

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



December 9, 1996
STID # 319

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

Mr. William Lewerenz
Emeryville Properties
699 Second Street
San Francisco, CA 94107

Mr. Thomas La Flamme
c/o Thomas Short Co.
1685 34th Street
Oakland, CA 94608

**RE: Former Chromex / Charles Lowe / Thomas Short Company
1400 Park Street, Emeryville, California 94608**

Dear Mr. Lewerenz & Mr. La Flamme:

This letter is a follow up to the on site meeting I had with Ms. Gwen Tellegan and Mr. Dave Allen of Aqua Science Engineers (ASE) on December 6, 1996 regarding the subsurface investigation related to the three underground storage tanks (USTs) and the vertical honing tank removed from the above referenced site. A work plan for soil and groundwater investigation dated December 2, 1996 and submitted by ASE for the subject site was reviewed and verbally approved by this agency.

During the site visit, ASE was implementing the approved work plan by installing a shallow groundwater monitoring well downgradient of the former honing tank. This well should be included in the groundwater monitoring program for the site. As part of the chromium vault investigation, three monitoring wells (MW-1, MW-2 & MW-3) were previously installed at the site. The chromium vault investigation was given a "no further action" status in the closure letter issued by this office on December 13, 1995. However, continued groundwater monitoring is required concerning the release associated with the three USTs removed from the site. Groundwater monitoring well MW-1 which is downgradient of the former USTs was sampled on November 6, 1995. Results showed the presence of low levels of toluene (4 ppb), xylene (7.8 ppb), PCE (7.9 ppb), DCE (2.6 ppb), and TCE (5.8ppb). TPH diesel and TPH motor oil were not detected in the water sample. Monitoring well MW-1 must be sampled for the following target compounds; TPH gasoline, TPH diesel, TPH motor oil, BTEX, MTBE and PAH's (if TPH diesel is present). At a minimum, two more quarters of sampling must be conducted in well MW-1.

Mr. Lewerenz and Mr. La Flamme
RE: 1400 Park Avenue, Emeryville, CA 94608
December 9, 1996
Page 2 of 2

With regards to the UST found on the sidewalk along Holden Street, more information is warranted as far as the historical use of the tank, installation and piping diagrams, etc. Any openings /pipings associated with the UST must be capped to prevent water infiltration , usage and /or tampering by others since the UST appears to be accessible to the public. The UST must be properly closed by removal or closure in place. Please submit a UST closure application and provide our office with a copy of the results of the sample collected from the tank and the soil sample collected near the tank area no later than January 9, 1997.

If you have any questions concerning this letter or the subject site, please contact me at (510) 567-6780.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

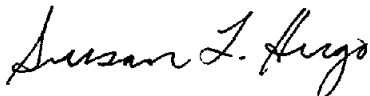
c: Mee Ling Tung, Director, Environmental Health
Gordon Coleman, Acting Chief, Environmental Protection Division
Sum Arigala, San Francisco Bay, RWQCB
Gwen Tellegan, 2300 E. Imperial Highway, El Segundo, CA 90245
Dave Allen, ASE, 2411 Old Crow Canyon Road, # 4, San Ramon, CA 94583
SH / files

Mr. Lewerenz and Mr. La Flamme
RE: 1400 Park Avenue, Emeryville, CA 94608
December 9, 1996
Page 2 of 2

With regards to the UST found on the sidewalk along Holden Street, more information is warranted as far as the historical use of the tank, installation and piping diagrams, etc. Any openings /pipings associated with the UST must be capped to prevent water infiltration, usage and /or tampering by others since the UST appears to be accessible to the public. The UST must be properly closed by removal or closure in place. Please submit a UST closure application and provide our office with a copy of the results of the sample collected from the tank and the soil sample collected near the tank area no later than January 9, 1997.

If you have any questions concerning this letter or the subject site, please contact me at (510) 567-6780.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

c: Mee Ling Tung, Director, Environmental Health
Gordon Coleman, Acting Chief, Environmental Protection Division
Sum Arigala, San Francisco Bay, RWQCB
Gwen Tellegan, 2300 E. Imperial Highway, El Segundo, CA 90245
Dave Allen, ASE, 2411 Old Crow Canyon Road, # 4, San Ramon, CA 94583
SH / files

ALAMEDA COUNTY
HEALTH CARE SERVICESAGENCY
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6777

December 13, 1995

William Lewerenz
Emeryville Properties,
699 Second Street
San Francisco, CA 94107**Subject: Closure Letter for Investigation of the Chromium
Vault, Former Chromex/Charles Lowe Facility, 1400 Park
Avenue, Emeryville Ca 94608**

Dear Mr. Lewerenz:

This office has received the "Supplemental Site Assessment Report" dated May 17, 1995, and submitted by Alton Geoscience, the consultant of record for remediation actions regarding the former chromium vault. Thank you for submission of the document.

Review of the report indicates that low levels of chromium in the "dissolved phase" remain at the site. However, the low levels of chromium remaining in the groundwater do not appear to pose a threat to the public health and the environment. Therefore, with regards to the investigation of the former chromium vault located at the site, this office, with the concurrence of the Regional Water Quality Control Board, finds that "No Further Work" will be required at this time.

In light of these levels, and the potential for on-site migration from other sources, monitoring wells should not be destroyed or otherwise removed from the site. By allowing the wells to remain, you will be able to insure that any on-site migration from an off-site source that may be encounter in the future, is not the responsibility of activities that have taken place on site.

This office commends the work undertaken regarding the investigation. If you have any questions regarding this document, please contact this office. The number is (510) 567-6737.

page 2 of 2

Prior to the closure of the site regarding the former chromium vault, it will be necessary for you to remit the sum of \$3000.00 dollars. This sum represents the amount owed in the deposit/refund account set up for oversight activities. Upon receipt of this amount, the site will be removed from the "active list" of oversight cases.

Sincerely,



Brian P. Oliva, REHS, REA
Senior Hazardous Materials Specialist

cc: Jun Makashima, Acting Director Alameda County Department of
Environmental Health,
Gordon Colman, Acting Chief, Alameda County Department of
Environmental Health,
Sum Arigala, Regional Water Quality Control Board
Ariu Levi, Manager, North Area, Alameda County
Mike Benjamin, Thomas Short Co., 1685 34th St.,
Oakland, CA 94608

5/1

MEMORANDUM

DATE: April 6, 1994

TO: files

FROM: Brian P. Oliva

SUBJ: Chromex/Charles Loew, 1400 Park St., Emeryville

I inherited this case from Susan Hugo whose involvement stemmed from the removal of a vault that served as secondary containment for Chromium Plating tanks. Apparently there was contamination encountered upon removal of the vault. Notwithstanding these actions, a workplan was submitted to this office that entailed sampling of the area through the use of "borings". Groundwater was sampled but no permanent monitoring wells were constructed.

The results of the borings indicated contamination in the soil as high as 1300 ppm of Chromium. VOCs were also detected in the water sample. The consultant indicated that the chromium contamination in the vault area should be addressed **immediately** so as to preclude impact to groundwater. No action was forthcoming by the operators.

It should be noted that since the initial investigation this office has had difficulty in 1) obtaining results from the operators, 2) getting cooperation from the operators, 3) being advised by the operators of actions taken at the site.

The operators state that they are not going to spend any more time/money remediating the site. They have covered up the formerly exposed pit area leaving in-place, the contaminated soils. The area is covered with soil but this does not preclude the potential for fugitive dust laden with CH₆ from being dispersed.

Question: Is this not a potential threat to Groundwater?

Question: Is the CH₆ present in the soil/fugitive dust not a situation in need of immediate action (the consultant thought so)?

Question: Does not the recalcitrance of the operator indicate that they will not act unless forced by legal action?

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

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

November 8, 1993

FILE

Steve Slade
c/o Chromex/Charles Lowe
1400 Park Ave.,
Emeryville, CA 94608

Subject: Chromex Co., 1400 Park Ave., Emeryville, CA 94608

Dear Mr. Slade:

This office has received and reviewed the "Summary of Subsurface Investigation and Immediate Mitigation Proposal", dated November 4, 1992, submitted by Excel Trans Inc. (Erickson), your consultant of record. Thank you for sending the report of findings to this office.

Review of the findings indicate the presence of Chromium metal in the former vault at the site in amounts in excess of those allowed by the State Department of Health Services "maximum contamination Levels (MCLs)". These amounts are as high as 1300 parts per million (ppm). This represents a potential for contamination of the groundwater in the area of the vault.

In light of the information supplied, and the known potential for discharge of the chromium metal into the groundwater, it will be necessary for you to take measures that will remediate the existing chromium contamination.

Please submit a workplan that will address the following concerns:

- 1) The remediation of the soil so as to prevent groundwater contamination.
- 2) Characterize the known chromium as to its actual chemical form, that is divalent, trivalent, or hexavalent (a known carcinogen).
- 3) The potential impact to groundwater and possibility of groundwater contamination in light of the fact that there is a one year gap in the time the report was requested and the report was submitted.
- 4) A time line to completion of the remediation of the site.

page 2 of 2

Please be advised that this office concurs with the findings and recommendations of the consultant concerning the potential migration of contamination found in the vault. This would entail **immediate** management of the chromium in the soil. Therefore, a workplan must be submitted within the next thirty (30) days that will adequately encompass the points previously indicated in this letter.

As you are aware, the oversight of this particular site is being accomplished jointly by the State Regional Water Quality Control Board (SRWQCB) as well as the Alameda County Division of Hazardous Materials. A copy of the proposed workplan required should therefore, be submitted to Mr. Rich Hiett at the San Francisco Regional Water Quality Control Board.

It will also be necessary for your company to submit a deposit of \$1000.00, made payable to the County of Alameda, for continued oversight of the case. This deposit is authorized by the Section 3-141.6 of the Ordinance Code of Alameda and is used to cover the expenses incurred by County personnel in their oversight duties.

If you have any questions, please call this office. The number is (510) 271-4320.

