR CONTINUATION SEE MAP 4

BY Thomas Bros Maps
COPYRIGHT, © 1988



FOR CONTINUATION SEE MAP 10

SUBSITE: 500 GRAND ST. @ EUCLID, OAKLAND (TEXACO STATION)

FOR CONTINUATION SEE MAP 11

1,497

1,500

SITE HEALTH AND SAFETY PLAN SUMMARY

SITE NAME: Texaco Station
ADDRESS: 500 Grand St. @ Euclid
Oakland, CA

SITE TELEPHONE: (415) 608-7188 (Scot Zaccor mobile)
(415) 999-5015 (Gary Zaccor mobile)
(415) 363-2181 (main office)

INVESTIGATION DATE: upon approval of Env. Health

SITE SAFETY OFFICER: SCOT ZACCOR
PROJECT MANAGER: GARY ZACCOR

TYPE OF INVESTIGATION

POTENTIAL HAZARDS

<input checked="" type="checkbox"/> Soils Sampling	<input type="checkbox"/> Organics	<input type="checkbox"/> Acids
<input checked="" type="checkbox"/> Groundwater Sampling (if encountered)	<input type="checkbox"/> Inorganics	<input type="checkbox"/> Bases
<input type="checkbox"/> Site Walkthrough	<input type="checkbox"/> Heavy Metals	<input type="checkbox"/> Fire
<input type="checkbox"/> Remedial Activities	<input type="checkbox"/> Solvents	
<input type="checkbox"/> Subcontractor Supervision	<input type="checkbox"/> Pesticides	
<input checked="" type="checkbox"/> Other: Tank Removal	<input checked="" type="checkbox"/> Other: <u>Petro. Hydrocarbons</u>	

PERSONAL PROTECTIVE EQUIPMENT - Level: A B C D

<input checked="" type="checkbox"/> Hard Hat	<input checked="" type="checkbox"/> Ear Plugs/Muffs
<input type="checkbox"/> Boots	<input checked="" type="checkbox"/> Safety Glasses
<input checked="" type="checkbox"/> Steel toed	
<input type="checkbox"/> Chemical resistant	<input checked="" type="checkbox"/> Respirator
	<input type="checkbox"/> Organic vapor cartridge
<input checked="" type="checkbox"/> Coveralls	<input type="checkbox"/> Particulate filters
<input type="checkbox"/> Cotton	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Tyveks (if necessary)	<input checked="" type="checkbox"/> First Aid Kit
<input type="checkbox"/> Gloves	<input checked="" type="checkbox"/> Organic Vapor Meter
<input type="checkbox"/> Disposable inner PVC	<input type="checkbox"/> Other: OVA (OVM backup)
<input checked="" type="checkbox"/> Disposable outer vinyl	

1.0 INTRODUCTION

This Site Health and Safety Plan, developed in accordance with Occupational Safety and Health Administrative (OSHA) standards for hazardous waste operations (29 CFR 1910.120), establishes general health and safety protocol for Zaccor Companies, Inc., ("ZCI") personnel at the facility of Texaco Refinery - 500 Grand Street @ Euclid, Oakland.

For informational purposes only, this plan may be provided to subcontractors of ZCI involved in activities at the facility located at 500 Grand Street @ Euclid, Oakland.

However, entities and personnel other than ZCI staff shall be solely responsible for their own health and safety and shall independently assess onsite conditions and develop their own health and safety protocol. Other entities or personnel that anticipate using health and safety measures which are less stringent than ZCI's measures should immediately contact ZCI's Site Safety Officer.

Zaccor Companies, Inc. has developed a Corporate Health and Safety plan. The Corporate Plan complies with current health and safety regulations, including OSHA 29 CFR 1910.120, Hazardous Waste Operations and Emergency Response. Many of the protocols of the corporate plan are conducted on a routine basis (general training, respirator fit testing, general medical record keeping, etc.) and are not repeated herein. The Corporate Plan was developed for ZCI employees. Questions regarding the ZCI Corporate Plan are referred to the ZCI Corporate Safety Supervisor, Scot Zaccor.

A copy of the Zaccor Companies, Inc. Field Investigations Site Health and Safety Plan along with any addenda, if issued, containing activity specific health and safety information will be kept in a conspicuous location on-site at all times while work is being conducted.

2.0 KEY HEALTH AND SAFETY PERSONNEL

The ZCI Site Safety Officer (SSO) is Scot Zaccor. In the absence of the SSO during field activities, a member of the field investigation team will be designated as the ZCI field Site Safety Officer (FSSO). The SSO or FSSO are responsible for the following:

- Observing field activities for compliance with this Site Health and Safety Plan, applicable addenda, ZCI's Corporate Health and Safety Plan.
- Modifying health and safety protocols or terminating field work when unsafe work conditions exist.

- Familiarizing ZCI personnel with health and safety protocols.
- Ensuring that ZCI field personnel wear appropriate personal protective equipment.
- Recording data from direct reading instruments and evaluating potential hazards to ZCI personnel.
- Monitoring decontamination procedures.
- Recording the occurrence of any site injury or illness.

3.0 SITE DESCRIPTION

- Gasoline Service Station.

4.0 PROPOSED FIELD ACTIVITIES

The proposed field activities include:

- 1) Excavation and removal of three (3) 10,000 gallon and one (1) 550 gallon fiberglass tank.
- 2) Soil Sampling directly underneath 500 gallon tank.
Soil sampling under each end of each 10,000 gallon tank.
- 3) Stockpiling of excavated material
- 4) Backfill with stockpiled material, if clean, import clean fill material.
- 5) Repave disturbed areas with hot asphaltic concrete

5.0 HAZARD ANALYSIS

Excavations 5 feet or deeper must be protected by sloping or benching the sides of the excavation, support the sides of the excavation or place a shield between the side of the excavation and the work area. Provide adequate means of access.

5.1 POTENTIAL PHYSICAL HAZARDS

Field personnel shall be cognizant of potential physical hazards associated with use of heavy equipment, steam cleaning equipment, and electrical equipment during field operations. Equipment shall be operated by S.A.R.A. trained personnel. Appropriate protective equipment includes the following:

- Hardhats, safety glasses, and steel-toe boots will be worn.
- Gloves will be worn when handling equipment or moving drums.

-Hearing protection (ear plugs or ear muffs) will be worn when noise becomes discomforting.

-A first aid kit will be available at the jobsite.

Adverse climate conditions, primarily heat are important considerations in planning and conducting site operations. Heat stress is an associated concern, particularly when protective clothing is worn. Preventative measures include the following:

-Frequent rest periods in the shade when heat and/or humidity is high.

-Provide water and/or commercial electrolyte solutions. Drinking of these fluids will be encouraged.

-Suitable acclimation periods will be provided for workers to gradually establish their resistance to heat stress.

Personnel exhibiting symptoms of heat stress (nausea, cramps, dizziness, clammy skin) will be removed from the work area, cooled, fluids will be administered, and the personnel will be observed. Personnel exhibiting symptoms of heat stroke (hot dry skin, mental confusion, unconsciousness) will be immediately cooled and taken to the hospital. (See enclosed map for directions)

ZCI FIELD PERSONNEL SHOULD NOT ENTER ANY EXCAVATION. ZCI personnel should be aware of the potential hazards associated with unshored excavations, and should not stand on unsupported ground within 5 feet of any unshored or unsloped walls of the excavation.

5.2 POTENTIAL CHEMICAL HAZARDS

Total Petroleum Hydrocarbons as Gasoline plus Benzene, Toluene, Xylenes, and Ethylbenzene are the primary chemical concerns detected in the sample of soil.

Field personnel will minimize potential chemical hazards by 1) standing upwind of the work area when possible. 2) avoiding direct contact with soil and groundwater, 3) avoiding generation of dust (visual monitoring), and 4) wearing appropriate personal protective equipment as outlined in Section 6.1. As a general precaution to detect organic vapors, air monitoring to measure organic vapor concentrations in the breathing zone will be performed.

Ingestion of soil and particulate matter containing chemicals is another general exposure route. However, the potential for this type of exposure is minimal during site investigation of the type planned. Safe work practices, including prohibition of eating, drinking, or smoking on site will be enforced at the worksite.

Field personnel will wear coveralls at the site (if required) to minimize contact of clothing with mud and soil potentially containing contaminants. Used and soiled coveralls will be removed and disposed onsite, before leaving the area. Shoes, tools, and hands will be cleaned before leaving the site.

5.3 COMMUNITY HAZARD ANALYSIS

Vapor emissions generated during the proposed field activities are expected to be insignificant. Potential exposure to the surrounding community is unlikely. If significant vapor emissions do occur, the work will be stopped and corrective actions implemented to reduce vapor emissions.

6.0 PROTECTIVE ACTIONS

Field personnel will perform air monitoring continuously with a direct reading organic vapor meter (OVM) in the breathing zone at the work location. If OVM readings for a particular work area consistently exceed 5 parts per million (ppm) above background, personnel will withdraw upwind from the work area, if possible, or upgrade to modified Level C protection as outlined in Section 6.1. If OVM readings consistently exceed 10 ppm in the breathing zone while workers are in modified Level C protection, the work will cease and the source of the emission will be identified and controlled before work continues.

6.1 PERSONAL PROTECTIVE EQUIPMENT

Field personnel will wear equipment to protect against the potential physical and chemical hazards which have been identified herein and those that become apparent in the field. Level D protection will be required at a minimum for field activities at the site. Level D personal protective equipment to be used will include:

- Hard Hat
- Chemical resistant disposable gloves
- Boots, steel toe and shank
- Safety glasses and earplugs

Modified Level C protective will be required during collection or handling of soil samples and whenever VOCs are found in the workspace, based on OVM readings. In addition to the Level D protection above, modified Level C protection includes:

-Tyvek coverall

-Respiratory protection consisting of a half-mask purifying respirator with organic and particulate filter cartridges.

The level of protection employed for general site activities by ZCI personnel may be upgraded as deemed necessary by the Site Safety Officer. If significant dust generation occurs or organic vapors are detected. (see Monitoring below), the Site Safety Officer may require modified Level C protection, i.e., donning of respirator.

6.2 SITE CONTROL

Unauthorized and unprotected individuals will be requested to remain out of the area where work is being performed. Specific work zones will not be established for Level D activities at the facility. Work zones, including designation of an exclusion zone, a contamination reduction zone, and a support zone will be established for field activities.

Barricade and secure with caution tape the open excavation. Stockpiled soil will be placed on 10 mil visqueen and covered with 10 mil visqueen membrane.

6.3 MONITORING

Field personnel will perform air monitoring continuously with a direct reading organic vapor meter (OVM) in the breathing zone at the work location. If OVM readings for a particular work area consistently exceed 5 parts per million (ppm) above background, personnel will withdraw upwind from the work area, if possible, or upgrade to modified Level C protection as outlined in Section 6.1. If OVM readings consistently exceed 10 ppm in the breathing zone while workers are in modified Level C protection, the work will cease and the source of the emission will be identified and controlled before work continues.

7.0 DECONTAMINATION

Minimum decontamination procedures associated with modified Level C protection will be followed and established within the decontamination reduction zone. At the conclusion of each day, disposable gloves and coveralls will be removed and disposed of on-site designated containers. In addition, work boots will be removed and cleaned in a decontamination solution, or, by using a pressurized spray washer prior to leaving the site.

Decontamination procedures for modified Level C protection will be as follows:

Station 1: Equipment Drop - Deposit equipment (tools, sampling devices and containers, monitoring instruments, radios, clipboards, etc.) in a designated area.

Station 2: Boot and Outer Glove Wash and Rinse - Scrub boots and outer gloves with TSP solution. Rinse off using copious amounts of water.

Station 3: Outer Glove Removal - Remove outer gloves and deposit in designated receptacle.

Station 4: Gloves and Outer Garment Removal - Remove Tyveks and inner gloves and deposit in designated containers.

Station 5: Face Piece Removal - Remove facepiece. Avoid excessively touching facepiece with fingers. Dispose of canisters in designated receptacle and wash facepiece in TSP solution.

Station 6: Field Wash - Thoroughly wash hands and face. Shower as soon as possible.

8.0 TRAINING

ZCI personnel participating in field activities will have completed the Hazardous Waste Operations and Emergency Response 40-hour Health and Safety training course (29 CFR 1910.120). Training requirements are discussed in ZCI Corporate Health and Safety Program. Prior to each work day, a meeting will be held at the site to familiarize personnel with health and safety issues, protective equipment, emergency information and supplies, and to discuss special topics.

9.0 MEDICAL MONITORING

ZCI personnel participating in field activities are included in a medical monitoring program. The program includes a baseline physical examination, pulmonary function test, and blood and urine tests. Annual follow-up examinations are included. Details of the medical program are included in ZCI's Corporate Health and Safety Program.

10.0 SITE FACILITIES

Drinking water will be available.

11.0 EMERGENCY RESPONSE PLAN

The nature of work at the jobsite makes emergencies a continual possibility. The ZCI Site Safety Officer (SSO) will be familiar with emergency procedures and evacuation routes.

If an injury occurs due to an accident, the SSO will be immediately notified so appropriate first aid can begin and medical attention arranged, if necessary. The SSO will investigate the nature and cause of the accident so that work procedures can be modified to minimize the likelihood of the incident's recurrence.

A first aid kit and emergency wash water will be readily available.

Routine and emergency communication will be provided by the mobile telephone. Emergency telephone numbers are given in Table 1. For emergencies not requiring an ambulance, injured personnel will be transported to (see attached map).

Signatures

Site Safety Officer *Scott Zaccari* (S) Date 3-11-92

Corporate Safety Supervisor *Scott Zaccari* (S) Date 3-11-92

Project Manager *Mary Zaccari* (S) Date 3-11-92

TABLE 1

EMERGENCY INFORMATION

EMERGENCY TELEPHONE NUMBERS

In Emergency: 911

Site Telephone: (415) 608-7188
(415) 999-5015

Alternate Telephone No.
(415) 363-2181

Hospital: Peralta Hospital
450 - 30th Street
Oakland, CA
510-451-4900

Police and Fire Department: 911

Poison Control: 1 (800) 792-0720

Zaccor Companies, Inc.

Project Manager, Gary Zaccor

wk. (415) 363-2181

hm. (415) 769-9528

Site Safety Officer, Scot Zaccor

wk. (415) 363-2181

hm. (415) 326-1125

Corp. Safety Officer, Scot Zaccor

wk. (415) 363-2181

hm. (415) 965-5190

Directions to Emergency Hospital (see attached map)

ZACCOR

CORPORATION

3-12-92

On March 11, 92 I Federal Expressed
a permit application to your
office, Attn. Robt. Weston, to
remove (3) 10,000 gallon & (1) 550
gallon USTs.

I sealed the Fed-Ex envelope
without inserting the check.

Please make sure this check
is given to the correct individual
so as not to delay the permit
application process.

Thank You.

Lallette.

FEDERAL EXPRESS

QUESTIONS? CALL 800-238-5355 TOLL FREE.

1156729221

AIRBILL PACKAGE TRACKING NUMBER

1156729221

RECIPIENT'S COPY

Date: 3/11/78

From (Your Name) Please Print: *Comp/Agency*
 Your Phone Number (Very Important): *(415) 763-4121*
 Company: *JACOBS CORPORATION*
 Address: *201 HIGHLAND AVE*
 City: *PHILADELPHIA* State: *PA* ZIP Required: *19102*

To (Recipient's Name) Please Print: *Robert Walker*
 Recipient's Phone Number (Very Important): *(818) 241-4320*
 Company: *Alameda County Environmental Health*
 Department/Floor No.: *2*
 Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes): *28000 Wilshire Blvd*
 City: *BEVERLY HILLS* State: *CA* ZIP Required: *91602*

YOUR INTERNAL BILLING REFERENCE INFORMATION (First 24 characters will appear on invoice.)