Sincerely,



Brian P. Oliva, REHS, REA
Hazardous Materials Specialist

cc: Rich Hiett, SRBRWQCB
Mary Boyd, Erickson, Inc.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

October 21, 1992

Steve Slade
Charles Lowe Co.
1400 Park Ave.,
Emeryville, CA 94608

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

Subject: Initial Subsurface Investigation of Chromex Site, 1400
Park Ave., Emeryville, CA

Dear Mr. Slade,

This office is currently the lead agency involved in the remediation of sub-surface contamination at the above referenced site. In light of the elevated levels of contamination, consisting of heavy metals, specifically, Chromium in the soil samples analyzed, I conferred with Rich Hiatt from the San Francisco Bay Regional Water Quality Control Board (SFBRWQCB), concerning the possibility of joint oversight.

Due to the toxic nature of the contamination, Alameda County Division of Hazardous Materials, and the SFBRWCB will be jointly overseeing the site investigation. As there are other sites on Park Street that are currently being investigated for Chromium contamination, this joint effort is warranted. In the future I will schedule a meeting with all concerned parties to further address the site.

Copies of all correspondence should be submitted to:

Rich Hiatt
State Water Resources Control Engineer,
SFBRWQCB
2101 Webster Street, Suite 500
Oakland, CA 94612

If you have any questions, please call this office at (510) 271-4320.

Sincerely,

Brian P. Oliva, REHS
Hazardous Materials Specialist

cc: Mary Boyd, Excel Trans, Inc.
Rich Hiatt, SWQCB

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

August 31, 1992

Mr. Steve Slade
Charles Lowe Co.
1400 Park Ave.,
Emeryville, CA 94608

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

Subject: Chromex Facility, 1400 Park Ave., Emeryville, CA 94608

Dear Mr. Slade:

This office has received and reviewed the workplan dated July 24, 1992, submitted by Excel Trans Inc. (ETI), your consultant of record. Thank you for the prompt attention given this site.

upon review of the workplan, this office concurs with the plan as submitted, with the following clarifications:

- 1) This is a preliminary subsurface investigation of the site. Following review of the findings/analysis from the proposed work by this office it may be necessary to submit workplans for further investigation.
- 2) Reference is made to "soil sampling methods", on page 7 of the workplan, regarding the taping of the spoon collection tubes. There has been evidence of false-positive readings from chemicals present in the tape. Teflon seals at the end will be adequate.
- 3) Please provide this office at least forty-eight (48) hours notice prior to commencement of any work at the site.
- 4) Please remit all copies of future results to Rich Hiatt at the San Francisco Regional Water Quality Control Board.

If you have any questions, please call this office at (51) 271-4320.

Sincerely,

Brian P. Oliva

Brian P. Oliva, REHS
Hazardous Materials Specialist

RMS
cc: Mary Boyd, ExcelTrans Inc., 290 W. Channel Rd., Benicia 94510
Rich Hiatt, SFBRWQCB

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

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

July 21, 1993

Steve Slade
Charles Lowe Co.
1400 Park Ave.,
Emeryville, CA 94608

Subject: Chromex/Charles Lowe, 1400 Park Ave., Emeryville CA

Dear Mr. Slade:

This office has been overseeing a subsurface investigation at the aforementioned site. On October 1, 1993, observations were made concerning the potential contamination of hexavalent chrome in the soil stemming from surface and subsurface plating tanks formerly used at the facility.

As of the above date, there has been no laboratory analysis received by this office concerning the potentially hazardous discharges into the soil. Please direct Excel Trans, your consultant of record, to submit the laboratory analysis from the borings obtained on October 1, 1993, as well as a completed report of findings reflecting the scope of work as outlined in the "Workplan For Initial Subsurface investigation", dated July 24, 1992.

These findings should be submitted to this office by July 28, 1993.

Please call this office if you have any questions. The number is (510) 271-4320.

Sincerely,

Brian P. Oliva, REHS, REA
Hazardous Materials Specialist

cc: Mary Boyd, Excel Trans Inc.
Rich Hiatt, SFBRWQCB

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 Chromey Today's Date 3/8/94

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 1400 Park
 City Emeryville Zip 94 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

500 Per

II.B ACUTELY HAZ. MAT'L

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

* 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 _____ |
| New Tanks | ___ 7. Precs Tank Test 2643
Date: _____ |
| | ___ 8. Inventory Rec. 2644 |
| | ___ 9. Soil Testing . 2646 |
| | ___ 10. Ground Water. 2647 |
| | ___ 11. Monitor Plan 2632 |
| | ___ 12. Access. Secure 2634 |
| | ___ 13. Plans Submit 2711
Date: _____ |
| | ___ 14. As Built 2635
Date: _____ |

Comments:

On site regarding investigation of SLIC site. The site is a facility that formerly had vaulted below-ground tanks that contained heavy metals - specifically (Ch) Hexavalent Chromium. I spoke with Steve Slack - facility manager concerning the extent/future of cleanup. I relayed to him that we would be in contact with the County District Attorney - and would be in touch with him at a later time. There has been no work done in ~2 years. The Mr Slack said that the company had moved the stockpiled soils and covered them last week and "filled in" the contaminated pit - this had all been witnessed the oversight of his office - I will also contact RCRCB regarding inaction/inaction on the part of the operators.

II, III

Contact: _____

Inspector: Brian P. Alvin

Signature: _____

Signature: _____

**Alameda County Department of Environmental Health
Hazardous Materials Division**
80 Swan Way, Rm. 200, Oakland, CA 94621
Ph: 510-271-4320

BILLING FOR SERVICES

STD# 319

A. Site Name Chromey - Charles Lotw Phone _____
 Site Address (If no address, description of area) 1400 Park Emeryville 94609
Number Street City Zip
 Prior Business Name Chromey Prior Owner's Name _____

B. Service Requestor DAVID BRANDES Environ 655-7400
Contact Person Company Name Phone
 Billing Address MARKET PLACE TOWER 5820 - Shellmound St 94608
Number Street City Zip Suite 700

Category of Service		#Hours	x \$	/Hr	\$
<input checked="" type="checkbox"/> Site Search		1	x \$	75	\$ 75.00
<input checked="" type="checkbox"/> File Search					
<input type="checkbox"/> Other _____					
		#Copies	x \$	/Copy	\$ _____
		Other	x \$	_____	\$ _____
TOTAL CHARGE:					\$ <u>75.00</u>

ENVIRON

David Brandes, M.S.

Marketplace Tower • 5820 Shellmound Street
 Suite 700 • Emeryville, California 94608 • USA
 Tel: (510) 655-7400 • Fax: (510) 655-9517

You will receive an invoice in accordance with Article 11 of Chapter 6, Title 3 of the Ordinance Code of Alameda County

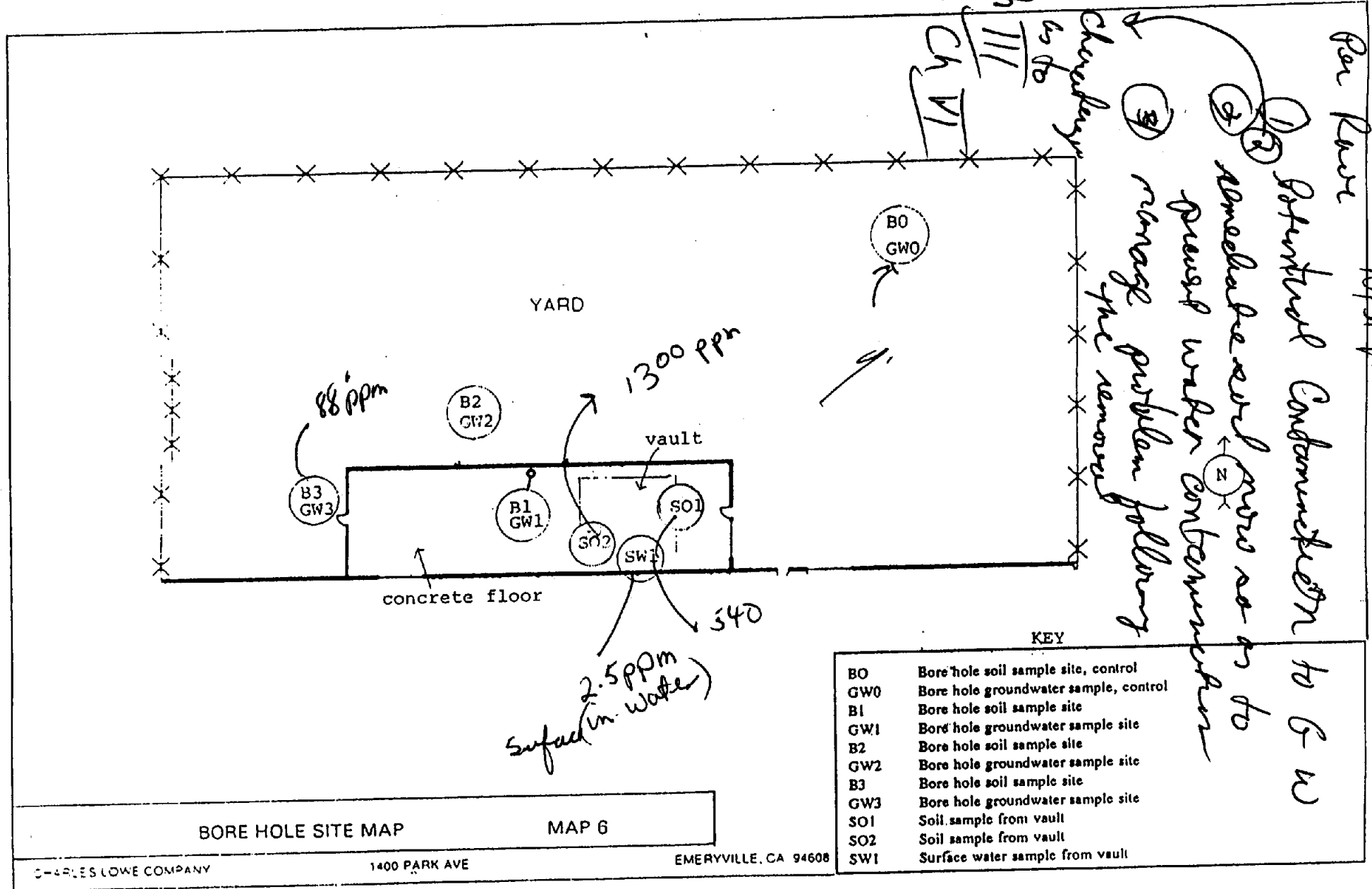
Service Requestor DAVID BRANDES David Brandes Date 2/20/94
printed name signature
 HazMat Specialist BRIAN P. OLWA Brian P. Olwa Date 2-28-94
printed name signature

Per Russ

10/31/92

1) Potential Contamination to G-12
 2) Remediate soil prior as to
 prevent water contamination
 3) manage problem following
 the removal

Ch VI
 Ch III
 Ch II



KEY

B0	Bore hole soil sample site, control
GW0	Bore hole groundwater sample, control
B1	Bore hole soil sample site
GW1	Bore hole groundwater sample site
B2	Bore hole soil sample site
GW2	Bore hole groundwater sample site
B3	Bore hole soil sample site
GW3	Bore hole groundwater sample site
SO1	Soil sample from vault
SO2	Soil sample from vault
SW1	Surface water sample from vault

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 # 319 Site Name Chromey Today's Date 10/26/93

Site Address 1400 Park
 City Ormeville Zip 94608 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 Slud

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

Comments:

On site for inspection/investigation of facility. I have previously requested results from soil borings to be sent to this office. from the manager Steve Slade. Slade - I spoke with my Slade who gave me a report for final closure dated 9/13/92. This report does not reflect the investigation that took place on 10/2/93 - I reported the report concerning the lab results from this day to be submitted immediately to this office. I will issue a compliance letter to the facility if ALO laboratory results are forthcoming.

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

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

Rev 6/88

II, III

Contact: _____
 Title: _____
 Signature: _____

Inspector: Bruce P. Ah
 Signature: _____

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 # 319 Site Name Chromex Today's Date 10/1/92

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 1400 Park Ave

City Emeryville Zip 94608 Phone 652-5900
652-8226

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

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER *West Tech Drilling (San 5060)*
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks *site mitigation on site 7³⁰*

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

Comments:
 On site for borings to be investigation and problem of site which was formerly a Chrome plating operation.

There will be 4 borings done on per workplan. The borings will be temporarily (1 day) holes with a 2" screened casing for hydrolic gradient and for sampling purposes - all then destroyed.

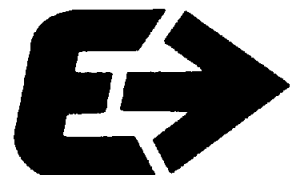
RP wished to replace soil previously removed from site but... advised not to do so.

Rev 6/88

II, III

Contact: _____
 Title: _____
 Signature: _____

Inspector: Brian O'Brien
 Signature: _____



EXCEL TRANS, INC.

CAD981982663

290 West Channel Road, P.O. Box 866, Benicia, CA 94510-0866
1350 East Greg Street, Suite 3, Sparks, NV 89431
503 West 400 South, Salt Lake City, UT 84101

Phone (707) 745-8907

(800) 272-6899

FAX (707) 745-8024

September 15, 1992

Alameda County Health Agency
Brian P. Oliva, R.E.H.S.
Senior Hazardous Material Specialist
80 Swan Way, Room 200
Oakland, CA 94621

Subject: Chromex Facility, 1400 Park Avenue, Emeryville, CA 94608

Dear Mr. Oliva:

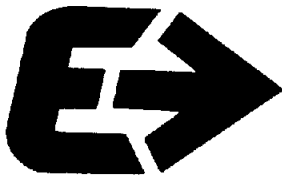
Thank you for your August 31, 1992 letter stating that the ACHA concurs with the submitted workplan for a preliminary subsurface investigation at Chromex, including the ACHA clarifications.

ACHA clarification No. 3 requires that Excel Trans provide you with at least forty-eight (48) hours notice prior to commencement of any work at the site. In response to the aforementioned requirement, drilling and sampling will begin at the site on Thursday, October 1, 1992 at 8:00 a.m.

If you have any questions, please do not hesitate to call me at (707) 745-8907.

Sincerely,

Mary L. Boyd
Project Engineer



EXCEL TRANS, INC.

CAD981982663

290 West Channel Road, P.O. Box 866, Benicia, CA 94510-0866
1350 East Greg Street, Suite 3, Sparks, NV 89431
503 West 400 South, Salt Lake City, UT 84101

Phone (707) 745-8907

(800) 272-6899

FAX (707) 745-8024

July 30, 1992

Brian P. Oliva, R.E.H.S.
Senior Hazardous Materials Specialist
Alameda County Health Agency
80 Swan Way, Room 200
Oakland, CA 94621

Dear Mr. Oliva:

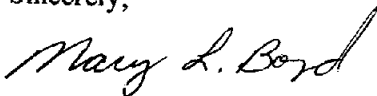
Enclosed is a workplan, site safety plan, and statement of qualifications for a preliminary subsurface investigation at the former Chromex facility in Emeryville, California.

Although the subsurface investigation is not for an underground storage tank, at your request the workplan follows the "Tri-Regional Staff Recommendations, Appendix A, Workplan for Initial Subsurface Investigation" guidelines.

You will notice that the proposed soil boring locations (Appendix A, Map 6) are those that we discussed at the Chromex site on July 1, 1992.

If you have any questions, please call me at (707) 745-8907.

Sincerely,



Mary L. Boyd

EXCEL TRANS, INC.

PARCEL: 49-1033-2 1400 PARK AV
OWNER: GEISLER ANTHONY W & DOLORES W ETAL
C/O NAME: WILLIAM W LEWERENZ
MAIL ADR: 3963 WOODSIDE CT LAFAYETTE CA

TAC: 14-001
94549
TR TAX

USE CODE: 4280
M/A EFF: 10/08/93 D
ROLL INDATE
94 94018

LATEST DOCUMENT : 42 93 357789 10/08/93 0.00
LAST APPRAISABLE: 7 003958 01/08/97

94 94018

** SEE ETAL FILE

GEISLER ANTHONY W & DOLORES W ETAL
47 87 003958 01/08/87 0.00

87 87132

87 87132

87 87132

** TAKES 87 3958 & 3959 TO CONVEY 2/3 INT

** SEE ETAL CARD

MA 3963 WOODSIDE CT

LAFAYETTE CA

94549 880408 T 87 87132

NM WILLIAM W LEWERENZ

ENTER 'O' UNDER OPTION TO RETURN TO MENU

I-OPTION---REFERENCE NUMBER---

ENTER 'P' UNDER OPTION TO VIEW PRELIMINARY ROLL

H 49-1033-2

TO CONTINUE HISTORY INQUIRY FOR THIS PARCEL - PRESS PA1 KEY

ASTC900

ASSESSOR'S OFFICE

93 / 94 PRELIMINARY ROLL VALUES

EMERYVILLE

94608

REF NO: 49-1033-2 1400 PARK AV
OWNER ON 3 / 1 / 93 : GEISLER ANTHONY W & DOLORES W

LAST DOCUMENT NUMBER: 003958
LAST DOCUMENT DATE: 10/08/93

TAX AREA CODE: 14-001 BASE YEAR CODE: 87F

CURRENT OWNER: GEISLER ANTHONY W & DOLORES W ETAL

C/O NAME: WILLIAM W LEWERENZ

MAIL ADR: 3963 WOODSIDE CT

ASSESSED VALUES==>

LAFAYETTE CA
LAND: 1,054,912

IMPROVEMENTS: 482,605

FIXTURES: 0

HOUSEHOLD PERSONAL PROPERTY: 0

BUSINESS PERSONAL PROPERTY: 0

TOTAL: 1,537,517

HOMEOWNER'S EXEMPTION: 0

OTHER EXEMPTION: 0

NET TOTAL: 1,537,517

*Michael Parker - 548-799
Co-owner
Tony Gistee
owner 837-336*

*Pea Charles
Lewerenz Co
(415) 957-1888*

ENTER 'O' UNDER OPTION TO RETURN TO MENU

I-OPTION---REFERENCE NUMBER---

ENTER 'H' UNDER OPTION TO VIEW HISTORY

P 49-1033-2

ASSESSOR'S OFFICE

93 / 94 PRELIMINARY ROLL VALUES

ASTC900

ALAMEDA

94503

REF NO: 70-187-11 1400 PARK AV
OWNER ON 3 / 1 / 93 : DELUCCHI ERMA TR & GOODHUE E &

LAST DOCUMENT NUMBER: 108946
LAST DOCUMENT DATE: 02/11/93

TAX AREA CODE: 21-004 BASE YEAR CODE: 79S

CURRENT OWNER: DELUCCHI ERMA TR & GOODHUE E & D C

C/O NAME:

MAIL ADR: 77 SELBORNE DR

ASSESSED VALUES==>

PIEDMONT CA
LAND: 96,771

IMPROVEMENTS: 31,879

FIXTURES: 0

HOUSEHOLD PERSONAL PROPERTY: 0

BUSINESS PERSONAL PROPERTY: 0

TOTAL: 130,650

HOMEOWNER'S EXEMPTION: 0

OTHER EXEMPTION: 0

NET TOTAL: 130,650

ENTER 'O' UNDER OPTION TO RETURN TO MENU

I-OPTION---REFERENCE NUMBER---

P 70-187-11



November 25, 1997

Alameda County Health Care Services Agency
1131 Harbor Bay Parkway
Alameda, CA 94502

ATTENTION: Ms. Susan Hugo

SUBJECT: Emeryville Properties
1400 Park Avenue
Emeryville, California

Dear Ms. Hugo:

At the request of my client, Ms. Gwen Tellegen of Emeryville Properties, I am writing this letter in an effort to obtain a written response from the Alameda County Health Care Services Agency (ACHCSA) regarding closure of the subject site. It is our opinion that we have satisfied all of the requirements for case closure as directed by the ACHCSA and the Regional Water Quality Control Board.

Please respond to this request in writing to ASE and to Emeryville Properties, c/o William Lewerenz, at 699 Second Street, San Francisco, California 94107 as soon as possible.

Should you have questions or comments, please feel free to call us at (510) 820-9391.

Respectfully submitted,

AQUA SCIENCE ENGINEERS, INC.

David Allen, R.E.A.
Senior Project Manager



cc: Ms. Gwen Tellegen, Emeryville Properties representative.