IF HOLD FOR PICK-UP, Print FEDEX Address Here
 Street Address: _____
 City: _____ State: _____ ZIP Required: _____

PAYMENT 1 Bill Sender 2 Bill Recipient's FedEx Acct No. 3 Bill 3rd Party FedEx Acct No. 4 Bill Credit Card
 5 Cash/Check

SERVICES (Check only one box)		DELIVERY AND SPECIAL HANDLING (Check services required)		PACKAGES	WEIGHT in Pounds Only
11 <input type="checkbox"/> YOUR PACKAGING	51 <input type="checkbox"/> YOUR PACKAGING	1 <input type="checkbox"/> HOLD FOR PICK-UP (Fill in Box #)	2 <input checked="" type="checkbox"/> DELIVER WEEKDAY		
16 <input type="checkbox"/> FEDEX LETTER*	56 <input type="checkbox"/> FEDEX LETTER*	3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge) (Not available to all locations)	3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge) (Not available to all locations)		
12 <input checked="" type="checkbox"/> FEDEX PAK*	52 <input type="checkbox"/> FEDEX PAK*	4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge)	4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge)		
13 <input type="checkbox"/> FEDEX BOX	53 <input type="checkbox"/> FEDEX BOX	5 <input type="checkbox"/>	5 <input type="checkbox"/>	Total	Total
14 <input type="checkbox"/> FEDEX TUBE	54 <input type="checkbox"/> FEDEX TUBE	6 <input type="checkbox"/> DRY ICE lbs.	6 <input type="checkbox"/> DRY ICE lbs.		
30 <input type="checkbox"/> ECONOMY	46 <input type="checkbox"/> GOVT LETTER*	7 <input type="checkbox"/> OTHER SPECIAL SERVICE	7 <input type="checkbox"/> OTHER SPECIAL SERVICE	DIM SHIPMENT (Chargeable Weight)	
	41 <input type="checkbox"/> GOVT PACKAGE	8 <input type="checkbox"/>	8 <input type="checkbox"/>		
70 <input type="checkbox"/> OVERNIGHT FREIGHT**	80 <input type="checkbox"/> TWO-DAY FREIGHT**	9 <input type="checkbox"/> SATURDAY PICK-UP (Extra charge)	9 <input type="checkbox"/> SATURDAY PICK-UP (Extra charge)		
		10 <input type="checkbox"/>	10 <input type="checkbox"/>	Received At: _____	
		11 <input type="checkbox"/>	11 <input type="checkbox"/>	3 <input type="checkbox"/> Drop Box	
		12 <input type="checkbox"/> HOLIDAY DELIVERY (if offered) (Extra charge)	12 <input type="checkbox"/> HOLIDAY DELIVERY (if offered) (Extra charge)	4 <input type="checkbox"/> B.S.C.	
				5 <input type="checkbox"/> Cat Suit	
				6 <input type="checkbox"/> Station	

Emp. No. _____ Date _____ Federal Express Use _____
 Cash Received
 Return Shipment
 Third Party Chg. To Del Chg. To Hold
 Street Address _____
 City _____ State _____ Zip _____
 Received By: _____
 Date/Time Received _____ FedEx Employee Number _____
 Release Signature: _____ Date/Time _____
 FedEx Emp. No. _____

Base Charges _____
 Declared Value Charge _____
 Other 1 _____
 Other 2 _____
 Total Charges _____

REVISION DATE 4/91
 PART #137204 FXEM 7/91
 FORMAT #082
082
 © 1990-91 F.E.C.
 PRINTED IN U.S.A.

DATE: 2/20/92
TO : Local Oversight Program
FROM: Juliet Shin
SUBJ: Transfer of Eligible Oversight Case

Prop. J. + M. Howard Trust
146 Bell Av.
Piedmont 611

Bs: Exxon Station
500 Grand Av.
Oak 612

8006619

11-2-88

Site name: EXXON STATION

Address: 500 Grand Ave City Oakland zip 94612

Closure plan attached? Y N ^{6/5/90;} _{8/9/90} DepRef remaining \$ 466.50 ^{\$377.75}

DepRef Project # 1019 STID #(if any) 1109

Number of Tanks: 1 removed? Y N Date of removal 9/90

Leak Report filed? Y N Date of Discovery 11/2/88

Samples received? Y N Contamination: Soil and Groundwater

Petroleum Y N Types: Avgas Jet leaded unleaded Diesel
fuel oil waste oil kerosene solvents

Monitoring wells on site 5 installed ^{4 on site} _{off-site} Monitoring schedule? Y N

Briefly describe the following:

Preliminary Assessment Subsurface investigations on quarterly basis

Remedial Action NA (Interim Remedial Plan submitted 12/7/90)

Post Remedial Action Monitoring NA

Enforcement Action NA

Comments: In June 1988, 5 borings were drilled and 4 converted to monitoring wells. Benzene at 5.3 ppb was detected in ^{g.w.} samples collected from Well 8C. Additionally, traces of toluene, ethylbenzene, and xylene were detected. Two off-site downgradient wells installed and sampled. No contaminants were detected from these wells when sampled in 1989. 4 additional wells installed in June. In Nov. 1989 water samples were analyzed from 2 observation wells and the presence of BTEX above limits was confirmed. Additionally, four soil borings were drilled and sampled. Soil samples collected exceeded 100ppm of TPH. Monitoring wells were monitored on a quarterly basis from May 1989 to March 1990. In the 4th quarter 4 additional soil borings were drilled and sampled. One soil sample from boring B-7 exceeded 100ppm TPH (at 580 ppm). One g.w. sample, MW-8E, identified 0.82 ppm Benzene. Quarterly monitoring began again after the 4th quarter. Concentrations of TPH + BTEX for wells MW-8E, MW-8H, + MW-8I continued to exceed limits in the following quarters up until the most recent, Dec. 15, 1991. 3rd Quarter Report.

- 457. Mercuric oxide (red and yellow) (T,F)
- 458. Mercuric oxycyanide (T,R)
- 459. Mercuric-potassium iodide, Mayer's reagent (T)
- 460. Mercuric salicylate, Salicylated mercury (T)
- 461. Mercuric subsulfate, Mercuric disulfidate (T)
- 462. Mercuric sulfate, Mercury sulfate (T)
- 463. Mercuric thiocyanide, Mercury thiocyanate (T)
- 464. Mercuriol, Mercury nucleate (T)
- 465. Mercurous bromide (T)
- 466. Mercurous gluconate (T)
- 467. Mercurous iodide (T)
- 468. Mercurous nitrate (T,R)
- 469. Mercurous oxide (T)
- 470. Mercurous sulfate, Mercury bisulfate (T)
- 471. Mercury (T)
- 472. Mercury compounds (T)
- 473. Metal carbonyls (T)
- 474. Metal hydrides (F,R)
- 475. Metal powders (T,F)
- 476. Metal powders (T,F)
- 477A. *Methomyl, LANNATE, S-Methyl-N-((methyl-carbamoyl)oxy)thioacetimidate (T)
- 477B. *Methoxychlor; 1,1,1-Trichloro-2,2-bis(p-methoxyphenyl)ethane, CIEMFLORIN, MARLATE (T)
- 478. *Methoxyethylmercuric chloride, AGALLOL, ARETAN (T)
- 479. Methyl acetate (T,F)
- 480. Methyl acetone (Mixture of acetone, methyl acetate, and methyl alcohol) (T,F)
- 481. Methyl alcohol, Methanol (T,F)
- 482. *Methylaluminum sesquibromide (F,R)
- 483. *Methylaluminum sesquichloride (F,R)
- 484. Methylamine, Aminomethane (T,F)
- 485. N-Methylaniline (T)
- 486. *Methyl bromide, Bromomethane (T)
- 487. 2-Methyl-1-butene (F)
- 488. 3-Methyl-1-butene (F)
- 489. Methyl butyl ether (and isomers) (T,F)
- 490. Methyl butyrate (and isomers) (T,F)
- 491. Methyl chloride, Chloromethane (T,F)
- 492. *Methyl chloroformate, Methyl chlorocarbonate (T,F,R)
- 493. *Methyl chloromethyl ether, CMME (T,F)
- 494. Methylcyclohexane (T,F)
- 495. *Methyldichloroarsine (T)
- 496. *Methyldichlorosilane (T,F,R)
- 497. *4,4-Dichloro-2,2-bis(2-chloroethyl) ether, MOCA (T)
- 498. Methyl ethyl ether (T,F)
- 499. Methyl ethyl ketone, 2-Butanone (T,F)
- 500. Methyl ethyl ketone peroxide (T,F)
- 501. Methyl formate (T,F)
- 502. *Methyl hydrazine, Monomethyl hydrazine, MMH (T,F)

- 503. *Methyl isocyanate (T,F)
- 504. Methyl isopropenyl ketone, 3-Methyl-2-butene-2-one (T,F)
- 505. *Methylmagnesium bromide (C,F,R)
- 506. *Methylmagnesium chloride (C,F,R)
- 507. *Methylmagnesium iodide (C,F,R)
- 508. Methyl mercaptan, Methanethiol (T,F)
- 509. Methyl methacrylate (monomer) (T,F)
- 510. *Methyl parathion; O,O-Dimethyl-O-para-nitrophenylphosphorothioate (T)
- 511. Methyl propionate (F)
- 512. *Methyltrichlorosilane (T,C,F,R)
- 513. Methyl valerate, Methyl pentanoate (and isomers) (F)
- 514. Methyl vinyl ketone, 3-Butene-2-one (T,F)
- 515A. *Mevinphos, PHOSDRIN, 2-Carbomethoxy-1-methylvinyl dimethyl phosphite (T)
- 515B. *Mites; 1,1a,2,2,3,3a,4,5,5a,5b,6-Dodecachlorocyclohexa-1,2,4-trimetheno-1H-cyclobuta (cd) pentalene, Decchlorane (T)
- 516. *MOCAP, O-Ethyl-S,S-dipropyl phosphorodithioate (T)
- 517. Molybdenum (powder) (F)
- 518. Molybdenum trioxide, Molybdenum anhydride (T)
- 519. Molybdic acid and salts (T)
- 520. Monochloroacetic acid, Chloroacetic acid, MCA (T,C)
- 521. Monochloroacetone, Chloroacetone, 1-Chloro-2-propanone (T)
- 522. Monofluorophosphoric acid (T,C)
- 523. Naphtha (of petroleum or coal tar origin), Petroleum ether, Petroleum naphtha (T,F)
- 524. Naphthalene (T,S)
- 525. *alpha-Naphthylamine, 1-NA (T)
- 526. *beta-Naphthylamine, 2-NA (T)
- 527. Nohexane; 2,2-Dimethylbutane (T,F)
- 528. Nickel (powder) (T,F)
- 529. Nickel acetate (T)
- 530. Nickel antimonide (T)
- 531. Nickel arsenate, Nickelous arsenate (T)
- 532. Nickel carbonyl, Nickel tetracarbonyl (T)
- 533. Nickel chloride, Nickelous chloride (T)
- 534. *Nickel cyanide (T)
- 535. Nickel nitrate, Nickelous nitrate (T,F,R)
- 536. Nickel selenide (T)
- 537. Nickel sulfate (T)
- 538. Nicotine, beta-pyridyl-alpha-N-methyl pyrrolidine (T)
- 539. Nicotine salts (T)
- 540. Nitric acid (T,C,F)
- 541. Nitroaniline, Nitraniline (ortho, meta, para) (T,R)
- 542. Nitrobenzol, Nitrobenzene (T)
- 543. *4-Nitrophenyl, 4-NBP (T)
- 544. Nitro carbo nitrate (F,R)
- 545. Nitrocellulose, Cellulose nitrate, Gun cotton, Pyroxylin, Collodion, Pyroxylin (nitrocellulose) in ether and alcohol (F,R)

- 546. Nitrochlorobenzene, Chloronitrobenzene (ortho,meta,para) (T)
- 547. Nitrogen mustard (T,C)
- 548. Nitrogen tetroxide, Nitrogen dioxide (T,F)
- 549. Nitroglycerin, Trinitroglycerin (T,F,R)
- 550. Nitrohydrochloric acid, Aqua regia (T,C,F)
- 551. *Nitrophenol (ortho, meta, para) (T)
- 552. *N-Nitrosodimethylamine, Dimethyl nitrosamine (T)
- 553. Nitrosoguanidine (R)
- 554. Nitrostarch, Starch nitrate (F,R)
- 555. Nitroxylin, Nitroxyline, Dimethylnitrobenzene (1,4-3,4-2,3-isomers) (T)
- 556. 3-Nonene, 1-Nonene (and isomers) (T,F)
- 557. *Nonyltrichlorosilane (T,R)
- 558. *Octadecyltrichlorosilane (T,R)
- 559. n-Octane (and isomers) (T,F)
- 560. 1-Octene, 1-Capylene (T,F)
- 561. *Octyltrichlorosilane (T,R)
- 562. *Oleum, Fuming sulfuric acid (T,C,R)
- 563. Osmium compounds (T)
- 564. Oxalic acid (T)
- 565. *Oxygen difluoride (T,C,R)
- 566. *Para-oxon, MINTACOL, O,O-Diethyl-O-para-nitrophenyl phosphite (T)
- 567. *Parathion; O,O-Diethyl-O-para-nitrophenyl phosphorothioate (T)
- 570A. *Pentaborane (T,F,R)
- 570B. Pentachlorophenol, PCP, EDWICIDE 7 (T)
- 571. Pentacythritol tetranitrate; Pentacythritol tetranitrate (R)
- 572. n-Pentane (and isomers) (T,F)
- 573. 2-Pentaneone, Methyl propyl ketone (and isomers) (T,F)
- 574. Peroxyacetic acid, Peroxyacetic acid (T,C,F,R)
- 575. Perchloric acid (T,C,F,R)
- 576. Perchloroethylene, Tetrachloroethylene (T)
- 577. *Perchloromethyl mercaptan, Trichloromethylsulfenyl chloride (T)
- 578. Perchloryl fluoride (T,C,F)
- 580. Phenol, Carboic acid (T,C)
- 581. *Phenyldichloroarsine (T,J)
- 582. Phenylendiamine, Diaminobenzene (ortho,meta,para) (T)
- 583. Phenylhydrazine hydrochloride (T)
- 584. *Phenylphenol, Orthuzenol, DOWICIDE 1 (T)
- 585. *Phenyltrichlorosilane (T,R)
- 586. *Phorate, THIMET; O,O-Diethyl-S-[(Ethylthio) methyl] phosphorodithioate (T)
- 587. *Phosolan, CYOLAN, 2-(Diethoxyphosphorylimino)-1,2-dithiolane (T)
- 588. *Phosgene, Carbonyl chloride (T,R)
- 589. *Phosphamidon, DIMECHON, 2-Chloro-2-diethylcarbamoyl-1-methylvinyl dimethyl phosphite (T)
- 590. *Phosphine, Hydrogen phosphide (T,F)
- 591. Phosphoric acid (C)
- 592. Phosphoric anhydride, Phosphorus pentoxide (C,F)

Adams Pointer

Post-It™ brand fax transmittal memo 7671 # of pages ▶	
To Mark Thomson	From P. Smith
Co. Ala Co DA office	Co. Ala Co Haz Mat
Dept.	Phone # 469-4757
Fax # 569-0505	Fax # 271-4320



FEB 1992

ADAMS POINT PRESERVATION 384 BELLEVUE AVE. 94610 OAKLAND CA PHONE 451-2118

CEMENT OR WOOD? THE MORE THINGS CHANGE, THE MORE THEY STAY THE SAME

The blush is barely off the New Year, but perhaps it isn't too early to relate an incident demonstrating that "some things never change." The lead-footed pace of bureaucracy, the maze of City regulations, and differing notions among neighbors about what constitutes "good taste" have all been with us for quite some time.

Back in 1896, the Adams Point neighborhood was known as "Vernon Heights" because only the upper, or Vernon Street, end of the area was developed. The neighborhood boasted a number of large homes belonging to Oakland's "upper crust"-- people such as Senator George Perkins, John L. Howard, Frank C. Havens, Mrs. Lloyd Baldwin and Orestes Pierce. Moreover, some of these early residents evidently possessed concrete ideas about the "proper look" of the neighborhood.

The issue of a sidewalk---wood or cement?---initiated a bitter dispute between one resident, John Allman, and several of his estimable neighbors. Allman, a wealthy stage-line owner, was an outspoken man who apparently did not like being told how to keep up his property (nine lots in the area where Vernon Terrace now cuts into Vernon Street). When his Vernon Street neighbors began to lay cement sidewalks in front of their properties, they naturally expected Allman to follow suit, but Allman refused.

(Continued on page 3)

GENERAL MEETING

FEBRUARY 10 8:00 P.M.

RESURRECTION LUTHERAN CHURCH

EUCLID & VAN BUREN

LOW INCOME HOUSING
WHERE IS IT AND WHY IS IT THERE?