WELL SAMPLING FIELD LOG

Project Name and Address: Emeryville Prop., 1100 Park Ave.
 Job #: 2908 Date of sampling: 3-13-98
 Well Name: M-3 Sampled by: CR
 Total depth of well (feet): 22.92 Well diameter (inches): 2
 Depth to water before sampling (feet): 8.45
 Thickness of floating product if any: N/A
 Depth of well casing in water (feet): 14.47
 Number of gallons per well casing volume (gallons): 2.4
 Number of well casing volumes to be removed: 4
 Req'd volume of groundwater to be purged before sampling (gallons): 9
 Equipment used to purge the well: Dedicated Bailor
 Time Evacuation Began: 10:55 Time Evacuation Finished: 11:10
 Approximate volume of groundwater purged: 10
 Did the well go dry?: NO After how many gallons: _____
 Time samples were collected: 11:15
 Depth to water at time of sampling: 8:51
 Percent recovery at time of sampling: _____
 Samples collected with: Dedicated Bailor
 Sample color: Clear Odor: None
 Description of sediment in sample: None

SAMPLES COLLECTED

Sample	# of containers	Volume & type container	Pres	Iced?	Analysis
<u>M-3</u>	<u>3</u>	<u>100ml</u>	<u>100</u>	<u>Y</u>	<u>874</u>
<u>M-3</u>	<u>1</u>	<u>100ml</u>	<u>100</u>	<u>Y</u>	<u>Full range 16000</u>

Chemical Data

<u>Vol</u>	<u>Pres</u>	<u>Temp</u>	<u>pH</u>	<u>DO</u>
<u>2.5</u>	<u>100</u>	<u>51.0</u>	<u>7.0</u>	<u>1.0</u>
<u>5</u>	<u>100</u>	<u>51.5</u>	<u>7.0</u>	<u>1.0</u>
<u>7.5</u>	<u>100</u>	<u>52.0</u>	<u>7.0</u>	<u>1.0</u>
<u>10</u>	<u>100</u>	<u>52.5</u>	<u>7.0</u>	<u>1.0</u>

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy
Alameda CA 94502
510/567-6700

Hazardous Materials Inspection Form

II, III

Site ID # 319 Site Name Emeryville Properties Today's Date 7/18/97

Site Address 1400 Park Ave.

City Emeryville Zip 94608 Phone _____

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

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Hazardous Materials Business Plan, Acutely Hazardous Materials
- III. Under ground Storage Tanks

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

Comments:

On site: met Steve Allen (ASE) & Susan Tulligan (Emeryville Properties)

Half buried tank on the sidewalk - closed in place. The tank (approx 300-500 gallon) appeared to have been used to store sprinkler water. Sample was collected from the tank & soil sample from a boring drilled near the tank was also collected.

All piping associated with the tank must be permanently capped. Tank will be filled w/ concrete.

A report documenting the closure of the tank in place must be submitted.

Contact _____

Title _____

Signature _____

Inspector _____

Signature Susan Tulligan

II, III

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 ENVIRONMENTAL PROTECTION DIVISION
 1131 HARBOR BAY PARKWAY, RM 250

ALAMEDA, CA 94502-6577

PHONE # 510/567-6700

FAX # 510/381-9335

SUSAN L. HUGO
 Project Specialist

ST10319

ACCEPTED

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

These closure/removal plans have been received, and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/destruction.

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

Any changes or alterations of these plans and specifications must be submitted to this Department and the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the start of required inspections.

- Removal of Tank(s) and Piping
- Sampling
- Final Inspection

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

*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Contact Specialist:

Susan L. Hugo
 7/17/97

ABOVEGROUND / * NON-FUEL CLOSURE IN PLACE
 UNDERGROUND TANK CLOSURE PLAN
 * * * Complete according to attached instructions * * *

1. Name of Business EMERYVILLE PROPERTIES
 Business Owner or Contact Person (PRINT) WILLIAM LEWERENZ
 2. Site Address 1400 PARK AVENUE
 City EMERYVILLE Zip 94608 Phone NONE
 3. Mailing Address 699 2nd STREET
 City SAN FRANCISCO Zip 94107 Phone 415.957.1888
 4. Property Owner EMERYVILLE PROPERTIES c/o WILLIAM LEWERENZ
 Business Name (if applicable) _____
 Address 699 2ND STREET
 City, State SAN FRANCISCO Zip 94107
 5. Generator name under which tank will be manifested
N/A
- EPA ID# under which tank will be manifested CA N/A

6. Contractor AQUA SCIENCE ENGINEERS
Address 2411 OLD CROW CANYON RD. #4
City SAN RAMON CA 94583 Phone 510.820.9391
License Type* "A" HRZ ID# 487000

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

7. Consultant (if applicable) AQUA SCIENCE ENGINEERS
Address 2411 OLD CROW CANYON RD #4
City, State SAN RAMON CA 94583 Phone 510.820.9391

8. Main Contact Person for Investigation (if applicable)
Name N/A Title _____
Company _____
Phone _____

9. Number of underground/tanks being closed with this plan 1
Aboveground
Length of piping being removed under this plan 0
Total number of underground tanks at this facility (**confirmed with owner or operator) 0

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name N/A EPA I.D. No. _____
Hauler License No. _____ License Exp. Date _____
Address _____
City _____ State _____ Zip _____

b) Product/Residual Sludge/Rinsate Disposal Site

Name N/A EPA ID# _____
Address _____
City _____ State _____ Zip _____

c) Tank and Piping Transporter

Name N/A EPA I.D. No. _____

Hauler License No. _____ License Exp. Date _____

Address _____

City _____ State _____ Zip _____

d) Tank and Piping Disposal Site

TOP OF TANK

Name SCHNITZER STEEL EPA I.D. No. N/A

Address 1101 EMBARCADERO WEST

City OAKLAND State CA Zip 94604

11. Sample Collector ALREADY PERFORMED. SEE ATTACHED REPORT ANALYTICAL

Name N/A

Company _____

Address _____

City _____ State _____ Zip _____ Phone _____

12. Laboratory

Name N/A

Address _____

City _____ State _____ Zip _____

State Certification No. _____

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

If yes, describe. _____

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

50 pounds of dry ICE

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
300 gal.	UNKNOWN. Suspected used as for building sprinkler system.	N/A	N/A

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

N/A

Excavated/Stockpiled Soil

Stockpiled Soil Volume (estimated) <p align="center">N/A</p>	Sampling Plan <p align="center">N/A</p>
---	--

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

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

If yes, explain reasoning _____

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

16. Chemical methods and associated detection limits to be used for analyzing samples:
 The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed.
 See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
<p align="center">N/A</p>	<p align="center">N/A</p>	<p align="center">N/A</p>	<p align="center">N/A</p>

18. Submit Worker's Compensation Certificate copy

Name of Insurer ALREADY ON FILE

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

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business AQUA SCIENCE ENGINEERS

Name of Individual DAVID ALLEN

Signature *David Allen* Date 7-3-97

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business EMERYVILLE PROPERTIES

Name of Individual WILLIAM LEWERENZ

Signature *David Allen, Agent for Emeryville Properties* Date 7-3-97



NORTH

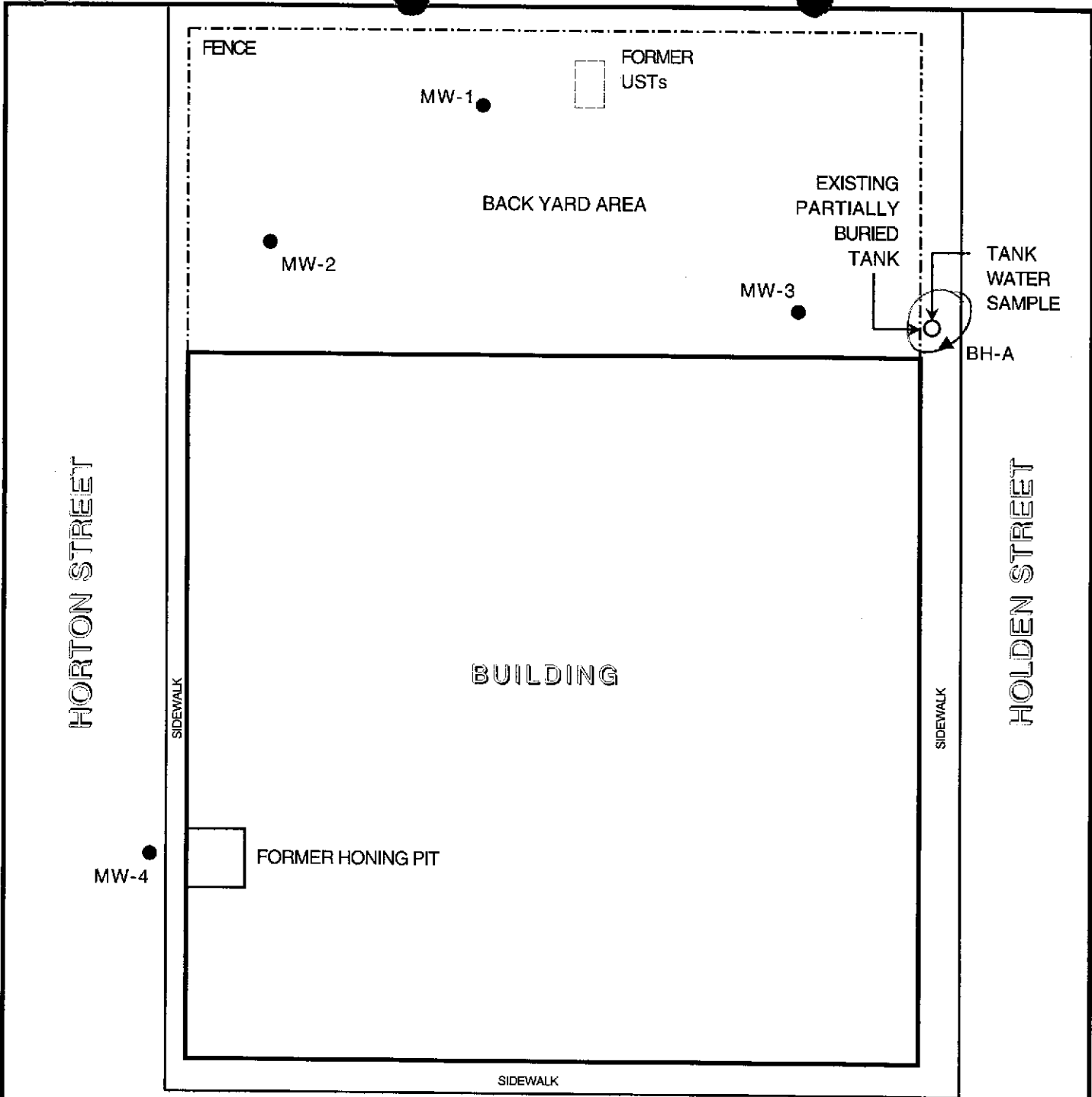


LOCATION MAP

Emeryville Properties Facility
1400 Park Avenue
Emeryville, California

Aqua Science Engineers

Figure 1



PARK AVENUE

LEGEND

MW-4
● MONITORING WELL

BH-A
▲ HAND-AUGERED SOIL BORING



NORTH

SCALE
1" = 50'