Between 1980 -1990, Oakland produced 77% of its' goal for low income housing units. The number of units produced is 39% of all the low income housing produced in Alameda County for the same period. While Oakland leads the county in providing housing, the current situation contributes to the negative perception that Oakland is the place for poor people.

Our discussion will focus on specific types of low income housing in Oakland and what neighborhood can do to relive over concentrations in Oakland. Local policy makers must be voices for greater county and regional participation in providing "fair shares" of housing for all income levels

OOPS....again

Last month we reported that the CITYLINE phone number was being changed...we erred, IT IS STILL 444-CITY (444-2489). Sorry if we caused any inconvenience. The prefixes of the City offices ARE changing to 238-

CRIME MEETING CALLED BY MARY MOORE FOR FEBRUARY 5 - 8:00 PM

The following letter was received by APPS from Councilmember, Mary Moore. She cannot contact each and every member of her District, so we are helping get the word out for her.

Dear APPS:

I know you are as saddened and disturbed as I am about the recent murder of a woman in District Two. The incident happened on Monday, January 13, 1992 6 p.m., at the corner of Vernon and Moss Avenue, in the Rose Garden area.

The violence in our neighborhood has escalated dramatically. Together with the Rose Garden Neighborhood Preservation Association, I am sponsoring a DISTRICT TWO COMMUNITY MEETING to address the problem of crime in the City and in our district, in particular.

The meeting will be held on:

Thursday, Feb. 6, 1992
7:30 to 9:30 p.m.
Plymouth Church, Fireside Room
424 Monte Vista, Corner of Oakland Ave.

I have invited the City Manager, Henry Gardner and the Chief of Police, George Hart, to attend the meeting and discuss this issue with us. It is important to work together as a community to ensure safety for all.

Please attend and urge others members and friends to attend the important meeting so that all may make their concerns known.

Sincerely,
Mary Moore
Councilmember, District 2

Making Oakland is no someone else's job, it's our job - all of us.

LAKE MERRITT DEVELOPMENT MEETINGS

Public meetings "to discuss the development of a long-range plan for Lake Merritt and Lakeside Park" will be held on Wed. Feb. 5th and Mon. Feb. 10th from 7 to 9 pm in the Garden Room at the Lakeside Park Garden Center. The meetings are a continued study of various plans for the Lake and surrounding Park. The mayor's advisory committee will review and discuss several plans for park improvements.

One plan is the LAKE MERRITT COMMUNITY ACTION PLAN, completed two years ago, the other is LAKE MERRITT RESOURCE PLAN, which will devise ways to maintain water quality.

"We want to get input from people who use the park and PEOPLE WHO LIVE NEAR THE PARK" said Cleve Williams, Asst Director for Parks and Recreation.

The plans for the Lake/Park area will be explained and planners will hear public reaction. What do we want the Lake/Park to become? What activities should be or should not be there? How will they affect the environment, wildlife, the area residents and ultimately the whole City? How can it be made to serve our and future needs and not be destroyed in the process?

Now is the time to raise issues and become involved, not after the plans are implemented, then complain. Your ideas are important in any planning process.

Plans are available for public viewing at the Parks and Recreation office, 1520 Lakeside Drive. For more info. call Joanne Hall at 238-3090.



The annual VALENTINE DAY RUN & WALK will take place at Lake Merritt on SUNDAY FEB.16TH STARTING AT 10:00 AM. This is a BIG EVENT AT THE LAKE so be prepared for street closures, and reduced parking in Adams Point. Bellevue Drive will be closed and the Curbside Lanes around the Lake perimeter will also be closed. They will reopen no later than 2:30 pm. Traffic will be heavier, slower and travel will be harder. **BE PREPARED**

2

(It should be mentioned here that Allman's house had mysteriously burned down in 1885---that's another story---and had yet to be rebuilt. Thus, the whole squabble concerned a sidewalk in front of vacant land.)

At first, Allman argued that since the street had been macadamized, there was no need for a sidewalk at all, though neighbors complained that they had waded through mud there for several years. When Allman did nothing, some of the other residents took up a collection and laid a few wooden planks in front of his property as a stopgap measure. They then took their complaints to Street Superintendent Miller who brought the matter before the City Council.

For awhile, Allman staved off any formal Council action by saying that he was planning to rebuild and, thus, for practical reasons, did not want to put in a cement sidewalk beforehand. However, the complaints of nearby residents eventually induced Allman to take up the planks that his neighbors had laid, add some of his own, and spike them all down lengthwise, creating a two-plank-wide walk. The neighbors were still displeased and again appealed to the City Council.

Before the scheduled Council hearing on Sept. 11, 1896, Allman hired some men and, during the night of Sept. 1st, laid a plank walk six feet wide. The neighbors were neither impressed nor satisfied--it was to be cement or nothing. Moreover, they now claimed that Allman had violated a city ordinance by laying a wooden sidewalk without first obtaining a permit from the city. Fresh fuel had just been added to the flap!

At the Sept. 11th City Council meeting, Allman asserted that he had laid a perfectly good board sidewalk (as was still common in many parts of the city) and facetiously referred to his carping neighbors as the "codfish aristocracy." When he indicated that he could not spend any more than

the \$45 already paid for the wooden walk, one of his neighbors, Orestes Pierce, sarcastically offered to take up a collection to assist him. This triggered such an acrimonious exchange between the two men that even the newspapers were loath to print the details, reported as "unbefitting to Council chambers."

When the Council could reach no agreement on the issue, the whole matter was thrown over, like a hot potato, to City Attorney Peirsol for a legal opinion. By the next day, Peirsol declared that Allman could indeed be compelled to tear up his walk and lay a cement sidewalk. Street Supt. Miller lost no time in having a warrant sworn out against Allman for laying a wooden sidewalk without a permit. The "seat of war," as the Oakland Enquirer termed it, was thus transferred from Council chambers to the Police Court, and a jury trial on the matter was set for Sept. 17.

How will the jury find? Will it be wood or cement? Read next month's Adams Pointer.

Sandy Sher, author of this historical piece, is Adams' Point historian and long time Point resident. She is responsible for some of the endless hours of research on our neighborhood history. Her research on Victor Metcalf and his house was important in the formation of Adams Point Preservation Society and the fight to halt the demolition of the house at the corner of Perkins and Adams. She has been published in the Oakland Museum of Art journal, historical societies and is presently working with the City of Emeryville on historical research.

She is always on the prowl for pictures, anecdotes, and historical facts of Oakland and the Lake Merritt area in particular. If you have any facts or pictures to share, she may be reached through the Adams Pointer.

WHY HAS THE GAS GONE BUT THE MESS STILL LINGER ON?

The remains of the used-to-be the Gas Stations along Grand, from Harrison to the 580 overpass, have been a source of concern to all of us. After several letters from area residents, we called the Alameda County Health Dept., Hazardous Materials Section, and spoke with Mr. Paul Smith in charge of the 94610 area. From the conversation, APPS was able to get the following information:

CHEVRON STATION AT BAY PLACE & GRAND

The site is still contaminated. The Country is requiring Chevron to re-do the job. Correspondence is going on between them right now. Starting date unknown.

QUIK WAY MARKET AT ELLITA & GRAND

The contamination is still very severe. The toxic plume is still moving towards Lake Merritt. The consensus is to let nature take its' course and allow it to dissipate. The tanks have been removed and the situation is being carefully monitored. The contamination stopped the construction of a 28 unit complex, which APPS opposed, and may have an effect on developing the empty lots on Perkins below Grand Ave.

*** GULF STATION AT BELLEVUE & GRAND HANDS DOWN WINNER - BIGGEST EYESORE IN THE WHOLE OF ADAMS POINT

The property owner has essentially abandoned the property in order to get Gulf Oil to help pay for the costly clean-up. Nothing is HAPPENING. The plastic is ripped and needs replacing, the litter is beyond belief, the fencing can't keep anything out and the putrid water in the big and deep hole is an accident waiting to happen. If some kid gets in there and drowns, then what?

EXXON STATION AT EUCLID & GRAND

Exxon is not going to renew the lease which expires in July 1992. The tanks will have to be removed and site checked for contamination. Exxon, who bought the station from Texaco, is trying to get Texaco to pay for the clean-up. How long are we going to wait on that one? The place is beginning to look like _____

In a four block stretch of Grand, we have four big eyesores, gathering litter, growing weeds, and helping make the whole area look like no one cares. Got news for you state, county, city, and corporate guys, someone does. But it's only the people who live here. It's obvious you don't live here, or this type of thing wouldn't go unresolved so long.

Why do we have to live with that situation? Where are the responsible parties? Why are they not made accountable?

PRINTING BY.....COLOR A DAY

I know who I'm NOT buying my gas from!

MEMBERSHIP

SUBSCRIPTION

Find out what is going on in Adams Point and Oakland which may effect your life. One year \$12.00. Mail coupon with check to:

ADAMS POINT PRESERVATION SOCIETY * 384 BELLEVUE AVENUE * OAKLAND CA * 94610

NAME _____

ADDRESS _____

PHONE _____

READ THE LABEL

IT MAY BE TIME

TO RENEW



FEBRUARY

Bulk Rate
U.S. Postage
PAID
Oakland, CA.
Permit No. 176

Paul Smith
470 27th Street
Oakland CA 94612
TB 4/92

Deliver to Addressee or Current Resident

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

May 20, 1991

Ms. Elaine Hand
Exxon Company USA C&M Center
4550 Dacoma Way 3rd Floor
Houston, TX 77092

Re: Underground Storage Tank Operating Permit for
Exxon R/S 7-0237, 500 Grand Avenue, Oakland, CA 94610

Dear Ms. Hand:

Enclosed is a five year underground storage tank operating permit for the above referenced facility. To operate under a valid permit, the facility is required to comply with the conditions as described in the California Code of Regulations, Title 23, Subchapter 16, Section 2712. These are briefly summarized below:

- ★ The permittee shall report to our office within 30 days any changes in the uses of any underground storage tank. This includes the storage of any new hazardous substances, changes in monitoring procedures, or the replacement or repair of any part or all of an underground storage tank.
- ★ The permittee shall report to our office any unauthorized release occurrences within the time frame of sections 2652(b) and (c).
- ★ Written records of all monitoring performed shall be maintained on-site by the operator for a period of at least 3 years from the date the monitoring was performed. These records shall be shown to our office upon demand during any site inspection. Monitoring records shall include the results of inventory readings and reconciliations, annual precision tests for all single-walled tanks, annual line-leak detection equipment tests, and any other monitoring equipment calibration and maintenance records. In addition, copies of all tank tests and line-leak detection tests shall be forwarded to our office. The operator is required to submit quarterly inventory reconciliation reports to our office (Section 2644 (e)).
- ★ Permits may be transferred to new underground storage tank owners if the new underground storage tank owner does not change any conditions of the permit, the transfer is registered with the local agency within 30 of the change in ownership, and any necessary modifications are made to the

information in the initial permit application due to the change in ownership. Our office may review, modify, or terminate the permit to operate the underground storage tank upon receiving the ownership transfer request.

If you have any questions regarding the underground tank permit, feel free to call me at 415/271-4320.

Sincerely,

Cynthia Chapman

Cynthia Chapman
Hazardous Materials Specialist

c: Area Hazardous Materials Specialist

fiveyear.exn



Texaco Refining
and Marketing Inc

108 Cutting Boulevard
Richmond CA 94804

~~CONFIDENTIAL~~ 2, 1991

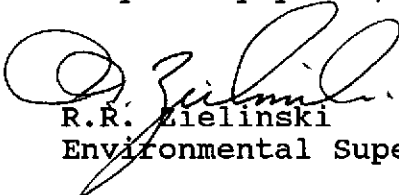
Mr. Gil Wistar
Alameda County Environmental
Health Department
80 Swan Way, Room 200
Oakland, CA 94621

Dear Mr. Wistar:

Attached for your information is a summary list from Harding Lawson Associates showing report titles and report dates correlated with the items discussed in your letter dated April 29, 1991.

Please call me at (415) 236-1770 if you have any questions.

Very truly yours,



R.R. Zielinski
Environmental Supervisor

RRZ:pap

Enclosure

pr: KD

KEG

91 MAY -3 PM 12:35

Mr. Ron Zielinski
Texaco Refining and Marketing, Inc.
108 Cutting Boulevard
Richmond, CA 94804

Ron,

I have pulled all of the Texaco 500 Grand Avenue reports issued to Texaco during 1990 and early 1991. Report titles, report dates, and other comments are included below. They are correlated with the items discussed in Mr. Wistar's letter of April 29, 1991.

1. "quarterly monitoring reports for the 1st, 2nd, 3rd, and 4th quarters of 1990;"

- ✓ - Quarterly Technical Report (QTR)
First Quarter 1990
June 13, 1990
- ✓ - QTR Second Quarter 1990
August 30, 1990
- ✓ - Interim Remedial Plan
(Issued in lieu of QTR, Third Quarter 1990)
December 7, 1990
- ✓ - QTR Fourth Quarter 1990
March 6, 1991

2. "a quarterly monitoring report for the 1st quarter of 1991"

- ✓ - This report has not yet been written. We are scheduled to submit it to Texaco in late May or early June. However, we can get it to Texaco by May 14, 1991 if Mr. Wistar insists

3. "a well installation report...."

- Discussion of the January 1990 well installation is included in the QTR for the First Quarter 1990

4. "a remediation plan..."

- Submitted in lieu of Third Quarter 1990 QTR
December 7, 1990

5. "a letter from January 1991, also prepared by Harding

Lawson, responding to our request for an additional monitoring well downgradient of the waste oil tank that was removed last summer"

- Initial letter submitted to Texaco on January 31, 1991; a revised version submitted February 12, 1991

Please call if there is anything else we can do to assist you, Ron.

Regards -
Jenna

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



April 29, 1991

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

Mr. Ron Zielenski
Texaco Refining & Marketing Inc.
108 Cutting Blvd.
Richmond, CA 94804

**RE: Groundwater investigation at former Texaco, 500 Grand Ave.,
Oakland**

Dear Mr. Zielenski:

Several months ago I informed you by telephone that this office had not been receiving technical reports on the ongoing groundwater investigation at the above location. At this time I indicated that we had no reports since the 4th quarter 1989 monitoring data. As of the date of this letter, we still have not received any reports, which apparently consist of the following:

1. quarterly monitoring reports for the 1st, 2nd, 3rd, and 4th quarters of 1990;
2. a quarterly monitoring report for the 1st quarter of 1991;
3. a well installation report, if prepared separately from the quarterly monitoring reports, documenting the three additional wells placed along Grand Ave. in January 1990;
4. a remediation plan for groundwater cleanup prepared by Harding-Lawson Associates in late 1990; and
5. a letter from January 1991, also prepared by Harding-Lawson, responding to our request for an additional monitoring well downgradient of the waste oil tank that was removed last summer.

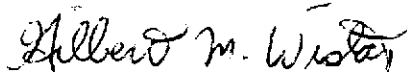
Please submit these reports, and any others that may have been prepared regarding the groundwater investigation at the site within 15 days, i.e., no later than May 14, 1991. Copies of all documents must also be sent to the Regional Water Quality Control Board (attention: Lester Feldman). Because we have been overseeing this site under the designated authority of the Water Board, this letter constitutes a formal request for technical reports, per Sec. 13267(b) of the California Water Code. Failure to respond by the deadline will result in enforcement referral of this case to the Water Board, which can levy civil liabilities against Texaco of up to \$1,000 per day.

Mr. Ron Zielenski
April 29, 1991
Page 2 of 2

Finally, this office has exhausted its deposit for the oversight of work at the 500 Grand Ave. site. Please submit a deposit of \$600, made payable to Alameda County, for our continued oversight of this case. We will draw upon these funds at an hourly rate of \$67 whenever a Hazardous Materials Specialist works on the case. As you're aware, our active oversight is necessary to help move this site towards remediation and eventual signoff by the Regional Water Quality Control Board.

If you have any questions about this letter, please contact the undersigned at 271-4320.