SITE PLAN

Emeryville Properties
1400 Park Avenue
Emeryville, California

AQUA SCIENCE ENGINEERS, INC. Figure 2

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

printed 07/07/97

SITE INFORMATION

Chromex (Charles Love Co)
1400 Park Ave
Emeryville 94608
Site Contact:
Site Phone :

StID: 319 Site#: 5000
PROJECT#: 5000C
PROJECT TYPE:*** R ***
INSP: Susan Hugo
ACCT. SHEET PG #: _____

PROPERTY OWNER INFORMATION

Owner Contact:
Owner Phone :

PAYOR INFORMATION

Aqua Science Engineers
2411 Old Crow Canyon Rd. #4
San Ramon CA 94583 # 680
Payor Contact:
Payor Phone :

Date	Action Taken	Time In	Time Out	Hours Spent/Depstd	Hour Balnce	Money Spent/Depositd	Money Balance
07/07/97	Rcpt# 795919 Deposit of \$630.00 @ \$94/hour			+6.7	+6.7	\$630.00	\$630.00
07/07/97	Admin. Charge: 1 hour			1.00	5.7	94.00	\$536.00
7/15/97	Talked to Dave Allen re UST Closure			0.3			
7/15/97	Reviewed UST Closure in place			1.0			
7/17/97	Reviewed HESP; plan approved			1.0			
7/18/97	On site for tank abandonment			1.5			

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : _____ ATTACH: State Forms A, B & C
 Billing Adjustment*
DATE OF COMPLETION : _____ DATE SENT TO BILLING: _____
TOTAL COST OF PROJECT: _____ REFUND AMOUNT: _____ Rev. 7/96

* Billing adjustment forms needed when site is in our UST program.



FAX BEING SENT BY:

Aqua Science Engineers, Inc.
2411 Old Crow Canyon Road, #4
San Ramon, CA 94583
Phone (510) 820-9391
Fax (510) 837-4853

DATE: 7.16.97

TO: SUSAN HUGO

FROM: DAVE ALLEN

NUMBER OF PAGES TO FOLLOW: 2

*****Please Phone If This FAX Is Received Incomplete*****

MESSAGE:

HEALTH & SAFETY PLAN FOR
EMERYVILLE. SEE YOU FRIDAY 7/18/97
Dave
D Site Safety Officer - special tool type to
be used?
D Fire Dept approval -> ✓



SITE HAZARD INFORMATION

*PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE

Owners Name: EMERVILLE PROPERTIES

Site Address: 1400 PARK AVENUE

EMERVILLE

Directions to Site: SEE LOCATION MAP

Consultant On Site: AQUA SCIENCE ENGINEERS Phone Number: (502) 820-9391

Site Safety Officer: SCOTT FERRIMAN Phone Number: (502) 502-0886

Type of Facility: FORMER MACHINE SHOP

Site Activities: Drilling Construction Tank Excavation Soil Excavation Work in Traffic Area
 Groundwater Extraction Vapor Extraction In Situ Remediation Above Ground Remediation

Other: TANK ABANDONMENT

Hazardous Substance

Name (CAS#)	Expected Concentration <input type="checkbox"/> Soil <input type="checkbox"/> Water <input type="checkbox"/> Air	Health Affects
<u>NONE</u>		

Physical Hazards

Noise Excavations/Trenches
 Traffic Other WELDING TORCH
 Underground Hazards
 Overhead Hazards

Potential Explosion and Fire Hazards (Flammable Range = 1% to 10% Gas Vapor): NONE. ASE WILL INFERT THE TANK WITH DRY ICE AND VERIFY THE LEL PRIOR TO TORCHING THE TANK

Level Of Protection Equipment

A B C D See Personal Protective Equipment

Personal Protective Equipment

R = Required A = As Needed
_____ Hard Hat Safety Eyewear (Type) WELDERS HELMET
_____ Safety Boots _____ Respirator (Type) _____
_____ Orange Vest _____ Filter (Type) _____
_____ Hearing Protection Gloves (Type) LEATHER
_____ Tyvek Coveralls _____ Other _____
_____ 5 Minute Escape Respirator _____

SITE HAZARD INFORMATION

Monitoring Equipment on Site

- | | |
|---|--|
| <input type="checkbox"/> Organic Vapor Analyzer | <input type="checkbox"/> PID with lamp of _____ eV |
| <input checked="" type="checkbox"/> Oxygen Meter | <input type="checkbox"/> Draeger Tube _____ |
| <input checked="" type="checkbox"/> Combustible Gas Meter | <input type="checkbox"/> Passive Dosimeter |
| <input type="checkbox"/> H ₂ S Meter | <input type="checkbox"/> Air Sampling Pump |
| <input type="checkbox"/> W.B.G.T. | <input type="checkbox"/> Filter Media _____ |

Site Control Measures TEMPORARY TRAFFIC BARRICADES WILL BE SET UP TO CONTROL FOOT TRAFFIC AWAY FROM SIDEWALK WHERE WORKING IS TAKING PLACE

Decontamination Procedures NONE

Hospital/Clinic KAISER HOSPITAL Phone (510) 596-1000
 Hospital Address 250 W. MACARTHUR BLVD. OAKLAND
 Paramedic 911 Fire Dept. 911 Police Dept. 911

Emergency/Contingency Plans & Procedures ALL WORK WILL CEASE IN THE EVENT OF AN ACCIDENT. INJURED PERSONNEL WILL BE STABILIZED, AND EITHER RUSHED TO KAISER HOSPITAL (SEE DIRECTIONS BELOW) OR AN AMBULANCE WILL BE CALLED TO THE SITE. WORK WILL CONTINUE WHEN ACCIDENT IS RESOLVED.

Site Hazard Information Provided By: DAVE ALLEN Phone Number: (510) 820-9391
Print
Dave Allen Date: 7.15.97
Signature

→ EXIT SITE EAST ON PARK AVE,
 SOUTH ON SAN PABLO.
 EAST ON MACARTHUR.
 UNDER 980 FREEWAY.
 PASS BROADWAY.
 HOSPITAL IS ON LEFT SID.



7/16/97

* need a H&SP |

July 7, 1997

Alameda County Health Care Services Agency
1131 Harbor Bay Parkway
Alameda, CA 94502

ATTENTION: Ms. Susan Hugo

SUBJECT: **Half-buried Tank Abandonment**
Emeryville Properties
1400 Park Avenue
Emeryville, California

STID 319 (5000C)

water sample = ND for TPH, BTEX
nd = 625
625

soil sample at 5' = 170 ppm TPH
ND = BTEX, 8240
8270

metals = 280 ppm Pb
21 ppm AS
42 ppm Cr

Dear Ms. Hugo:

In response to the Alameda County Health Care Services Agency (ACHCSA) letter dated December 9, 1996 (attached), Aqua Science Engineers, Inc. (ASE) has been contracted by Emeryville Properties to submit to you the enclosed application to abandon the half-buried tank at the subject property (Figures 1 & 2).

Also attached is (1) a copy of the analytical report of the soil sample collected from the hand-augered soil boring drilled adjacent to the tank, and (2) the analytical report of the tank water sample collected from the water within the tank. These analytical results have been discussed with your agency and are the basis for the approval to abandon the tank in place.

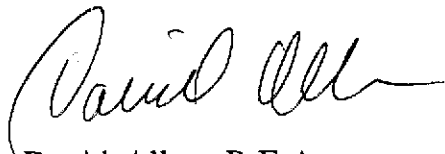
ASE plans on torching the exposed portion of the tank off at ground level, then completely filling the remainder with concrete. ASE recently contacted Mr. George Warren of the Emeryville Fire Department by telephone; his agency informed ASE that they do not need to be involved as long as the ACHCSA is the acting lead agency.

Emeryville Properties is very anxious to have this work completed as soon as possible. ASE will schedule and perform the field activities immediately upon receipt of the approved application. We will notify the ACHCSA at least 48 hours in advance to mobilization. A report of field activities will follow within 30 days after completion of field activities.

Should you have questions or comments, please feel free to call us at (510) 820-9391.

Respectfully submitted,

AQUA SCIENCE ENGINEERS, INC.



David Allen, R.E.A.
Senior Project Manager



Enclosures

cc: Ms. Gwen Tellegen, Emeryville Properties representative.

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME EMERYVILLE PROPERTIES		NAME OF OPERATOR EMERYVILLE PROPERTIES		
ADDRESS 1400 PARK AVENUE		NEAREST CROSS STREET HOLDEN ST.	PARCEL # (OPTIONAL)	
CITY NAME EMERYVILLE		STATE CA	ZIP CODE 94608	SITE PHONE # WITH AREA CODE NONE
<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 DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		# OF TANKS AT SITE 1	E. P. A. I. D. # (optional)	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) ALLEN DAVID		PHONE # WITH AREA CODE 510 820-9391		DAYS: NAME (LAST, FIRST) ALLEN DAVID		PHONE # WITH AREA CODE 510 820 9391	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME EMERYVILLE PROPERTIES		CARE OF ADDRESS INFORMATION C/O WILLIAM LEWERENZ		
MAILING OR STREET ADDRESS 699 2nd Street		<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME San Francisco		STATE CA	ZIP CODE 94107	PHONE # WITH AREA CODE 415 957 1888

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER EMERYVILLE PROPERTIES		CARE OF ADDRESS INFORMATION C/O WILLIAM LEWERENZ		
MAILING OR STREET ADDRESS 699 2nd Street		<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME SAN FRANCISCO		STATE CA	ZIP CODE 94107	PHONE # WITH AREA CODE 415 957-1888

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

TY (TK) HQ **44** -

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

<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input checked="" type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) DAVID ALLEN, ASSE UST, Agent for Emeryville Properties	APPLICANT'S TITLE <i>[Signature]</i>	DATE MONTH/DAY/YEAR 7-6-97
---	---	--------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # <input type="text"/> <input type="text"/>	JURISDICTION # <input type="text"/> <input type="text"/>	FACILITY # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPERVISOR - DISTRICT CODE - OPTIONAL

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 checked="" type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: EMERYVILLE PROPERTIES

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN NOT A FUEL TANK

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

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input checked="" type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 1c MIDGRADE UNLEADED <input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	<input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 8 M85
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED				C. A. S. #:	

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

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

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

A. SYSTEM TYPE	<input checked="" type="checkbox"/> 1 SUCTION	<input type="checkbox"/> 2 PRESSURE	<input type="checkbox"/> 3 GRAVITY	<input type="checkbox"/> 4 FLEXIBLE PIPING	<input checked="" type="checkbox"/> 99 OTHER
B. CONSTRUCTION	<input checked="" type="checkbox"/> 1 SINGLE WALL	<input type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 3 LINED TRENCH	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> 4 FIBERGLASS PIPE	<input type="checkbox"/> 5 ALUMINUM
	<input type="checkbox"/> 6 CONCRETE	<input type="checkbox"/> 7 STEEL W/ COATING	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP	<input type="checkbox"/> 9 GALVANIZED STEEL	<input type="checkbox"/> 10 CATHODIC PROTECTION
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
	<input checked="" type="checkbox"/> 99 OTHER <u>NONE</u>				

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 95 UNKNOWN	<input checked="" type="checkbox"/> 99 OTHER <u>NONE</u>

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

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>DAVID ALLEN ASE INC. Agent for Emeryville Properties</u>	DATE <u>7-6-97</u>
--	-----------------------

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

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

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

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

December 9, 1996
STID # 319

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

Mr. William Lewerenz
Emeryville Properties
699 Second Street
San Francisco, CA 94107

Mr. Thomas La Flamme
c/o Thomas Short Co.
1685 34th Street
Oakland, CA 94608

**RE: Former Chromex / Charles Lowe / Thomas Short Company
1400 Park Street, Emeryville, California 94608**

Dear Mr. Lewerenz & Mr. La Flamme:

This letter is a follow up to the on site meeting I had with Ms. Gwen Tellegan and Mr. Dave Allen of Aqua Science Engineers (ASE) on December 6, 1996 regarding the subsurface investigation related to the three underground storage tanks (USTs) and the vertical honing tank removed from the above referenced site. A work plan for soil and groundwater investigation dated December 2, 1996 and submitted by ASE for the subject site was reviewed and verbally approved by this agency.

During the site visit, ASE was implementing the approved work plan by installing a shallow groundwater monitoring well downgradient of the former honing tank. This well should be included in the groundwater monitoring program for the site. As part of the chromium vault investigation, three monitoring wells (MW-1, MW-2 & MW-3) were previously installed at the site. The chromium vault investigation was given a "no further action" status in the closure letter issued by this office on December 13, 1995. However, continued groundwater monitoring is required concerning the release associated with the three USTs removed from the site.

Groundwater monitoring well MW-1 which is downgradient of the former USTs was sampled on November 6, 1995. Results showed the presence of low levels of toluene (4 ppb), xylene (7.8 ppb), PCE (7.9 ppb), DCE (2.6 ppb), and TCE (5.8ppb). TPH diesel and TPH motor oil were not detected in the water sample. Monitoring well MW-1 must be sampled for the following target compounds; TPH gasoline, TPH diesel, TPH motor oil, BTEX, MTBE and PAH's (if TPH diesel is present). At a minimum, two more quarters of sampling must be conducted in well MW-1.

Mr. Lewerenz and Mr. La Flamme
RE: 1400 Park Avenue, Emeryville, CA 94608
December 9, 1996
Page 2 of 2

With regards to the UST found on the sidewalk along Holden Street, more information is warranted as far as the historical use of the tank, installation and piping diagrams, etc. Any openings /pipings associated with the UST must be capped to prevent water infiltration, usage and /or tampering by others since the UST appears to be accessible to the public. The UST must be properly closed by removal or closure in place. Please submit a UST closure application and provide our office with a copy of the results of the sample collected from the tank and the soil sample collected near the tank area no later than January 9, 1997.

If you have any questions concerning this letter or the subject site, please contact me at (510) 567-6780.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

c: Mee Ling Tung, Director, Environmental Health
Gordon Coleman, Acting Chief, Environmental Protection Division
Sum Arigala, San Francisco Bay, RWQCB
Gwen Tellegan, 2300 E. Imperial Highway, El Segundo, CA 90245
Dave Allen, ASE, 2411 Old Crow Canyon Road, # 4, San Ramon, CA 94583
SH / files

Transfer of Eligible Local Oversight Case

 STID 319 Date of input/By: 1/22/96 na

 Date: 1/22/96 From: SUSAN

 Site Name: CHROMEX

 Address: 1400 PARK AVE. City: EMERYVILLE Zip: 94608

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

1. Y N Tanks Removed? # of removed? 3 Date removed: 10/23/95
2. Y N Samples received? Contamination level: 1300 ppm
 Type of test TPH
 Contamination should be over 100 ppm TPH to qualify for LOP
3. Y N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet
 • diesel • waste oil • kerosene • solvents

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

1.
 - a. Close the deposit refund case.
 - b. Account for **ALL** time you have spent on the case.
 - c. Turn in account sheet to Leslie.
 If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!
 Remaining DepRef \$'s: _____
 DepRef Case Closed with Candyce/Leslie? Y N (If no, explain why below.)
2. Submit the completed **A** and **B** permit application forms to **NORMA**.
3. Give the entire case to the proper LOP staff.

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM. SIGNED: <u>William J. Hugo</u> DATE: <u>1/26/96</u>
REPORT DATE <u>1 M 22 D 09 Y 5</u>	CASE #	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT DAVID ALLEN	PHONE (510) 820-9391	SIGNATURE 	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME AQUA SCIENCE ENGINEERS, INC.		
	ADDRESS 2411 OLD CROW STREET CANYON RD. #4 SAN RAMON CA 94583			

RESPONSIBLE PARTY	NAME EMERYVILLE PROPERTIES <input type="checkbox"/> UNKNOWN	CONTACT PERSON WILLIAM LEWERENZ	PHONE (415) 957-1888
	ADDRESS 699 SECOND STREET SAN FRANCISCO CA 94107		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) NONE/VACANT	OPERATOR NONE/VACANT	PHONE () N/A	
	ADDRESS 1400 PARK AVENUE EMERYVILLE ALAMEDA 94608			
	CROSS STREET HORTON			

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME ALAMEDA HEALTH CARE SERVICES	CONTACT PERSON BRIAN OLIVA	PHONE (510) 567-6700
	REGIONAL BOARD CA STATE WATER QUALITY CONTROL BOARD		PHONE (510) 286-1255

SUBSTANCES INVOLVED	(1) NAME GASOLINE	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) NAME DIESEL & MOTOR OIL	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED <u>1 M 02 D 09 Y 5</u>	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <u>1 M 02 D 03 D 1 Y 5</u>			

SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
--------------	--	--

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

CURRENT STATUS	CHECK ONE ONLY removed some soil at time of tank pull & sampled <input checked="" type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
----------------	---

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

COMMENTS	(Empty field for additional notes)
----------	------------------------------------

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

printed 12/21/95

SITE INFORMATION

Chromex (Charles Love Co)
1400 Park Ave
Emeryville 94608
Site Contact:
Site Phone :

StID: 319 Site#: 5000
PROJECT#: 5000B
PROJECT TYPE: *** M ***
INSP: Brian Oliva
ACCT. SHEET PG #: _____

PROPERTY OWNER INFORMATION

Owner Contact:
Owner Phone :

PAYOR INFORMATION

Emeryville Properties
3963 Woodside Ct
Lafayette CA 94549 #849
Payor Contact:
Payor Phone :

Date	Action Taken	Time		Hours Spent/ Depstd	Hour Balnce	Money Spent/ Depositd	Money Balance
		In	Out				
12/19/95	Rcpt# 768131 Deposit of \$3,000.00 @ \$90/hour			+33.33	+33.333	000.00	3,000.00
12/19/95	Admin. Charge: 1 hour	1.00	32.332	910.00	2,910.00
	<i>Note Previous charges</i>						
	<i>Balance</i>						
	<i>Close account LDP transfer</i>						

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : Brian Oliva ATTACH: State Forms A, B & C
 Billing Adjustment*
DATE OF COMPLETION : 12/11/95 DATE SENT TO BILLING: 2/21/95
TOTAL COST OF PROJECT: _____ REFUND AMOUNT: 0 Rev. 5/95

* Billing adjustment forms needed when site is in our UST program.