Sincerely,



Gil Wistar
Hazardous Materials Specialist

cc: Jeanna Hudson, Harding-Lawson Associates (1355 Willow Way, Suite 109, Concord, CA 94520)
Lester Feldman, RWQCB
Gil Jensen, Alameda County District Attorney, Consumer and Environmental Protection Division
Rafat A. Shahid, Asst. Agency Director, Environmental Health files



ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

February 8, 1991

Ms. Elaine Hand
Exxon Company USA C&M Center
4550 Dacoma Way 3rd Floor
Houston, TX 77092

*5/11 -
Please put in your file
Next*

Dear Ms. Hand:

In July, 1990, I inspected 4 Exxon Stations in the City of Oakland, specifically for compliance with the state underground storage tank regulations. Jo Beth Folger of the Walnut Creek Exxon office accompanied me on these inspections. The four stations and brief synopsis of each are listed below. I've included a brief description of what needs to be done for the Station to receive its 5-year permit:

- Exxon SS #7-0327, 500 Grand Avenue *94610*

There is a question about the 3 fuel tanks being single walled or double walled. Our records indicate that Texaco identified them as single-walled, and when Exxon re-registered the tanks, it identified them as double-walled. I gave Jo Beth Folger new underground tank registration forms to complete with correct information. The waste oil tank has been removed. If these tanks are double-walled, we will require that the monitoring system be upgraded. No quarterly inventory variation reports have been submitted to our office. Our records show that the last precision test on the tanks was performed in June 1989, and the line leak detection system was tested in May 1990.

- ▶ Begin submitting quarterly inventory reconciliation reports, and submit new tank registration forms.

- Exxon SS #7-0235, 2225 Telegraph Avenue

Line leak detection system tested in May 1990. No quarterly inventory variation reports have been submitted to our office.

- ▶ Begin submitting quarterly inventory reconciliation reports.

February 8, 1991
Exxon Oakland Stations
Page 2

- Exxon SS #7-0236, 6630 E. 14th Street

Line leak detectors tested in 1990, tanks tested in 1989.
No quarterly inventory variation reports have been
submitted to our office.

- ▶ Begin submitting quarterly inventory reconciliation reports.

- Exxon SS #7-0238, 2200 E. 12th. Street

Line leak detectors tested in 1990, tanks tested in 1989.
No quarterly inventory variation reports have been
submitted to our office.

- ▶ Begin submitting quarterly inventory reconciliation reports.

Our billing office indicates that underground tank fees for these four stations are current.

Once we start receiving the quarterly inventory reconciliation reports, and current underground tank information from SS #7-0327, we can issue the 5-year permit.

I hope this clarifies the underground tank permitting status for these four stations. Please call me at 415/271-4320 if you have any questions.

Sincerely,

Cynthia Chapman

Cynthia Chapman
Hazardous Materials Specialist

cc: Jo Folger, Exxon
Tim Devens, Exxon
Scott Seery, Alameda County Environmental Health

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

October 25, 1990

Mr. Ron Zielinski
Texaco Refining & Marketing, Inc.
100 Cutting Blvd.
Richmond, CA 94804

Re: Additional soil excavation at Exxon service station (former
Texaco), 500 Grand Ave., Oakland

Dear Mr. Zielinski:

This letter is to follow up our recent conversation in which you requested confirmation that we are requiring further trenching at the above service station. As you're aware, on the left side of the waste oil tank excavation (as you face the service bays), there is a pipeline at a depth of about 18 inches that appears to parallel the front edge of the building. Relatively high levels of oil & grease have been found on this side of the tank pit, as well as in a soil boring drilled 20-30 feet due west of this pit. It is likely that waste oil floating on groundwater from the waste oil pit (now removed) migrated along this pipeline's backfill material, and contaminated surrounding soil.

Therefore, we are requiring that the soil along this pipeline trench be removed (as well as any adjacent soil that may be contaminated with oil & grease). This work will be in addition to the ongoing characterization and remediation of gasoline contamination at the site. If you have any questions about this letter, please contact me at 271-4320.

Sincerely,

Gil Wistar
Hazardous Materials Specialist

cc: Jo Beth Folger, Exxon U.S.A. (P.O. Box 4032, Concord, CA 94520)
Jeanna Hudson, Harding Lawson Associates (1355 Willow Way, Suite
109, Concord, CA 94520)
Howard Hatayama, DOHS
Lester Feldman, San Francisco Bay RWQCB
Rafat Shahid, Asst. Agency Director, Environmental Health
files



500 Sand No 6/3/70
waste oil in "Gull" oil" etc

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name EXXON Today's Date 9/25/90

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Sds. 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 500 Grand Ave.

City Oakland Zip 94610 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)

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|--|
| General | ___ 1. Permit Application 25284 (H&S) |
| | ___ 2. Pipeline Leak Detection 25292 (H&S) |
| | ___ 3. Records Maintenance 2712 |
| | ___ 4. Release Report 2651 |
| | ___ 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | ___ 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual groundwater
One time soils |
| | 3) Daily Vadose
One time soils
Annual tank test |
| | 4) Monthly Groundwater
One time soils |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/groundwater 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 |
| | ___ 11. Monitor Plan 2632 |
| | ___ 12. Access, Secure 2634 |
| | ___ 13. Plans Submit 2711 |
| New Tanks | Date: _____ |
| | ___ 14. As Built 2635 |
| | Date: _____ |

Comments:

Removal of a 550-gallon waste oil tank from an Exxon service station. There has been floating waste oil in this pit for at least several months. The pit has been pumped out three times (including today), and it appears that the pea gravel backfill is heavily contaminated.

H + H Shipping pumped the pea gravel as well as the standing water. Harding - Pearson collected a water sample prior to the initial pumping from the pit. Groundwater at a depth of ~18"

The tank is made of fiberglass, is relatively new (installed 1985), and in good shape.

One soil sample collected from soil in downgradient corner of pit above water line; this may yield info on which specific contaminants originated from the waste oil pit. Next step is to scrape dirty soil around the edges of the pit - soil looks clean after about 1 foot is scraped away. A mystery pipe is found entering the pit, right at water table level.

3 additional samples taken after over II, III excavation, at a depth of 18"

Contact: Jo Folger
 Title: Exxon Engineer
 Signature: Jo Folger

Inspector: _____
 Signature: Gilbert M. Wister

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH

470 - 27th Street, Third Floor
Oakland, CA 94612
Telephone: (415) 874-7237

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by the 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.

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

Any change or alterations of these plans and modifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- P. Amik Removal of Tank and Piping
- _____ Sampling
- _____ Final Inspection

Project # US77027

Fee Paid \$ 375⁰⁰

Date 8-31-90

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

THERE IS A FINANCIAL PENALTY UNDERGROUND TANK CLOSURE/MODIFICATION PLANS OBTAINING THESE INSPECTIONS.

1. Business Name Exxon Station 7-0237
~~Business~~ Facility Owner Exxon Company USA
2. Site Address 500 Grand Avenue
city Oakland zip 94612 Phone 832-4000
3. Mailing Address 90 Exxon Company USA attn J. Folger
Box 4032
city Concord zip 94524 Phone (415)246-8770
4. Land Owner Texaco Refining & Marketing Inc.
Address 10 Universal City Plaza city, State Universal City CA zip 91608
5. EPA I.D. No. CA L000028841
6. Contractor Gettler - Ryan Inc
Address 2150 West Winton Avenue
city Hayward Phone (415) 783-7500
License Type B, CG1 ID# 220793
7. Consultant Harding Lawson Associates - Jeanna Hudson
Address 1355 Willow Way, Suite 109
city Concord CA Phone 94520

* PERMIT FOR WASTE OIL TANK REMOVAL

DEPARTMENT OF ENVIRONMENTAL HEALTH

800 - 543-3869
 800 - 543-3869
 Telephone: 415/271-4320

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

These plans have been reviewed and found to be consistent and essential to meet the requirements of State and local health laws. Changes to plans submitted to this Department are to assure compliance with State and local laws. The project proposed must be completed in accordance with any required building codes and regulations.

One copy of these approved plans must be kept available to all contractors and are available for review at the removal.

Any change or alterations of these plans and specifications must be submitted to this Department and to the Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- P. Smith Removal of Tank and Piping
- _____ Sampling
- _____ Final Inspection

Project # US77027
 Fee Paid \$ 375⁰⁰
 Date 8-31-90

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

STATE IS A SEPARATE ENTITY UNDERGROUND TANK CLOSURE/MODIFICATION PLANS
 OREGON AND WASHINGTON

1. Business Name Exxon Station 7-0237
 Facility Exxon Company USA
 Business Owner Exxon Company USA
2. Site Address 500 Grand Avenue
 city Oakland zip 94612 Phone 832-4000
3. Mailing Address 90 Exxon Company USA attn J. Folger
Box 4032
 city Concord zip 94524 Phone (415)246-8770
4. Land Owner Texaco Refining & Marketing Inc.
 Address 10 Universal City Plaza city, State Universal City CA zip 91608
5. EPA I.D. No. CA L000028841
6. Contractor Gettler - Ryan Inc
 Address 2150 West Winton Avenue
 city Hayward Phone (415)783-7500
 License Type B, CG1 ID# 220793
7. Consultant Harding Lawson Associates - Jeanna Hudson
 Address 1355 Willow Way, Suite 109
 city Concord CA Phone 94520

8. Contact Person for Investigation

Name Jo Beth Folger Title Exxon Engineer
Phone 246-8770

9. Total No. of Tanks at facility 4

10. Have permit applications for all tanks been submitted to this office?
Yes [] No [X]

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name H+H Ship Service Company EPA I.D. No. CAD004771168
Address 220 China Basin Street
city San Francisco State CA zip 94107

b) Rinsate Transporter

Name H+H Ship Service Co. EPA I.D. No. CAD004771168
Address 220 China Basin Street
city San Francisco State CA zip 94107

c) Tank Transporter

Name H+H Ship Service Co. EPA I.D. No. CAD004771168
Address 220 China Basin Street
city San Francisco State CA zip 94107

d) Tank Disposal Site

Name H+H Ship Service Co. EPA I.D. No. CAD004771168
Address 220 China Basin Street
city San Francisco State CA zip 94107

e) Contaminated Soil Transporter

Name H+H Ship Service Co. EPA I.D. No. CAD004771168
Address 220 China Basin Street
city San Francisco State CA zip 94107

A copy of the manifest will be included w/ soil data report

12. Sample Collector

Name Jeanna Hudson
 Company Harding Lawson Associates
 Address 1355 Willow Way, Suite 109
 City Concord State CA Zip 94520 Phone 687-9660

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
500 gallons	Used Motor Oil	soil	to be determined

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

If yes, describe. _____

15. NFPA methods used for rendering tank inert? Yes No []

If yes, describe. tank will be emptied (by vacuum) and rendered inert through the use of dry ice.

An explosion proof combustible gas meter shall be used to verify tank inertness.

16. Laboratories

Name ChemWest Laboratories Inc ^{(916) 923-0840} ⁹⁴⁵⁻¹²⁶⁶ mobile Chem Labo
 Address 600 W North Market Blvd.
 City Sacramento Yubaette State CA Zip 95834
 State Certification No. water-956 Hazwaste-185

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
TPH g TPH d O+G CL HC BTEX Metals PCB, PCP, PNA, Creosote		5030 3550 503 D, E 8010 or 8240 8020 or 8240 CAP or AA 8270

18. Submit Site Safety Plan

19. Workman's Compensation: Yes No

Copy of Certificate enclosed? Yes No

Name of Insurer Republic Indemnity

20. Plot Plan submitted? Yes No

21. Deposit enclosed? Yes No

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

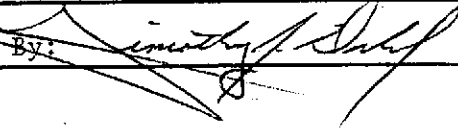
I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. 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.

Signature of Contractor

Name (please type) Gettler-Ryan Inc.

Signature For Gettler-Ryan Inc BY: 

Date 8/23/90

Signature of Site Owner or Operator

Name (please type) Exxon Company, USA, Jo Beth Folger, Exxon Engineer

Signature Jo Beth Folger, Exxon Engineer

Date 8/8/90

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. After approval of plan, notification of at least two (2) working days (48 hours) must be given to this Department prior to removal of tank(s).
5. A copy of your approved plan must be sent to the landowner.
6. Triple rinse means that:
 - a) Final rinse must contain less than 100 ppm of Gasoline (EPA method 8020 for soil, or EPA method 602 for water) or Diesel (EPA method 418.1). Other methods for halogenated volatile organics (EPA method 8010 for soil, EPA method 601 for water) may be required. The composition of the final rinse must be demonstrated by an original or facsimile report from a laboratory certified for the above analyses.
 - b) Tank interior is shown to be free from deposits or residues upon a visual examination of tank interior.
 - c) Tank should be labelled as "tripled rinsed; laboratory certified analysis available upon request" with the name and address of the contractor.

If all the above requirements cannot be met, the tank must be transported as a hazardous waste.

7. Any cutting into tanks requires local fire department approval.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A

SAMPLING RESULTS

Tank or Area	Contaminant	Location & Depth	Results (specify units)

INSTRUCTIONS

2. SITE ADDRESS

Address at which closure or modification is taking place.

5. EPA I.D. NO.

This number may be obtained from the State Department of Health Services, 916/324-1781.

6. CONTRACTOR

Prime contractor for the project.

7. OTHER

List professional consultants here.

12. SAMPLE COLLECTOR

Persons who are collecting samples.

13. SAMPLING INFORMATION

Historic contents - the principal product(s) used in the last 5 years.

Material sampled - i.e., water, oil, sludge, soil, etc.

16. LABORATORIES

Laboratories used for chemical and geotechnical analyses.

17. CHEMICAL METHODS:

All sample collection methods and analyses should conform to EPA or DHS methods.

Contaminant - Specify the chemical to be analyzed.

Sample Preparation Method Number - The means used to prepare the sample prior to analyses - i.e., digestion techniques, solvent extraction, etc. Specify number of method and reference if not an EPA or DHS method.

Analysis Method Number - The means used to analyze the sample - i.e., GC, GC-MS, AA, etc. Specify number of method and reference if not a DHS or EPA method.

NOTE:

Method Numbers are available from certified laboratories.

18. SITE SAFETY PLAN

A plan outlining protective equipment and additional specialized personnel in the event that significant amount of hazardous materials are found. The plan should consider the availability of respirators, respirator cartridges, self-contained breathing apparatus (SCBA) and industrial hygienists.

19. ATTACH COPY OF WORKMAN'S COMPENSATION

20. PLOT PLAN

The plan should consists 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 Line
- d) Location of all Structures
- e) Location of all relevant existing equipment including tanks and piping to be removed
- f) Streets
- g) Underground conduits, sewers, water lines, utilities
- h) Existing wells (drinking, monitoring, etc.)
- i) Depth to ground water
- j) All existing tanks in addition to the ones being pulled

rev. 9/88
mam

RESIDENTIAL

BURK STREET

EIKLIP AVENUE

RESIDENTIAL

OFFICES

FIRE HYDRANT

remove

W (500)

10000 SL
10000 RES
10000 RL
to remain

GRAND AVENUE

LAKE MERRITT

NORTH



depth to Groundwater = 2'

FULL SERVICE STATION LEGEND

SCALE: 1"=30'-0"± 3'

DATE: 10-20-89

- | | | | |
|-------|-------------------------|-----|-----------------------------------|
| (ESD) | EMERGENCY PUMP SHUT-OFF | ▲ | MONITORING WELLS |
| (E) | ELECTRICAL PANEL | (G) | GREASE (BARREL) |
| (G) | NATURAL GAS SHUT-OFF | (W) | U.G. WASTE OIL TANK to be removed |
| (W) | WATER SHUT-OFF | (P) | U.G. PRODUCT TANK to remain |
| + | FIRST AID KIT | (S) | SOLVENT SINK |
| △ | FIRE EXTINGUISHER | (B) | BATTERY STORAGE AREA |
| ▨ | STORM DRAIN | (M) | MOTOR/TRANSMISSION OIL |
| (H) | HOIST (SERVICE BAY) | (T) | TELEPHONE |

SITE PLAN
500 GRAND AVENUE
OAKLAND, CALIFORNIA

EXXON STATION No. 7-0237

EXXON COMPANY, U.S.A.

ROBERT H. LEE & ASSOCIATES, INC.
ARCHITECTURE ENGINEERING PLANNING
800 LANCASTER LANSING SQUARE, #225, LANCASTER, CA 94550 • (415) 461-8800



gettler — ryan inc.

general contractors

SITE SAFETY PLAN JOB #2336

GENERAL INFORMATION

SITE: Company: Exxon Co., USA
Location: 500 Grand Avenue
City: Oakland, California

PLAN PREPARED BY: Gettler-Ryan Inc. DATE: 8/20/90

OBJECTIVES: To provide a safety plan for the safe completion of the site work.

PROPOSED DATE OF WASTE OIL TANK REMOVAL: 8/27/90

DOCUMENTATION/SUMMARY: Hazardous material may be present, caution is advised

SITE WASTE CHARACTERISTICS

WASTE TYPE(S): Liquid: (waste oil, water)
Solid: (probable contaminated soil, possible sludge)
Vapors: Not expected (waste oil tank, tank inerted with 20 lb. dry ice)

CHARACTERISTIC(S): Volatile Flammable Toxic

FACILITY DESCRIPTION: Gasoline service station with underground utilities.

STATUS: Active

HAZARD EVALUATION

PARAMETER: TLV: 300 ppm THC HEALTH: ingestion, inhalation, absorption
LEL: 10% Gastechtor max.

SPECIAL PRECAUTIONS AND COMMENTS: Correct safety procedures must be followed, per Gettler-Ryan Inc. safety plan.

SITE SAFETY WORKPLAN:

PERIMETER ESTABLISHED: Station is active. Use of barricades and flagging to keep public out of work area mandatory.

PERSONNEL PROTECTION:Level of Protection: EPA Level D (Level C to be available on site)

Modifications: Nitrile gloves, hard hats.

Surveillance Equipment & Materials: Gastechtor on site.

SITE ENTRY PROCEDURES:Normal operations. Non-company personnel to be kept outside work area.

DECONTAMINATION PROCEDURES:

Personnel: Wash thoroughly with detergent solution and water

Equipment: Steam clean if needed

FIRST AID: as applicable.

WORK LIMITATIONS: (time of day, weather, heat/cold stress) None

PROJECT-DERIVED MATERIAL DISPOSAL:Soils to be placed on visqueen on site and covered. Soils to remain on site until lab results indicate required disposition. Any liquids are to be barrelled for classification and removed by H & H Ship Co. All barrells to be properly labeled.

TEAM COMPOSITION:Job Foreman, laborer, backhoe operator. Exxon assigned geologic consultant.

EMERGENCY INFORMATION

LOCAL RESOURCES:

Ambulance/Hospital	Dial 911
Police/Sheriff/Highway Patrol	Dial 911
Fire Department	Dial 911

SITE RESOURCES:

Telephone-563-7693	Fire Extinguisher (2 ea, 20lb ABC)
Visqueen	First Aid Kit
	Sorbant pads

EMERGENCY CONTACT:

Gettler-Ryan Inc.	1-415-783-7500
-------------------	----------------

EMERGENCY ROUTES:See attached map





EMERGENCY ROUTE

EXXON
500 GRAND AVE / EUCLID, OAKLAND

Job # 2336

CERTIFICATE OF INSURANCE

SRM

01910

ISSUE DATE

04/12/90

PRODUCER

COOPER & COOK INSURANCE SERVICES
 O BOX 1030
 PLEASANTON CA 94566

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

CODE **SUB-CODE**

COMPANY LETTER	A	NATL UNION FIRE INS CO OF PITTS
COMPANY LETTER	B	FIREMANS FUND INSURANCE
COMPANY LETTER	C	INS CO OF THE STATE OF PENNSYLV
COMPANY LETTER	D	NO AMER CO FOR PROP/CASUALTY
COMPANY LETTER	E	REPUBLIC INDEMNITY

INSURED
GETTLER-RYAN, INC.
 2150 WEST WINTON AVENUE
 HAYWARD, CA 94545

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.

CO TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
					GENERAL AGGREGATE	
A	GENERAL LIABILITY	GL5424154	04/01/90	04/01/91	GENERAL AGGREGATE	\$ 2,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OPS AGGR	\$ 1,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADVERTISING INJURY	\$ 1,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 1,000
					FIRE DAMAGE (Any one fire)	\$ 200
					MEDICAL EXPENSE (Any one person)	\$ 5
B	AUTOMOBILE LIABILITY	MZA80082127	04/01/90	04/01/91	COMBINED SINGLE LIMIT	\$ 1,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per acc)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
<input type="checkbox"/> GARAGE LIABILITY						
C	EXCESS LIABILITY	4790-5698	04/01/90	04/01/91	EACH OCCUR	\$ 4,000
	<input checked="" type="checkbox"/> UMBRELLA				AGGREGATE	\$ 1,000
	OTHER THAN UMBRELLA FORM					
E	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	PC994725	04/01/90	04/01/91	STATUTORY	\$ 1,000 (EACH ACCIDENT)
					\$ 1,000 (DISEASE - POLICY LIMIT)	
					\$ 1,000 (DISEASE - EACH EMPLOYEE)	
	OTH.					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS
 "ALL CALIFORNIA OPERATIONS" Exxon facility 7-0237 500 Grand Avenue/Euclid Oakland

CERTIFICATE HOLDER
 COUNTY OF ALAMEDA
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


EXXON COMPANY, U.S.A.

POST OFFICE BOX 4032 • CONCORD, CA. 94524-2032 • (415) 246-8700

90 AUG 9 PM 11:36

MARKETING DEPARTMENT

ENGINEERING DEPARTMENT

JO BETH FOLGER
SENIOR ENGINEER
(415) 246-8770

August 8, 1990

Attn: Mr. Gil Wistar

Alameda County Environmental Health
80 Swan Way
Oakland, CA 94621

Subject: Application for Waste Oil Tank Removal at Exxon station # 7-0237
500 Grand, Oakland, CA

Dear Mr. Wistar:

Enclosed for your preliminary review is copy of the application to remove the underground waste oil tank at the above Exxon service station. I have completed all of the form with the exception of the contractor's information. The contractor will be completing the application and submitting it in triplicate to your office within a week.

Please call me with any questions. I'm looking forward to working with you.

Sincerely,



Jo Beth Folger

1493E
att.

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Exxon 7-0327 Today's Date 7/17/90

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 500

City Oakland Zip 94612 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)

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: _____ | |

Comments:

Operator says 3 years worth accept with his bookkeeping office in Concord. I requested that he obtain the July 1987 book to show me that inventory records indeed go back three years. Records show swings greater than 15 gallons - needs to send our office a quarterly statement stating how his inventory worked out, and check the appropriate box. Mr. Kazavi has the forms for submitting quarterly reports.

Rev 6/88

Contact: Jo Folger - Exxon Engineer
 Title: _____
 Signature: [Signature]

Inspector: _____
 Signature: Cynthia Chapman

II, III

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

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| | 1) Monthly Test |
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Semi-annual groundwater
One time soils |
| | 3) Daily Vadose
One time soils
Annual tank test |
| | 4) Monthly Groundwater
One time soils |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon. |
| | 6) Daily Inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other _____ |
| | ___ 7. Precip Tank Test 2643 |
| | Date: _____ |
| | ___ 8. Inventory Rec. 2644 |
| | ___ 9. Soil Testing . 2646 |
| ___ 10. Ground Water. 2647 | |
| New Tanks | ___ 11. Monitor Plan 2632 |
| | ___ 12. Access. Secure 2634 |
| | ___ 13. Plans Submit 2711 |
| | Date: _____ |
| ___ 14. As Built 2635 | |
| Date: _____ | |

Site ID # _____ Site Name Exxon (Former Texaco) Today's Date 7/17/90

Site Address 500 Grand Ave.
 City Oakland Zip 94610 Phone _____

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

Inspection Categories:

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

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

Comments:

On-site meeting with Jo Beth Folger (Exxon), Ron Zielinski (Texaco), and Jeanne Hudson (Harding-Lawson). Waste oil tank pit (tank still in pit but out of use) has a thick layer of floating oil, even though the pit was pumped out twice (6/8/90 and 6/14/90). Suspect that oil has been dumped in pit or that tank (single-wall fiberglass) has somehow sprung a leak. Striking the tank indicates that it is still holding oil and does not appear to be leaking.

Needs:

- ① Pit to be pumped out today by H+H.
- ② Tank to be removed by EXXON (our office to send forms to Jo Beth Folger)
- ③ At least one monitoring well to be installed after all contaminated soil is removed.

Rev 8/88

Contact: Jo Beth Folger - Exxon Engineer

Title: D. Zielinski - TEXACO ENV. Supt Inspector:

Signature: _____ Signature: Albert M. Winters

II, III

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

OK 6/8/90

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
 400 - 20th Street, Oakland, CA 94612

These plans have been reviewed and found to be acceptable for the purpose of the Department of Health and Welfare. This does not constitute a guarantee of safety and health. The user of these plans is responsible for their proper use.

6/8/90
 PE

Project # 4568919
 Fee Paid \$375.00
 Date 6/7/90

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name Exxon Service Station
 Business Owner Exxon
2. Site Address 500 Grand
 city Oakland zip 94612 Phone (415) 262-8138
3. Mailing Address 2300 Clayton Road
 city Concord Ca. zip 94520 Phone _____
4. Land Owner Exxon
 Address 2300 Clayton Road city, state Concord Ca zip 94520
5. EPA I.D. No. NA
6. Contractor PETROLEUM ENGINEERING, INC
 Address 11 W. NINTH ST
 city SANTA ROSA, CA Phone (707) 545-0360
 License Type A1B/C10/C61 ID# 224358
7. Consultant NA
 Address _____
 city _____ Phone _____

8. Contact Person for Investigation

Name Stephen Walker Title Operations
Phone (707) 545 0360

9. Total No. of Tanks at facility 4

10. Have permit applications for all tanks been submitted to this office?
Yes [] No []

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Transporter

Name N/A EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

b) Rinsate Transporter

Name N/A EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

c) Tank Transporter

Name N/A EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

d) Tank Disposal Site

Name N/A EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

e) Contaminated Soil Transporter

Name N/A EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

12. Sample Collector

Name N/A
Company _____
Address _____
City _____ State _____ Zip _____ Phone _____

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
	<u>N/A</u>		

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

If yes, describe. N/A

15. NFPA methods used for rendering tank inert? Yes [] No []

If yes, describe. N/A

An explosion proof combustible gas meter shall be used to verify tank inertness.

16. Laboratories

Name N/A
Address _____
City _____ State _____ Zip _____
State Certification No. _____

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number

18. Submit Site Safety Plan

19. Workman's Compensation: Yes No

Copy of Certificate enclosed? Yes No

Name of Insurer Holtzman, Ord and Smith

20. Plot Plan submitted? Yes No

21. Deposit enclosed? Yes No

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

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I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. 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.

Signature of Contractor

Name (please type) Stephen Walker

Signature Stephen Walker

Date 6-5-90

Signature of Site Owner or Operator

Name (please type) _____

Signature _____

Date _____

19363

TRANSACTION NUMBER	REFERENCE	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT	
69959	6-5-90	06/05/90	4787 PERMITS	375.00	0.00	375.0	
VENDOR NO. 6464				TOTALS	375.00	0.00	375.0

PETROLEUM
ENGINEERING, INC.

11 WEST NINTH STREET
SANTA ROSA, CALIFORNIA 95401
TELEPHONE: (707) 545-0380

SANTA ROSA MAIN OFFICE
WESTAMERICA BANK, N.A.
665 FIRST STREET
SANTA ROSA, CA 95404

90-4021
1211

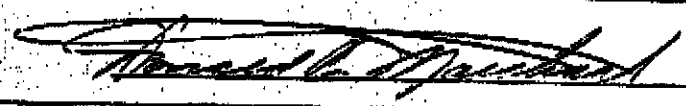
19363

DATE	CHECK NO.	AMOUNT
06/05/90	19363	\$375.0

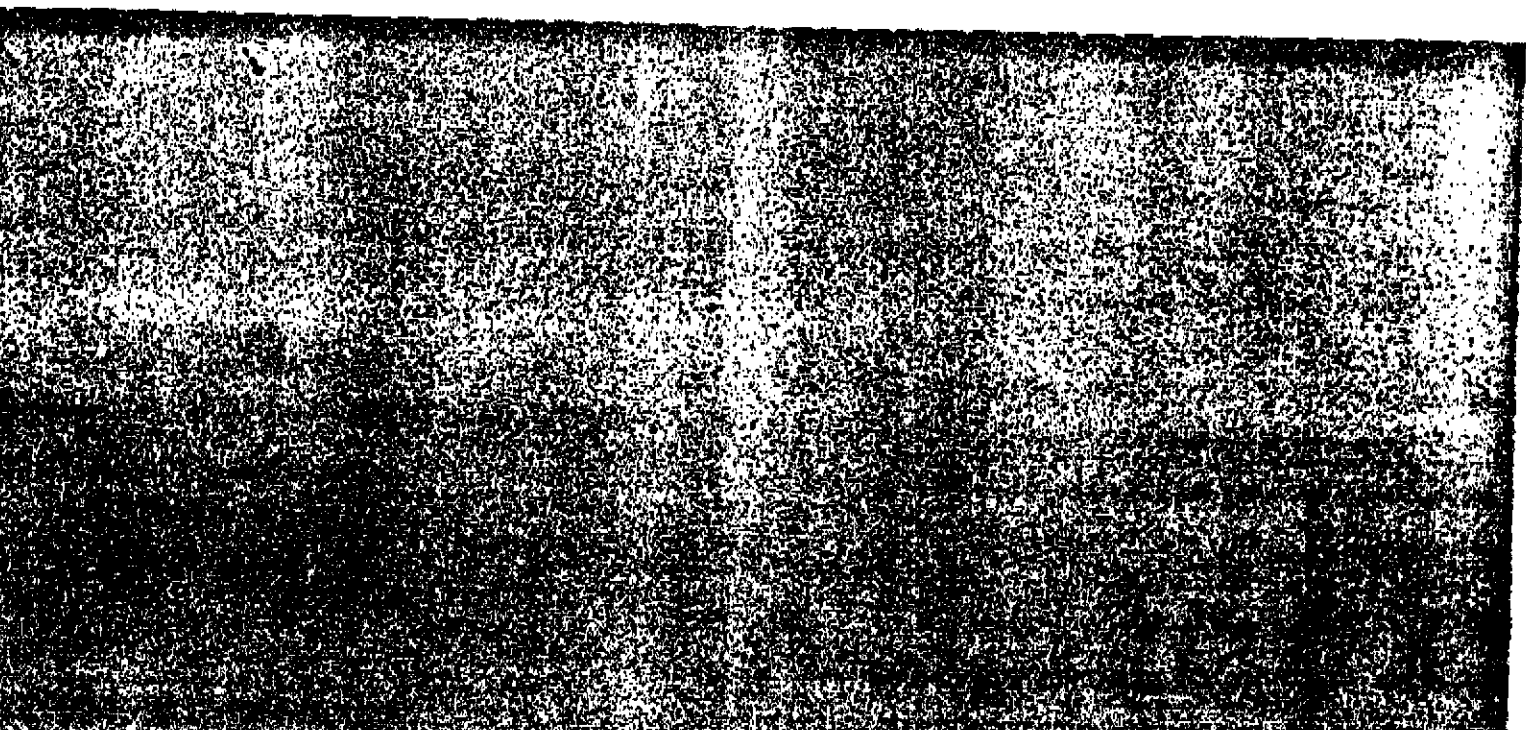
THREE HUNDRED SEVENTY-FIVE DOLLARS AND NO CENTS

PETROLEUM ENGINEERING, INC.

PAY TO THE ORDER OF
ALAMEDA COUNTY ENVIRONMENTAL HEALTH
80 SWAN WAY- ROOM 200
OAKLAND, CA 94621



⑈019363⑈ ⑈121140218⑈ 0404 023111⑈



1 Complex Problem...

Spills and overfills are a frequent cause of release from petroleum underground storage tank (UST) systems. New federal regulations are now in effect that establish new technical standards and corrective actions for owners and operators of petroleum USTs.

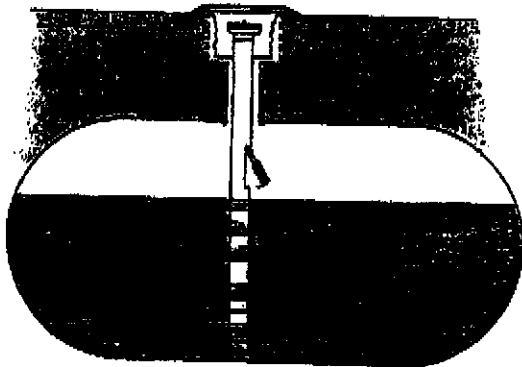
As a petroleum marketer, you face the challenge of upgrading all of your existing UST systems to meet the new requirements for spill and overfill prevention within the next ten years. Plus, all of your new UST installations must meet these requirements....now. This is the problem.