#319

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME EMERYVILLE PROPERTIES (FORMERLY CHROMEX)		NAME OF OPERATOR C/O MR. WILLIAM LEWERENZ		
ADDRESS 1400 PARK AVENUE		NEAREST CROSS STREET HORTON	PARCEL # (OPTIONAL)	
CITY NAME EMERYVILLE		STATE CA	ZIP CODE 94608	SITE PHONE # WITH AREA CODE N/A
<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 DISTRICTS <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		# OF TANKS AT SITE 20	E. P. A. I. D. # (optional) CAC001133144	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) ALLEN, DAVID	PHONE # WITH AREA CODE 510-820-9391	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) ALLEN, DAVID	PHONE # WITH AREA CODE 510-946-6646	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME EMERYVILLE PROPERTIES c/o WILLIAM LEWERENZ		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 699 2nd ST.		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME SAN FRANCISCO		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE AGENCY
		<input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> FEDERAL AGENCY	
		STATE CA	ZIP CODE 94107	PHONE # WITH AREA CODE

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER EMERYVILLE PROPERTIES c/o WILLIAM LEWERENZ		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 699 2nd ST		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME S.F.		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE AGENCY
		<input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> FEDERAL AGENCY	
		STATE CA	ZIP CODE 94107	PHONE # WITH AREA CODE

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

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

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

<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input checked="" type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) DAVID ALLEN <i>David Allen</i>	APPLICANT'S TITLE PROJECT MANAGER	DATE MONTH/DAY/YEAR 10.11.95
--	--------------------------------------	---------------------------------

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 048168	11/22/95 <i>na</i>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL	

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 checked="" type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: FORMER CHROMEX FACILITY

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>2500</u>

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

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E			
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input 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 checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYO 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"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

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

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNKNOWN</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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>DAVID ALLEN David Allen</u>	DATE <u>10.11.95</u>
--	-------------------------

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>048168</u>	<u>000001</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: FORMER CHROMEX FACILITY

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>~500</u>

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

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

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

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input 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 checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYO 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"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNKNOWN</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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>DAVID ALLEN</u>	DATE <u>10-11-95</u>
--	-------------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>048168</u>	<u>010002</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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

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

Project Specialist

ACCEPTED

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

These closure/removal plans have been received and found to be acceptable and especially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/destruction.
 One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.
 Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws.
 Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
- Sampling
- Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:

Contact Specialist:

Special Inspections
Health & Safety Plans must adhere to Title 8 (OSHA)

Ben [unclear]

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business NONE (Property previously leased to Chromex Co.)
 Business Owner or Contact Person (PRINT) Mr. William Lewerenz
2. Site Address 1400 PARK AVENUE
 City EMERYVILLE Zip 94608 Phone NONE
3. Mailing Address c/o EMERYVILLE PROPERTIES 699 2ND STREET
 City S.F. Zip 94107 Phone _____
4. Property Owner EMERYVILLE PROPERTIES c/o WILLIAM LEWERENZ
 Business Name (if applicable) ↑
 Address 699 2ND STREET
 City, State SAN FRANCISCO Zip 94107
5. Generator name under which tank will be manifested
EMERYVILLE PROPERTIES c/o WILLIAM LEWERENZ
 EPA ID# under which tank will be manifested C A 0 0 0 1 1 3 3 1 4 4

6. Contractor AQUA SCIENCE ENGINEERS, INC.
Address 2411 OLD CROW CANYON ROAD #4
City SAN RAMON CA 94583 Phone 510.820.9391
License Type* A HAZ ID# 487000

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

7. Consultant (if applicable) AQUA SCIENCE ENGINEERS, INC.
Address _____
City, State _____ Phone _____

8. Main Contact Person for Investigation (if applicable)
Name DAVID ALLEN Title PROJECT MANAGER
Company AQUA SCIENCE ENGINEERS, INC.
Phone 510.820.9391

9. Number of underground tanks being closed with this plan 2
Length of piping being removed under this plan 0
Total number of underground tanks at this facility (**confirmed with owner or operator) 2

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name FIRST ENVIRONMENTAL GROUP EPA I.D. No. CAD 981425911
Hauler License No. 1865 License Exp. Date 3.96
Address 3501 COLLINS AVE.
City RICHMOND State CA Zip 94806

b) Product/Residual Sludge/Rinsate Disposal Site

Name SEAPORT PETROLEUM CORP EPA ID# CAL000032058
Address 675 SEAPORT AVENUE
City REDWOOD CITY State CA Zip 94603

c) Tank and Piping Transporter

Name ERICKSON, INC. EPA I.D. No. CAD009466392
Hauler License No. 0019 License Exp. Date 7/31/96
Address 255 PARR BLVD.
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name ERICKSON, INC. EPA I.D. No. CAD009466392
Address 255 PARR BLVD.
City RICHMOND State CA Zip 94801

11. Sample Collector

Name DAVID ALLEN
Company AQUA SCIENCE ENGINEERS, INC.
Address 2411 OLD CROW CANYON ROAD #4
City SAN RAMON State CA Zip 94608 Phone 510.820.9391

12. Laboratory

Name AEN
Address 3440 VINCENT ROAD
City PLEASANT HILL State CA Zip 94523
State Certification No. 1172

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

If yes, describe. _____

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

TRIPLE RINSE, EVALUATE LIQUIDS ADD DRY ICE AT
 A RATE OF 30# / 1000 gal tank volume.

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
500 gal. GASOLINE	UNKNOWN (probably > 10yrs.)	SOIL POSSIBLY GROUND- WATER	EACH END PIT (IF FOUND)
500 GAL DIESEL	"	"	"
~300 gal gasoline	"	"	"

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

DISPENSERS ARE DIRECTLY ABOVE UST'S.
 NO PIPING.

Excavated/Stockpiled Soil

<p>Stockpiled Soil Volume (estimated)</p> <p>20 YARDS</p>	<p>Sampling Plan</p> <p>ONE (1) FOUR-POINT COMPOSITE PER 100 CUBIC YARDS FOR DISPOSAL OR, 1 DISCRETE PER 20 YDS FOR RE-USE AS BACKFILL.</p>
---	---

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

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

If yes, explain reasoning _____

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

16. Chemical methods and associated detection limits to be used for analyzing samples:
 The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed.
 See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPH-G	5030	8015 M	1 ppm
BTEX		8020	0.005 ppm
TPH-D	3550	8015 M	1 ppm

18. Submit Worker's Compensation Certificate copy

Name of Insurer ALREADY ON FILE

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

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business AQUA SCIENCE ENGINEERS, INC.

Name of Individual DAVID ALLEN

Signature David Allen Date 10-11-95

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business EMERYVILLE PROPERTIES

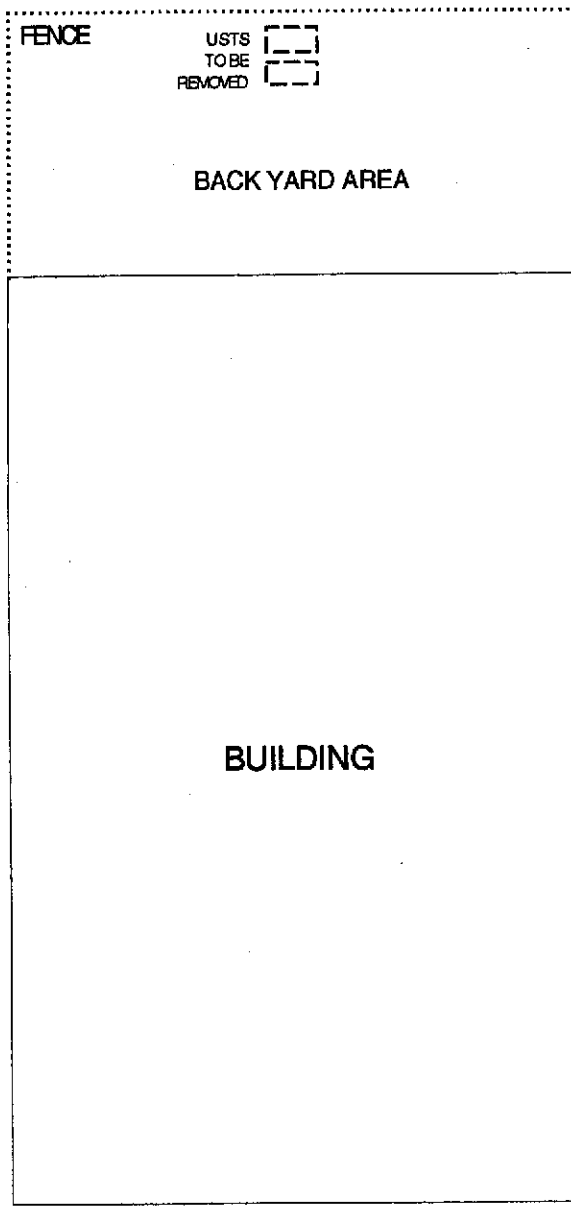
Name of Individual c/o WILLIAM LEWERENZ

Signature David Allen, authorized agent for Date 10-11-95
Mr. William Lewerenz

H
O
R
T
O
N

S
T
R
E
E
T

S
I
D
E
W
A
L
K



BACK YARD AREA

BUILDING

SIDEWALK

PARK AVENUE



NORTH
NOT TO SCALE

SITE PLAN

1400 Park Avenue
Emeryville, California

Aqua Science Engineers

Figure 1

SITE HAZARD INFORMATION

***PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE**

Owners Name: EMERYVILLE PROPERTIES c/o WILLIAM LEWENZ

Site Address: 1400 PARK AVENUE
EMERYVILLE, CA 94608

Directions to Site: _____

Consultant On Site: AQUA SCIENCE ENGINEERS Phone Number: (510) 820-9391

Site Safety Officer: DAVID ALLEN Phone Number: (510) 820-9391

Type of Facility: WAREHOUSE NOW, FORMER MACHINE SHOP / CARBONE FACILITY

- Site Activities: Drilling Construction Tank Excavation Soil Excavation Work in Traffic Area
 Groundwater Extraction Vapor Extraction In Situ Remediation Above Ground Remediation
 Other: _____

Hazardous Substance

Name (CAS#)	Expected Concentration	Health Affects
<u>GASOLINE</u>	<input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Water <input type="checkbox"/> Air <u>UNKNOWN</u>	<u>RESPIRATORY, SKIN + EYE</u>
<u>DIESEL</u>	<u>UNKNOWN</u>	<u>IRRITATION, DIZZINESS,</u> <u>HEADACHE.</u>

Physical Hazards

- Noise Excavations/Trenches
 Traffic Other _____
 Underground Hazards _____
 Overhead Hazards _____

Potential Explosion and Fire Hazards (Flammable Range = 1% to 10% Gas Vapor): LEL TO BE MONITORED
WITHIN USTs PRIOR TO REMOVAL.