1 Simple Solution.

We have a simple solution. The OPW 61-SO™ overfill prevention valve combined with the OPW 1™ spill container creates a simple, flexible, cost-effective system that meets federal technical requirements for overfill prevention and spill containment equipment.

The OPW 1 Spill Container installs directly on the riser pipe just above the 61-SO. It has a flexible bellows for adjustment to grade changes. It is designed for easy installation on new underground storage tanks, and can also be used in existing installations. The internal drain valve provides for high-speed draining and convenient tank testing. The aluminum lid is designed to resist water entry and provide easy access to the tank fill connections.

The OPW 61-SO Overfill Prevention Valve provides delivery shut-off and allows the filling of the UST to 95% capacity per EPA guidelines. It mounts directly in the riser pipe for easy installation in existing and new operations without requiring additional excavation.



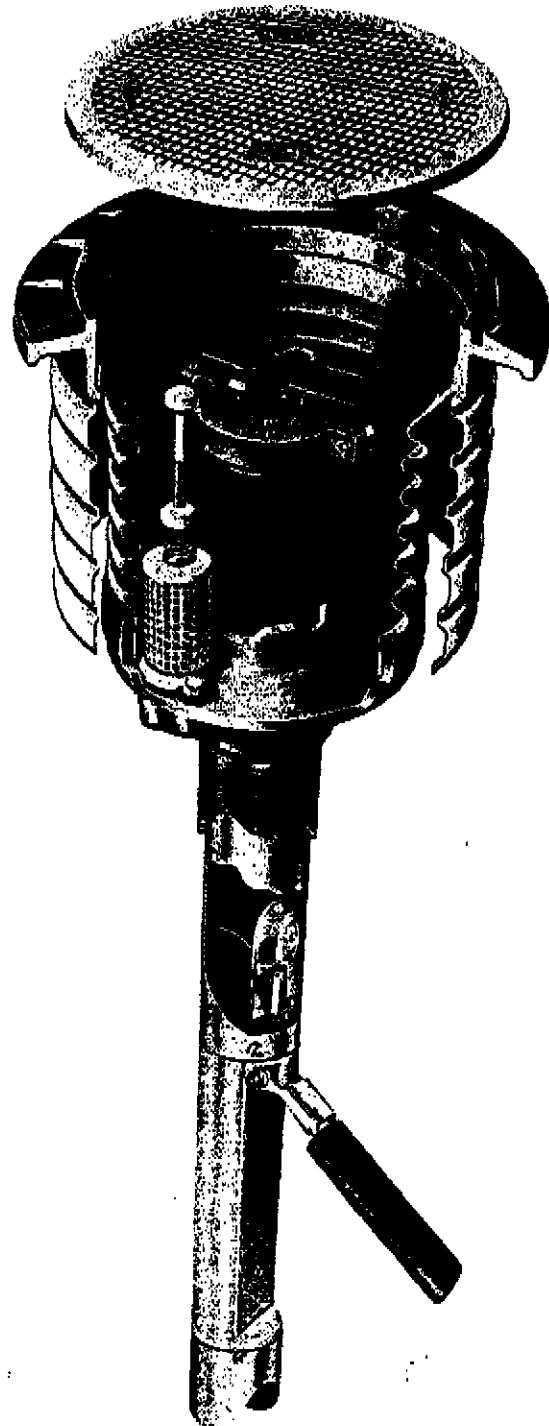
For more information on the OPW solution to federal regulations on overfill prevention and spill containment, call us toll-free and request our free brochure, *The System Solution To Your UST Needs* or contact your local OPW Distributor. 1-800-422-2525



Fueling Components Group

P.O. Box 405003 • Cincinnati, Ohio 45240-5003
Telephone (513) 870-3219 or
1-800-422-2525

The OPW 61-SO is a Trademark for OPW Overfill Prevention Valves.
The OPW 1 is a Trademark for OPW Spill Containers.



STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
CONTRACTORS STATE LICENSE BOARD

EXPIRES ON: **06 30 90**

ANY CHANGE OF BUSINESS ADDRESS MUST BE REPORTED TO THE REGISTRAR WITHIN 60 DAYS

LICENSE NO.

224358

PETROLEUM ENGINEERING INC
11 WEST NINTH STREET
SANTA ROSA CA 95401

CLASSIFICATIONS

B	C61	C10	A
---	-----	-----	---

M.A. Myra

SL 22 (REV. 2-84)

SIGNATURE

FOLD HERE

RECEIPT NO. **053835**

POST IN A
CONSPICUOUS
PLACE

BUSINESS TAX CERTIFICATE

CITY OF OAKLAND

The issuing of a Business Tax Certificate is for revenue purpose only. It does not relieve the taxpayer from the responsibility of complying with the requirements of any other department of the City of Oakland and or any other ordinance, law or regulation of the City of Oakland, State of California, or any other governmental agency.



EXPIRES
DECEMBER 31, 1990

PLEASE READ REVERSE SIDE

ACCOUNT NUMBER 24066436

BUSINESS NAME PETROLEUM ENGINEERING INC

ADDRESS 205 5TH ST

SANTA ROSA

CA 95401 - 0000

KIND OF BUSINESS GENERAL BUILDING CONTRACTOR

PETROLEUM ENGINEERING INC

MAR 14 1990

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
06/05/90

PRODUCER

HOLTEMANN, ORD & SMITH, INC
P. O. BOX 1868
NOVATO CA 94948

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	COMCO INSURANCE COMPANY
COMPANY LETTER B	REPUBLIC INDEMNITY CO
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

Petroleum Engineering Incorporated
11 West 9th Street
Santa Rosa, CA 95401

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY	960466	03/01/90	03/01/91	GENERAL AGGREGATE \$ 2,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE				PRODUCTS COMPOS AGGREGATE \$ 1,000 PERSONAL & ADVERTISING INJURY \$ 1,000 EACH OCCURRENCE \$ 1,000 THE DAMAGE (ANY ONE FIRE) \$ 50 MEDICAL EXPENSE (ANY ONE PERSON) \$ 5	
A	AUTOMOBILE LIABILITY	960466	03/01/90	03/01/91	CA \$ 1,000	
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY				BIODLY INJURY (PER PERSON) \$ PROPERTY DAMAGE \$	
	EXCESS LIABILITY				BACH OCCURRENCE \$	AGGREGATE \$
	OTHER THAN UMBRELLA FORM					
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	PC996815	01/01/90	01/01/91	STATUTORY	
	OTHER				\$ 1,000 (BACH ACCIDENT) \$ 1,000 (DISEASE-POLICY LIMIT) \$ 1,000 (DISEASE-EACH EMPLOYEE)	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS
CERTIFICATE HOLDER NAMED AS ADDITIONAL INSURED PER ATTACHED ENDORSEMENT
C02010

CERTIFICATE HOLDER

COUNTY OF ALAMENDA
80 SWAN WAY
OAKLAND, CA 94621

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL SEND BY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPROVE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
[Signature]

THIS IS AN AUTO POLICY. PLEASE READ THE POLICY. THIS POLICY MAY NOT COVER ALL OPERATIONS. CONTACT YOUR INSURANCE COMPANY FOR MORE INFORMATION.

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

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name Exxon Station 7-0237
~~Business~~ ^{Facility} Owner Exxon Company USA
2. Site Address 500 Grand Avenue
city Oakland zip 94612 Phone 832-4000
3. Mailing Address 90 Exxon Company USA attn J. Folger
Box 4032
city Concord zip 94524 Phone (415)246-8770
4. Land Owner Texaco Refining & Marketing Inc.
Address 10 Universal City Plaza city, state Universal City CA zip 91608
5. EPA I.D. No. CA L000028841
6. Contractor _____
Address _____
City _____ Phone _____
License Type _____ ID# _____
7. Consultant Harding Lawson Associates - Jeanna Hudson
Address 1355 Willow Way, Suite 109
city Concord CA Phone 94520

8. Contact Person for Investigation

Name Jo Beth Folger Title Exxon Engineer
Phone 246-8770

9. Total No. of Tanks at facility 4

10. Have permit applications for all tanks been submitted to this office? Yes [] No [X]

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name H+H Ship Service Company EPA I.D. No. CAD004771168
Address 220 China Basin Street
city San Francisco State CA zip 94107

b) Rinsate Transporter

Name H+H Ship Service Co. EPA I.D. No. CAD004771168
Address 220 China Basin Street
city San Francisco state CA zip 94107

c) Tank Transporter

Name H+H Ship Service Co. EPA I.D. No. CAD004771168
Address 220 China Basin Street
city San Francisco state CA zip 94107

d) Tank Disposal Site

Name H+H Ship Service Co. EPA I.D. No. CAD004771168
Address 220 China Basin Street
city San Francisco state CA zip 94107

e) Contaminated Soil Transporter

Name H+H Ship Service Co. EPA I.D. No. CAD004771168
Address 220 China Basin Street
city San Francisco state CA zip 94107

12. Sample Collector

Name Jeanna Hudson
 Company Harding Lawson Associates
 Address 1355 Willow Way, Suite 109
 city Concord State CA Zip 94520 Phone 687-9660

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
500 gallons	Used Motor Oil	soil	to be determined

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

If yes, describe. _____

15. NFPA methods used for rendering tank inert? Yes No []

If yes, describe. tank will be emptied and rendered inert through the use of dry ice.

An explosion proof combustible gas meter shall be used to verify tank inertness.

16. Laboratories

Name ChemWest Laboratories Inc. (916) 923-0840
 Address 600 W North Market Blvd.
 city Sacramento state CA zip 95834
 State Certification No. _____

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
TPH g TPH d O+G CL HC BTEX Metals PCB, PCP, PNA, Creosote		5030 3550 503 D, E 8010 or 8240 8020 or 8240 CAP or AA 8270

18. Submit Site Safety Plan

19. Workman's Compensation: Yes [] No []

Copy of Certificate enclosed? Yes [] No []

Name of Insurer _____

20. Plot Plan submitted? Yes No []

21. Deposit enclosed? Yes [] No []

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

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

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. 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.

Signature of Contractor

Name (please type) _____

Signature _____

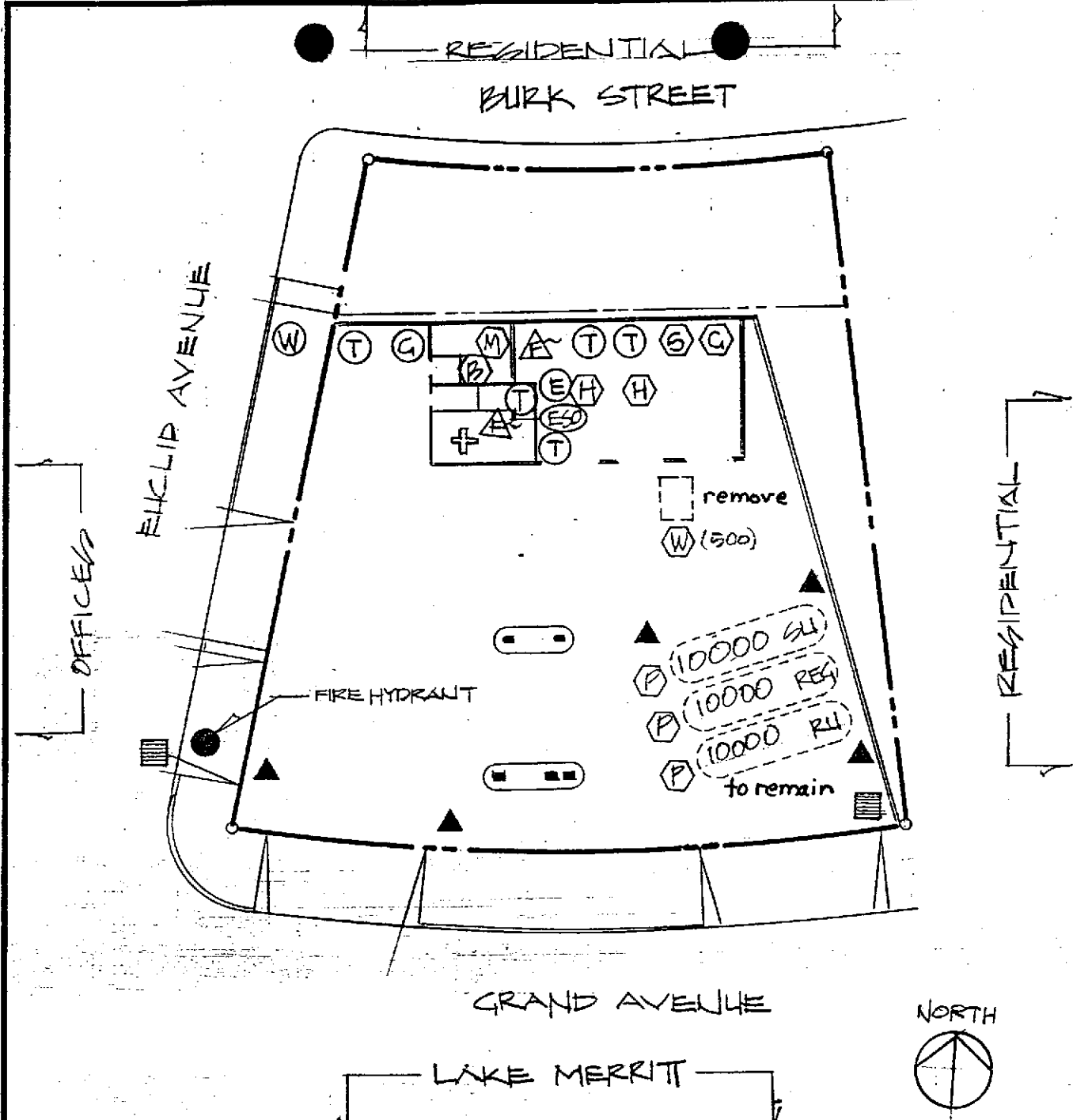
Date _____

Signature of Site Owner or Operator

Name (please type) Exxon Company, USA, Jo Beth Folger, Exxon Engineer

Signature Jo Beth Folger, Exxon Engineer

Date 8/8/90



depth to Groundwater = 2'

FULL SERVICE STATION LEGEND		SCALE: 1"=30'-0"± 3'	DATE: 10-20-89
(ESD)	EMERGENCY PUMP SHUT-OFF	▲	MONITORING WELLS
(E)	ELECTRICAL PANEL	(G)	GREASE (BARREL)
(G)	NATURAL GAS SHUT-OFF	(W)	U.G. WASTE OIL TANK to be removed
(W)	WATER SHUT-OFF	(P)	U.G. PRODUCT TANK to remain
+	FIRST AID KIT	(S)	SOLVENT SINK
△	FIRE EXTINGUISHER	(B)	BATTERY STORAGE AREA
▨	STORM DRAIN	(M)	MOTOR/TRANSMISSION OIL
(H)	HOIST (SERVICE BAY)	(T)	TELEPHONE

SITE PLAN
500 GRAND AVENUE
OAKLAND, CALIFORNIA
EXXON STATION No. 7-0237

EXXON COMPANY, U.S.A.

ROBERT H. LEE & ASSOCIATES, INC.
ARCHITECTURE ENGINEERING PLANNING
220 LANCASTER LANE, OAKLAND, CA 94612 • (415) 441-8888



FORM 'A':
SITE

UNDERGROUND STORAGE TANK PROGRAM
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION

COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" 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)

FACILITY/SITE NAME EXXON #10237		CARE OF ADDRESS INFORMATION		
ADDRESS 550 GRAND		NEAREST CROSS STREET	<input checked="" type="checkbox"/> Box to indicate CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP LOCAL AGENCY <input type="checkbox"/> COUNTY AGENCY
CITY NAME OAKLAND		STATE CA	ZIP CODE 94610	SITE PHONE #, WITH AREA CODE (415) 268-8138
TYPE OF BUSINESS: <input checked="" type="checkbox"/> GAS STATION		<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS
		<input type="checkbox"/> 3 FARM	<input type="checkbox"/> 5 OTHER	EPA ID #
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)		
DAYS: NAME (LAST, FIRST) RAZAYI, ASHAR		PHONE # WITH AREA CODE (415) 268-8128		DAYS: NAME (LAST, FIRST) FRANZI, PETER
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE (415) 893-4680		PHONE # WITH AREA CODE (415) 268-8128
				PHONE # WITH AREA CODE (415) 571-4889
				# of TANKS AT THIS SITE 4

II. PROPERTY OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME EXXON COMPANY USA		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS 4550 DACOMA, 3RD FLR		<input checked="" type="checkbox"/> Box to indicate CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP LOCAL AGENCY <input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY
CITY NAME HOUSTON		STATE TX	ZIP CODE 77092	PHONE #, WITH AREA CODE (415) 992-3647

III. TANK OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME EXXON COMPANY USA		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS 4550 DACOMA, 3RD FLR		<input checked="" type="checkbox"/> Box to indicate CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP LOCAL AGENCY <input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY
CITY NAME HOUSTON		STATE TX	ZIP CODE 77092	PHONE #, WITH AREA CODE (415) 992-3647

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION AND BILLING: I. II. III.

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Jackie Roddy - Jackie Roddy Exxon Eng.	DATE 10-31-89
--	------------------

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	# of TANKS at SITE
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
LOCATION CODE	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT #
				BY:

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
FORM A (3-2-88)

LOCAL AGENCY COPY

No. 3688



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED TANK
	<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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: OAKLAND 70237 COZANO FARM TANK - YES NO

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

A. OWNERS TANK ID # <u>70237-12V-1</u>	B. MANUFACTURED BY:
C. YEAR INSTALLED <u>1985</u>	D. TANK CAPACITY IN GALLONS: <u>10,000</u>

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 2 PETROLEUM	B. <input checked="" type="checkbox"/> 1 PRODUCT	<input type="checkbox"/> 2 WASTE	C. <input checked="" type="checkbox"/> 1 UNLEADED	<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 6 AVIATION GAS		
<input type="checkbox"/> 5 HAZARDOUS	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 7 METHANOL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)		

D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # _____ C.A.S. #: _____

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM	<input checked="" type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL	<input type="checkbox"/> 1 STEEL/IRON	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" 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
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 checked="" type="checkbox"/> UNLINED
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> NONE

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

A. SYSTEM TYPE	A U 1 SUCTION	A <input checked="" type="checkbox"/> 2 PRESSURE	A U 3 GRAVITY	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALLED	A <input checked="" type="checkbox"/> 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL	A U 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	<input checked="" type="checkbox"/> 4 FIBERGLASS PIPE	A U 91 NONE	A U 95 UNKNOWN

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

<input type="checkbox"/> P 1 VISUAL CHECK	<input type="checkbox"/> P 2 INVENTORY RECONCILIATION	<input type="checkbox"/> P 3 VADOSE WELLS	<input checked="" type="checkbox"/> P 4 ELECTRONIC MONITOR	<input type="checkbox"/> P 5 GROUND WATER MONITORING WELLS
<input checked="" type="checkbox"/> S 1 PRECISION TESTING	<input type="checkbox"/> S 2 INVENTORY RECONCILIATION	<input type="checkbox"/> S 3 VADOSE WELLS	<input type="checkbox"/> S 4 ELECTRONIC MONITOR	<input type="checkbox"/> S 5 GROUND WATER MONITORING WELLS

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MONTH) <u>11/89</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS <u>10,000</u>	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	---	---

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) JACKIE RADDY Exxon Eng. DATE 10.31.89

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER		PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE	
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #

FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK



MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED TANK
	<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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: OAKLAND 70237 GRAND FARM TANK - YES NO

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

A. OWNERS TANK ID # <u>70237-SU-1</u>	B. MANUFACTURED BY:
C. YEAR INSTALLED <u>1985</u>	D. TANK CAPACITY IN GALLONS: <u>10,000</u>

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 2 PETROLEUM	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1 UNLEADED	<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 6 AMMONIA GAS
<input type="checkbox"/> 5 HAZARDOUS	<input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 7 METHANOL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)	

D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # _____ C.A.S. #: _____

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM	<input checked="" type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL	<input type="checkbox"/> 1 STEEL/IRON	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 6 100% METHANOL COMPATIBLE 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 checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER _____

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL	A U 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	A U 91 NONE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP		
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER			

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

<input checked="" type="checkbox"/> P 1 VISUAL CHECK	<input type="checkbox"/> P 2 INVENTORY RECONCILIATION	<input type="checkbox"/> P 3 VADOSE WELLS	<input checked="" type="checkbox"/> P 4 ELECTRONIC MONITOR	<input type="checkbox"/> P 5 GROUND-WATER MONITORING WELLS
<input checked="" type="checkbox"/> S 1 PRECISION TESTING	<input type="checkbox"/> S 7 PRESSURE TESTING	<input type="checkbox"/> S 91 NONE	<input type="checkbox"/> S 95 UNKNOWN	<input type="checkbox"/> S 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

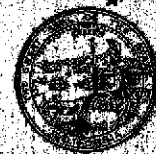
1. ESTIMATED DATE LAST USED (MO/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE IS TRUE AND CORRECT.

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>JACKIE ROCKLEY, Licensee Rockley Environ Eng.</u>	DATE <u>10-31-89</u>
--	-------------------------

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
<input type="text"/>		<input type="text"/>		<input type="text"/>
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM

TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED TANK
	<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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: OAKLAND 70237 GRAMP FARM TANK - YES NO

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

A. OWNERS TANK ID # <u>70237-226-1</u>	B. MANUFACTURED BY:
C. YEAR INSTALLED <u>1985</u>	D. TANK CAPACITY IN GALLONS: <u>10,000</u>

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 2 PETROLEUM	B.	C. <input type="checkbox"/> 1 UNLEADED	<input checked="" type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL	<input checked="" type="checkbox"/> 1 PRODUCT	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 5 HAZARDOUS	<input type="checkbox"/> 99 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 7 METHANOL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM 9 BELOW)	
D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. #					C.A.S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM	<input checked="" type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL	<input type="checkbox"/> 1 STEEL/IRON	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINING	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> 95 UNKNOWN
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

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

A. SYSTEM TYPE	A U 1 SUCTION	A <input checked="" type="checkbox"/> 2 PRESSURE	A U 3 GRAVITY	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALLED	A <input checked="" type="checkbox"/> 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL	A U 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	<input checked="" type="checkbox"/> 4 FIBERGLASS PIPE	A U 91 NONE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP		
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER			

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P <input checked="" type="checkbox"/> S 1 VISUAL CHECK	P S 2 INVENTORY RECONCILIATION	P S 3 VADOSE WELLS	<input checked="" type="checkbox"/> P S 4 ELECTRONIC MONITOR	P S 5 GROUND WATER MONITORING WELLS
P S 6 PRECISION TESTING	P S 7 PRESSURE TESTING	P S 91 NONE	P S 95 UNKNOWN	P S 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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) Francis Kelly DATE 1/18/89

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #

FORM 'B':
TANK

UNDERGROUND STORAGE TANK PROGRAM
TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK



MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED TANK
	<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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: OAKLAND T0237 GRAND FARM TANK - YES NO

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

A. OWNERS TANK ID # <u>70237-K10-1</u>	B. MANUFACTURED BY:
C. YEAR INSTALLED <u>1965</u>	D. TANK CAPACITY IN GALLONS: <u>960</u>

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 2 PETROLEUM	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1 UNLEADED	<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input checked="" type="checkbox"/> 4 OIL	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 6 AMMONIA GAS
<input type="checkbox"/> 5 HAZARDOUS	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 7 METHANOL	<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM 8, BELOW)	

D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # WASTE OIL C.A.S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM	<input checked="" type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL	<input type="checkbox"/> 1 STEEL/IRON	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINING	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> 95 UNKNOWN
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

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

A. SYSTEM TYPE	A U 1 SUCTION	<input checked="" type="checkbox"/> 2 PRESSURE	<input checked="" type="checkbox"/> 3 GRAVITY	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALLED	<input checked="" type="checkbox"/> 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL	A U 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	<input checked="" type="checkbox"/> 4 FIBERGLASS PIPE	A U 91 NONE	A U 95 UNKNOWN
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP		
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER			

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

<input checked="" type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOSE WELLS	<input checked="" type="checkbox"/> 4 ELECTRONIC MONITOR	<input type="checkbox"/> 5 GROUND WATER MONITORING WELLS
<input checked="" type="checkbox"/> 6 PRECISION TESTING	<input type="checkbox"/> 7 PRESSURE TESTING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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) MOORE Roddy Spontic Roddy Spontic DATE 10/31/87

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
<input type="text"/>		<input type="text"/>		<input type="text"/>
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



October 25, 1989

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

Mr. R. R. Zielinski
Field Environmental Supervisor
Texaco Refining and Marketing Inc.
100 Cutting Blvd.
Richmond, CA 94804

RE: Harding Lawson environmental assessment of the former Texaco station at 500 Grand Ave., Oakland

Dear Mr. Zielinski:

The Alameda County Department of Environmental Health, Hazardous Materials Division, has reviewed the report referenced above, which describes hydrocarbon contamination in both soil and groundwater at the site. The documented contamination is clearly from the underground tank system, and is of sufficient magnitude to require further work.

In the first place, the plume of contaminated groundwater must be defined by the strategic placement of additional monitoring wells. Concurrently, more data should be developed on vadose soil contamination, both vertically and areally, to enable the unsaturated zone soil plume to be defined. Following this additional characterization, a detailed remedial plan must be developed for both soil and groundwater.

Between now and the completion of remediation, groundwater levels in all monitoring wells will need to be measured on a monthly basis, and water samples collected and analyzed at least quarterly. Water samples must be analyzed for TPH-G as well as for BTE&X during each sampling interval. Regular reports should be prepared and submitted both to this office and to the S.F. Bay Regional Water Quality Control Board (attn: Lester Feldman).

Texaco's work plan for the additional tasks outlined above is due by November 30, 1989. If you have any questions about this letter, please contact the undersigned at 271-4320.

Sincerely,

Gil Wistar
Hazardous Materials Specialist

cc: Randy Stone, Harding Lawson Associates
Lester Feldman, RWQCB
Rafat A. Shahid, Asst. Agency Director, Environmental Health files

STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD



**FORM 'A':
SITE**

UNDERGROUND STORAGE TANK PROGRAM FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION COMPLETE THIS FORM FOR EACH FACILITY/SITE

N9
6121

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)

FACILITY/SITE NAME EXXON R/S # 7-0237		CARE OF ADDRESS INFORMATION		
ADDRESS 500 Grand		NEAREST CROSS STREET Euclid	<input checked="" type="checkbox"/> Box to indicate CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY FEDERAL-AGENCY	
CITY NAME Oakland		STATE CA	ZIP CODE 94610	SITE PHONE #, WITH AREA CODE 415-268-8138
TYPE OF BUSINESS: <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS <input type="checkbox"/>		EPA ID # CAK000028843		# of TANK's AT THIS SITE 4
<input checked="" type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 3 FARM <input type="checkbox"/> 5 OTHER		EMERGENCY CONTACT PERSON (SECONDARY)		
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)		
DAYS: NAME (LAST, FIRST) EXXON ENG.		PHONE # WITH AREA CODE		DAYS: NAME (LAST, FIRST) GRECO JOHN RAY
				PHONE # WITH AREA CODE 714 250-6607
NIGHTS: NAME (LAST, FIRST) EXXON CONST. & MAINT. CTR		PHONE # WITH AREA CODE 800-992-3647		NIGHTS: NAME (LAST, FIRST) EXXON CONST & MAINT
				PHONE # WITH AREA CODE 800-992-3647

II. PROPERTY OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME Texaco Co. U.S.A.		CARE OF ADDRESS INFORMATION 10 Universal Plaza		
MAILING or STREET ADDRESS P.O. Box 7812		<input checked="" type="checkbox"/> Box to indicate CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY FEDERAL-AGENCY		
CITY NAME Universal City		STATE Ca	ZIP CODE 91608	PHONE #, WITH AREA CODE

III. TANK OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME EXXON COMPANY, U.S.A.		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS 4550 Dacoma, Third Floor		<input checked="" type="checkbox"/> Box to indicate CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY FEDERAL-AGENCY		
CITY NAME Houston		STATE Tx.	ZIP CODE 77092	PHONE #, WITH AREA CODE 800-992-3647

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION AND BILLING: I. II. III.

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

APPLICANT'S NAME (PRINTED & SIGNATURE) G. J. MEYER - U.G.T. ANALYST	DATE 10/5/89
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LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	# of TANKS at SITE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
<input type="text"/>		<input type="text"/>		<input type="text"/>
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
LOCATION CODE	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT # BY:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

NO 14567

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 TANK
	<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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: EXXON R/S # 7-0237 FARM TANK - YES NO

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

A. OWNERS TANK ID # # 1	B. MANUFACTURED BY: Unknown
C. YEAR INSTALLED 1983	D. TANK CAPACITY IN GALLONS: 10,000

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 2 PETROLEUM	B. <input checked="" type="checkbox"/> 1 PRODUCT	<input type="checkbox"/> 2 WASTE	C. <input checked="" type="checkbox"/> 1 UNLEADED	<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL	<input type="checkbox"/> 2 WASTE		<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 5 HAZARDOUS	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 7 METHANOL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)	

D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # C.A.S. #:

xIII. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAMMENT	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL	<input type="checkbox"/> 1 STEEL/IRON	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?		<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> 99 OTHER
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN
			<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 95 UNKNOWN
				A U 99 OTHER
C. MATERIAL	A U 1 STEEL/IRON	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 CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER	

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P S 1 VISUAL CHECK	P S 2 INVENTORY RECONCILIATION	P S 3 VADOSE WELLS	P S 4 ELECTRONIC MONITOR	P S 5 GROUND WATER MONITORING WELLS
P S 6 PRECISION TESTING	P S 7 PRESSURE TESTING	P S 91 NONE	P S 95 UNKNOWN	P S 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input 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) G.J. MEYER - U.G.T. ANALYST DATE 10/5/89

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
CURRENT LOCAL AGENCY FACILITY ID #	APPROVED BY NAME	PHONE # WITH AREA CODE		
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
				BY:



FORM 'B':
TANK

UNDERGROUND STORAGE TANK PROGRAM
TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

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 TANK
	<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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: EXXON R/S # 7-0237 FARM TANK - YES NO

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

A. OWNERS TANK ID # #2	B. MANUFACTURED BY: Unknown
C. YEAR INSTALLED 1983	D. TANK CAPACITY IN GALLONS: 10,000

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 2 PETROLEUM	B. <input checked="" type="checkbox"/> 1 PRODUCT	<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 5 JET FUEL
<input type="checkbox"/> 5 HAZARDOUS	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 7 METHANOL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)

D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # C.A.S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL	<input type="checkbox"/> 1 STEEL/IRON	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?		<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> YES <input type="checkbox"/> NO
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 95 UNKNOWN
C. MATERIAL	A U 1 STEEL/IRON	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 CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER	

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P S 1 VISUAL CHECK	P S 2 INVENTORY RECONCILIATION	P S 3 VADOSE WELLS	P S 4 ELECTRONIC MONITOR	P S 5 GROUND WATER MONITORING WELLS
P S 6 PRECISION TESTING	P S 7 PRESSURE TESTING	P S 91 NONE	P S 95 UNKNOWN	P S 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input 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) G.J. MEYER - U.G.T. ANALYST DATE 10/5/89

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
CURRENT LOCAL AGENCY FACILITY ID #	APPROVED BY NAME	PHONE # WITH AREA CODE		
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
				BY:

NO 14567



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

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 TANK
	<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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: EXXON R/S # 7-0237 FARM TANK - YES NO

NO 14567

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

A. OWNERS TANK ID # <u># 3</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. YEAR INSTALLED <u>1983</u>	D. TANK CAPACITY IN GALLONS: <u>10,000</u>

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 2 PETROLEUM	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1 UNLEADED	<input checked="" type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 5 HAZARDOUS	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 7 METHANOL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)	

D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # _____ C.A.S. #: _____

xIII. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL	<input type="checkbox"/> 1 STEEL/IRON	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> 95 UNKNOWN
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN
			<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER _____

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 95 UNKNOWN
C. MATERIAL	A U 1 STEEL/IRON	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 CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER	

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P S 1 VISUAL CHECK	<input checked="" type="checkbox"/> P S 2 INVENTORY RECONCILIATION	P S 3 VADOSE WELLS	<input checked="" type="checkbox"/> P S 4 ELECTRONIC MONITOR	P S 5 GROUND WATER MONITORING WELLS
P S 6 PRECISION TESTING	P S 7 PRESSURE TESTING	P S 91 NONE	P S 95 UNKNOWN	P S 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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) G. J. MEYER - U.G.T. ANALYST DATE 10/5/89

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
CURRENT LOCAL AGENCY FACILITY ID #	APPROVED BY NAME	PHONE # WITH AREA CODE		
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
				BY:



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

No 14567

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 TANK
	<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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: EXXON R/S # 7-0237 FARM TANK - YES NO

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

A. OWNERS TANK ID # <u># 4</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. YEAR INSTALLED <u>1983</u>	D. TANK CAPACITY IN GALLONS: <u>550</u>

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 2 PETROLEUM	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1 UNLEADED	<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 5 HAZARDOUS	<input type="checkbox"/> 80 EMPTY		<input type="checkbox"/> 7 METHANOL	<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW) <u>Used Oil</u>	

D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # _____ C.A.S. #: _____

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL	<input type="checkbox"/> 1 STEEL/IRON	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 95 UNKNOWN
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A <u>U</u> 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A <u>U</u> 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 95 UNKNOWN
C. MATERIAL	A U 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A <u>U</u> 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER	

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P S 1 VISUAL CHECK	<u>P</u> S 2 INVENTORY RECONCILIATION	P S 3 VADOSE WELLS	P S 4 ELECTRONIC MONITOR	P S 5 GROUND WATER MONITORING WELLS
P S 6 PRECISION TESTING	P S 7 PRESSURE TESTING	P S 91 NONE	P S 95 UNKNOWN	P S 99 OTHER _____

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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) G. J. MEYER - U.G.T. ANALYST DATE 10/15/89

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
CURRENT LOCAL AGENCY FACILITY ID #	APPROVED BY NAME	PHONE # WITH AREA CODE		
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
				BY:

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

(EXXON)

II, III

Site ID # 1109 Site Name Grand Lake Service Center Today's Date 8/24/89

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 500 Grand Ave.