Level Of Protection Equipment

- A B C D See Personal Protective Equipment

Personal Protective Equipment

R = Required A = As Needed

- Hard Hat Safety Eyewear (Type) OSHA APPROVED SHIELDS
 Safety Boots _____ Respirator (Type) _____
 _____ Orange Vest _____ Filter (Type) _____
 Hearing Protection Gloves (Type) _____
 _____ Tyvek Coveralls _____ Other _____
 _____ 5 Minute Escape Respirator _____

SITE HAZARD INFORMATION

Monitoring Equipment on Site

- | | |
|--|--|
| <input checked="" type="checkbox"/> Organic Vapor Analyzer | <input type="checkbox"/> PID with lamp of _____ eV |
| <input checked="" type="checkbox"/> Oxygen Meter | <input type="checkbox"/> Draeger Tube _____ |
| <input checked="" type="checkbox"/> Combustible Gas Meter | <input type="checkbox"/> Passive Dosimeter |
| <input type="checkbox"/> H ₂ S Meter | <input type="checkbox"/> Air Sampling Pump |
| <input type="checkbox"/> W.B.G.T. | <input type="checkbox"/> Filter Media _____ |

Site Control Measures ALL EXCAVATION BOUNDARIES WILL BE FENCED OFF TO UNAUTHORIZED PERSONNEL DURING USE REMOVAL ACTIVITIES. THE ENTIRE SITE WILL BE FENCED-OFF DURING NON-WORKING TIMES.

Decontamination Procedures ALL CONTAMINATED EQUIPMENT, TOOLS + PPE WILL EITHER BE DRY DECONTAMINATED OR APPROPRIATELY DISCARDED ON SITE.

Hospital/Clinic ALTA BATES HOSPITAL Phone (510) 540-0337

Hospital Address 3001 COLBY PLAZA BERKELEY

Paramedic 911 Fire Dept. 911 Police Dept. 911

Emergency/Contingency Plans & Procedures CALL 911

Site Hazard Information Provided By: DAVID ALLEN Phone Number: (510) 820-9391

David Allen Print
David Allen Signature Date: 10-11-95

SEYFARTH, SHAW, FAIRWEATHER & GERALDSON
ATTORNEYS AT LAW

55 EAST MONROE STREET - SUITE 4200
CHICAGO, IL 60603-5803
(312) 346-8000
FAX (312) 269-8869

815 CONNECTICUT AVENUE, N.W.
WASHINGTON, D.C. 20006-4004
(202) 463-2400
FAX (202) 828-5393

ONE CENTURY PLAZA - SUITE 3300
2029 CENTURY PARK EAST
LOS ANGELES, CA 90067-3063
(310) 277-7200
FAX (310) 201-5219

900 THIRD AVENUE
NEW YORK, NY 10022-4728
(212) 715-9000
FAX (212) 752-3116

101 CALIFORNIA STREET - SUITE 2900
SAN FRANCISCO, CALIFORNIA 94111-5858
(415) 397-2823
FAX (415) 397-8549

400 CAPITOL MALL - SUITE 2350
SACRAMENTO, CA 95814-4420
(916) 558-4828
FAX (916) 558-4839

700 LOUISIANA STREET - SUITE 3900
HOUSTON, TX 77002-2731
(713) 295-2300
FAX (713) 295-2340

INTERNATIONAL

AVENUE LOUISE 500, BOITE 8
1050 BRUSSELS, BELGIUM
TELEPHONE (32) (2) 647.60.25
FAX (32) (2) 640.70.71

AFFILIATE FIRM

MATRAY, MATRAY & HALLET
BRUSSELS AND LIEGE, BELGIUM
COLOGNE, GERMANY
18630

October 3, 1995

Jeffrey M. Judd, Esq.
O'Melveny & Myers
Embarcadero Center West
275 Battery Street
San Francisco, California 94111-3305

Re: Environmental Cleanup - 1400 Park Avenue, Emeryville

Dear Jeff:

As this office has consistently stated to you in previous correspondence, Thomas Short Company is not liable for any of the environmental cleanup/remediation which has taken place, or which Alameda County Health Care Services Agency believes should take place in the future, at 1400 Park Street, Emeryville. As we have previously advised, all environmental issues at the site are the responsibility of the Charles Lowe Company, current and prior occupants of the premises. Thomas Short Company purchased only the assets of the Charles Lowe Company and did not assume any of its liabilities.

The Thomas Short Company, without any legal obligation to do so, gratuitously has expended a substantial sum to address numerous environmental remediation issues undertaken by Aqua Science Engineering Inc. However, as Thomas Short Company advised in its last correspondence to your office, it will not continue to fund any further environmental remediation at the site.

Specifically, Thomas Short Company will not take on liability for the installation of a monitoring well, nor for submitting a work plan for the installation of same. As discussed in the August 24, 1995 correspondence from the Alameda County Health Care Services Agency, Brian P. Oliva. Similarly, Thomas Short Company will not pay the sum of \$3,000 requested by the County of Alameda. Thomas Short Company looks to your client, Mr. Lewerenz, the owner of Emeryville Properties, to handle these issues.

Jeffrey M. Judd, Esq.
October 3, 1995
Page 2

Should you have any questions concerning the above, please don't hesitate to contact the undersigned.

Very truly yours,

SEYFARTH, SHAW, FAIRWEATHER & GERALDSON

By



Kari J. Erickson

Enclosure

KJE:jak

cc: Whitney Thornton, Esq.
Thomas D. LaFlamme
Ariu Levi, Supervising Hazardous Materials Specialist
Susan Hugo, Senior Haz Mat Specialist, LOP
Sum Arigala, Regional Water Quality Control Board
Gilbert Jensen, Al Co Deputy District Attorneys Office
Dave Allen, Aqua Science Engineering Inc.
Gwen Tullegan, 2300 East Imperial Highway, 7th Floor, El Segundo, California
90245

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6777

September 29, 1995

Emeryville Properties
c/o William Lewerenz,
699 2nd Street,
San Francisco, CA 94107

Subject: Former Chromex facility, 1400 Park St., Emeryville, CA

Dear Mr. Lewerenz:

This office conducted an Underground Storage Tank (UST) inspection on September 28, 1995. This inspection was prompted by the contractors on site discovering the tops of two (2) USTs during repair work at the site.

Enclosed you will find a copy of the inspection report. The report requires that you take steps to remove the tanks as soon as possible. I have already been in contact with a contractor preparing to "bid" on the task of removing the tanks. Thank you for your interest in expediting the removal. This office will endeavor to assist you in any way in order to facilitate the actions required to comply with the underground tank laws (Title 23, California Code of Regulations)

I can be reached at (510) 567-6737, if you have any questions.

Sincerely,

Brian P. Oliva, REHS, REA
Senior Hazardous Materials Specialist

cc: Ariu Levi, Manager North Area, Alameda County
Susan Hugo, LOP
Gilbert Jensen, Al. Co. Deputy District Attorneys office
Sum Arigala, RWQCB

3/1/95

ALCC
HAZMAT

STATE OF CALIFORNIA

PETE WILSON, Governor

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD

SAN FRANCISCO BAY REGION

2101 WEBSTER STREET, SUITE 500

OAKLAND, CA 94612

(510) 286-1255



Charles Lowe Inc.
a Successor Corporation to Chromex Inc
and, a Wholly owned subsidiary of:
Thomas A Short Inc.,
C/O Tom La Flamme,
3430 Wood Street,
Oakland, CA 94608

August 26, 1994
File No.: 2223.09 (SA)

Mr. Michael Parker,
Mr. Anthony Geisler,
Mr. William Lewerenz,
DBA Emeryville Properties
699 2nd Street,
San Francisco, Ca, 94107

RE: Chromex, 1400 Park Avenue, Emeryville, Alameda, Legal
Request for Submittal of a Technical Report Resulting from
the Alameda County Department of Environmental Health's
Enforcement Panel Meeting of May 19, 1994.

Dear Mr. La Flamme, Mr. Parker, Mr. Geisler, Mr. Lewerenz:

It has been brought to my attention by Regional Board staff that a condition of soil and ground water pollution exists on your property from an unauthorized release associated with facility operation at the site. The Alameda County Department of Environmental Health (ACHD) staff have requested technical reports from you to fulfill your obligations per California Water Code.

A Pre-Enforcement Review Panel meeting was held at the ACHD Offices on May 19, 1994 attended by Mr. Kevin Graves, of my staff. Following the panel meeting, all parties were given the opportunity to submit additional materials up through and including August 12, 1994. That time having passed and pursuant to the Regional Board's authority under Section 13267(b) of the California Water Code, you are hereby required to submit a technical report to address soil and ground water pollution by September 30, 1994. This technical report should specifically address the following numbered items:

- 1) A report discussing the investigation regarding the contamination at the site completed to date and shall include but not limited to the groundwater monitoring data, monitoring well construction diagrams, soil boring data.
- 2) A work plan to define the vertical and lateral extent of the chromium contamination in soil and groundwater.

Enforcement Panel Meeting
Page 2 of 2

- 3) Interim remedial measures implemented or proposed to prevent the migration of the plumes to adjacent sites.
- 4) Proposed remedial action to be implemented at the site to prevent the migration and impact of the plumes to adjacent sites;
- 5) Determination of potential health risk posed by the presence of the contaminant plumes to on-site workers and to occupants of adjacent sites;


I am hereby transmitting this request for a technical report to ACHD for service and case handling. You should be aware that failure on your part to submit the requested technical report, or a submittal received after the date specified in this request may result in fines up to \$1,000 per day of delinquency. Your response to this technical report request should be sent to Brian P. Oliva, at ACHD.

Please be advised that this is a formal request for technical reports pursuant to California Water Code Section 13267(b). Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by either this agency or the Alameda County Department of Environmental Health, Hazardous Materials Division.

If you have any questions regarding the contents of this letter, please contact Brian P. Oliva, of ACHD at (510) 567-6737.

Sincerely,

Steven R. Ritchie
Executive Officer


Steven I. Morse
Chief, Toxics

cc: Gil Jensen, Alameda County District Attorney's Office,
Consumer & Environmental Protection Division.

Brian P. Oliva, Hazardous Materials Specialist, ACHD
Jeff Judd, Attorney at Law 275 Battery St.,
San Francisco, CA 94111