City Oakland Zip 94610 Phone 465-9796

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) 25535(b)
- 19. Trade Secret Requested? 25538

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

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 test
 - 8) Annual Tank Testing
 - Daily inventory
 - 9) Other

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

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

Rev 8/88

Comments:

3 10,000-gallon underground tanks and one 550-gallon tank for waste oil. Owner believes that all underground tanks were installed after 1984, and therefore must be monitored by Title 23 "new tank" standards. No monitoring ^{knows} of annular space for any of the tanks; owner did not know whether any electronic monitoring had ever been installed. Inventory reconciliation records only go back 1 month in office; no records of precision tank testing at facility (apparently they are stored at Exxon offices). For daily inventory reconciliation, owner carries forward metered inventory rather than actual stock inventory each day.

There has been a release at the site, for which an Unauthorised Release Report was submitted in 1988. Significant soil and groundwater contamination was found in 9/88, but no further work at site documented since then.

II, III

Contact: OWNER REFUSES TO

Title: SIGN; HE FEELS IT IS

Signature: RESPONSIBILITY OF

EXXON

Inspector: _____

Signature: _____

Gilbert M. Winter



TEXACO REFINING AND MARKETING INC.
 100 CUTTING BOULEVARD
 RICHMOND CA 94804

DPB

February 23, 1989

Ms. Jan Lamer
 Alameda County Environmental
 Health Department
 Hazardous Materials Division
 80 Swan Way
 Room 200
 Oakland, CA 94621

Dear Ms. Lamer:

Enclosed is a completed "Underground Storage Tank Unauthorized Release" form for our former Texaco service station at 500 Grand Avenue, Oakland, California.

94610

As part of our service station exchange with Exxon, we installed 4 observation wells which detected some dissolved hydrocarbons in 1 of these wells.

We have authorized Harding Lawson & Associates to proceed in defining extent of contaminations and preparation of a remedial action plan.

If you have any problems, call me at (415) 236-1770.

Very truly yours,

R.R. ZIELINSKI
 Field Environmental
 Supervisor

RRZ:cz

Enclosure

cc: Harding Lawson Associates
 1355 Willow Way, Suite 109
 Concord, CA 94520

RR

resolved ncs

pat Donahue

ALAMEDA COUNTY
 DEPT. OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS
H07

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

EMERGENCY YES NO HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? YES NO

FOR LOCAL AGENCY USE ONLY
 I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.

REPORT DATE: 0 M 2 M 0 D 3 D 8 Y 9 Y CASE #

SIGNED: _____ DATE: _____

REPORTED BY
 NAME OF INDIVIDUAL FILING REPORT: R.R. Zielinski PHONE: (415) 236-1770 SIGNATURE: *R.R. Zielinski*
 REPRESENTING: OWNER/OPERATOR REGIONAL BOARD LOCAL AGENCY OTHER Former Owner/Operator COMPANY OR AGENCY NAME: Texaco Refining and Marketing Inc.
 ADDRESS: 100 Cutting Boulevard Richmond CA 94804

RESPONSIBLE PARTY
 NAME: Texaco U.S.A. UNKNOWN CONTACT PERSON: R.R. Zielinski PHONE: (415) 236-1770
 ADDRESS: 100 Cutting Boulevard Richmond CA 94804

SITE LOCATION
 FACILITY NAME (IF APPLICABLE): Service Station OPERATOR: Exxon U.S.A. PHONE: (415) 268-8138
 ADDRESS: 500 Grand Avenue Oakland Alameda 94610
 CROSS STREET: Euclid TYPE OF AREA: COMMERCIAL INDUSTRIAL RURAL RESIDENTIAL OTHER TYPE OF BUSINESS: RETAIL FUEL STATION FARM OTHER

IMPLEMENTING AGENCIES
 LOCAL AGENCY: Alameda County Environmental Health Dept. Hazardous Materials Div. CONTACT PERSON: Mr. JAN LAMER PHONE: (415) 271-4320
 REGIONAL BOARD: San Francisco Regional Water Quality Control Board CONTACT PERSON: Ms. LESLIE FERGUSON PHONE: (415) 464-1255

SUBSTANCES INVOLVED
 (1) NAME: Gasoline QUANTITY LOST (GALLONS): UNKNOWN
 (2) QUANTITY LOST (GALLONS): UNKNOWN

DISCOVERY/ABATEMENT
 DATE DISCOVERED: 1 M 1 M 0 D 2 D 8 Y 8 Y HOW DISCOVERED: INVENTORY CONTROL SUBSURFACE MONITORING TANK TEST TANK REMOVAL OTHER NUISANCE CONDITIONS
 DATE DISCHARGE BEGAN: UNKNOWN METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY):
 REMOVE CONTENTS REPLACE TANK CLOSE TANK
 REPAIR TANK REPAIR PIPING CHANGE PROCEDURE
 HAS DISCHARGE BEEN STOPPED? YES NO IF YES, DATE: _____

SOURCE/CAUSE
 SOURCE OF DISCHARGE: TANK LEAK UNKNOWN TANKS ONLY/CAPACITY: _____ GAL. MATERIAL: FIBERGLASS STEEL OTHER
 PIPING LEAK AGE: _____ YRS CAUSE(S): OVERFILL RUPTURE/FAILURE
 OTHER UNKNOWN SPILL OTHER

CASE TYPE
 CHECK ONE ONLY: UNDETERMINED SOIL ONLY GROUNDWATER DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS
 CHECK ONE ONLY: SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) CLEANUP IN PROGRESS SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY)
 NO ACTION TAKEN POST CLEANUP MONITORING IN PROGRESS NO FUNDS AVAILABLE TO PROCEED EVALUATING CLEANUP ALTERNATIVES

REMEDIAL ACTION
 CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS):
 CAP SITE (CD) EXCAVATE & DISPOSE (ED) REMOVE FREE PRODUCT (FP) ENHANCED BIO DEGRADATION (IT)
 CONTAINMENT BARRIER (CB) EXCAVATE & TREAT (ET) PUMP & TREAT GROUNDWATER (GT) REPLACE SUPPLY (RS)
 TREATMENT AT HOOKUP (HU) NO ACTION REQUIRED (NA) OTHER (OT) _____

COMMENTS

Hazardous Substance Storage Statement

6/19/84



Who Must File: Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 (After October 1, 1984 and no later than January 1, 1985 for tanks used on farms)

Definition of Underground Containers: The law applies to "concrete sumps, nonvaulted buried tanks or other underground containers." (Water Code section 13173) All containers, including earthen walled pits, ponds, lagoons and sumps, that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

Definition of Hazardous Substance: Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes: gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fumigants. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register

the tank. Wastes are included.

Fee: For each tank registered a \$10 fee must be paid, except that retail gasoline stations pay \$5 per tank.

Penalties: For failure to file, the penalty is \$500-\$5,000 per day. If you falsify information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

Confidentiality: If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.

Multiple Containers: Fill I and II on one form and leave it blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916/324-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

I Owner

Name (Corporation, Individual or Public Agency): TEXACO REFINING & MKTG. INC.			
Street Address: 10 UNIVERSAL CITY PLAZA			
City: LOS ANGELES, CA		State: CA	ZIP: 90051-1756
Blvd.:			

II Facility

Facility Name: TEXACO		Dealer/Foreman/Supervisor: W. A. Ryburn	
Street Address: 500 Grand & Euclid		Nearest Cross Street:	
City: Oakland	County: Alameda	State: CA	ZIP: 94610
Mailing Address: 500 Grand & Euclid		City: Oakland	State/ZIP: CA 94610
Phone w/area code: (415)452-1159	Type of Business: <input checked="" type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other:		
Number of Tanks at this Facility: 4	Rural Areas Only:	Township: N/A	Range: N/A
		Section: N/A	

III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code: Texaco USA Customer Service Center (800)231-3102	Nights Name (last name first) and Phone w/area code: PETH. HA. 415-883-6175
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____	Container Number (if there is no number, assign one): 22 /
B. Manufacturer (if appropriate): _____ Year of Mfg.: _____	C. Year Installed: 5-1983 <input type="checkbox"/> Unknown
D. Container Capacity: 1,200 gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input type="checkbox"/> 01 None <input checked="" type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown	
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product	
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input checked="" type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____	

V Container Construction

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None
D. <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input checked="" type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input checked="" type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____

**California Water Resources Control Board
Hazardous Substance Storage Statement**



Who Must File: Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 (After October 1, 1984 and no later than January 1, 1985 for tanks used on farms)

Definition of Underground Containers: The law applies to "concrete sumps, nonvaulted buried tanks or other underground containers." (Water Code section 13173) All containers, including earthen walled pits, ponds, lagoons and sumps, that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

Definition of Hazardous Substance: Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes: gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fumigants. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register

the tank. Wastes are included.

Fee: For each tank registered a \$10 fee must be paid, except that retail gasoline stations pay \$5 per tank.

Penalties: For failure to file, the penalty is \$500-\$5,000 per day. If you falsify information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

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Multiple Containers: Fill I and II on one form and leave it blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916/324-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

I Owner

Name (Corporation, Individual or Public Agency) S.A.			
Street Address P. Blvd.	City J.	State CA	ZIP 94610

II Facility

Facility Name TEXACO		Dealer/Foreman Supervisor W. A. Ryburn	
Street Address 500 Grand & Euclid		Nearest Cross Street	
City Oakland	County ALAMEDA	State CA	ZIP 94610
Mailing Address 500 Grand & Euclid		City Oakland	State ZIP CA 94610
Phone w/area code (415)452-1159	Type of Business <input checked="" type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other:		
Number of Tanks at this Facility 4	Rural Areas Only	Township N/A	Range N/A
		Section N/A	

III 24 Hour Emergency Contact Person

Days: Name (last name first) and Phone w/area code Texaco USA Customer Service Center (800)231-3102	Nights: Name (last name first) and Phone w. area code D. H. A. 415-883-6175
---	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____	Container Number (if there is no number assign one) 2
B. Manufacturer (if appropriate): _____ Year of Mfg.: _____	C. Year Installed: 5-83 <input type="checkbox"/> Unknown
D. Container Capacity: 14,000 gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input type="checkbox"/> 01 None <input checked="" type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____
F. Is Container currently used? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown	
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product	
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input checked="" type="checkbox"/> 01 Unleaded <input checked="" type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____	

V Container Construction

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None
D. <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input checked="" type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input checked="" type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 None <input type="checkbox"/> 09 Other: _____

California Water Resources Control Board Hazardous Substance Storage Statement



Who Must File: Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 (After October 1, 1984 and no later than January 1, 1985 for tanks used on farms).

Definition of Underground Containers: The law applies to "concrete sumps, nonvaulted buried tanks or other underground containers." (Water Code section 13173) All containers, including earthen walled pits, ponds, lagoons and sumps, that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

Definition of Hazardous Substance: Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes: gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fumigants. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register

The tank. Wastes are included.

Fee: For each tank registered a \$10 fee must be paid, except that retail gasoline stations pay \$5 per tank.

Penalties: For failure to file, the penalty is \$500-\$5,000 per day. If you falsify information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

Confidentiality: If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.

Multiple Containers: Fill I and II on one form and leave it blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916/324-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

I Owner

Name (Corporation, Individual or Public Agency)A.			
Street Address P.O. Box 175 - Blvd.		City	State
		ZIP	

II Facility

Facility Name TEXACO		Dealer/Foreman Supervisor W. A. Ryburn	
Street Address 500 Grand & Euclid		Nearest Cross Street	
City Oakland	County ALAMEDA	State CA	ZIP 94610
Mailing Address 500 Grand & Euclid		City Oakland	State CA
Phone w/area code (415)452-1159		Type of Business <input checked="" type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other: _____	
Number of Tanks at this Facility 4	Rural Area Only: N/A	Township N/A	Range N/A
		Section N/A	

III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code Texaco USA Customer Service Center (800)231-3102	Nights Name (last name first) and Phone w. area code Pete H.A. 415-883-6175
--	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (if there is no number assign one): 3
B. Manufacturer (if appropriate): _____ Year of Mfg.: _____		C. Year Installed: 5-83 <input type="checkbox"/> Unknown
D. Container Capacity: 1000 gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input checked="" type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input checked="" type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input checked="" type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

VI Piping

A. Associated Piping: 01 Above 02 Underground 03 Vaulted

B. Underground Piping: 01 Gravity 02 Pressure 03 Suction 04 Unknown

C. Piping Repairs: 01 None 02 Unknown 03 Yes, Year of most recent repair: _____

VII Leak Detection

01 Visual 02 Stock Inventory 03 Tile Drain 04 Vapor Sniff Wells 05 Sensor Instrument

06 Ground Water Monitoring Wells 07 Pressure Test 08 Internal Inspection 09 None

10 Other: _____

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

if you checked yes to IV-H you are not required to complete this section.

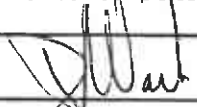
currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? 01 Yes 02 No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature		Date	6-18-81
Printed Name	R. J. WARK - ENVIRONMENTAL PROTECTION	Title	COORDINATOR
		Phone w/ area code	(213) 739-7612

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95801-0100

Person Filing Statement	R. J. WARK	Phone w/ area code	(213) 739-7612
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For additional forms or more information call 916/324-1262

FOR STATE USE ONLY

ID Number	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02 <input type="checkbox"/> 03



Hazardous Substance Storage Statement

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NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

I Owner

Name (Corporation, Individual or Public Agency) TEXACO A.			
Street Address P. Wilshire Blvd.		City [REDACTED]	State [REDACTED]
		ZIP [REDACTED]	

II Facility

Facility Name TEXACO		Dealer/Foreign Supervisor W. A. Ryburn	
Street Address 500 Grand & Euclid		Nearest Cross Street	
City Oakland	County Alameda	State CA	ZIP 94610
Mailing Address 500 Grand & Euclid		City Oakland	State CA
Phone w/area code (415)452-1159		Type of Business <input checked="" type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other:	
Number of Tanks at this Facility 4	Rural Areas Only:	Township N/A	Range N/A
		Section N/A	

III 24 Hour Emergency Contact Person

Days, Name (last name first) and Phone w/area code Texaco USA Customer Service Center (800)231-3102	Nights, Name (last name first) and Phone w/area code N. A. Pitts 415-883-6175
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (if there is no number assign one) 4
B. Manufacturer (if appropriate): _____ Year of Mfg.: _____		C. Year Installed: 5-83 <input type="checkbox"/> Unknown
D. Container Capacity: 550 gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input checked="" type="checkbox"/> 01 Waste <input type="checkbox"/> 02 Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input checked="" type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D. <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input checked="" type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E. <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F. <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input checked="" type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 09 Other: _____	

