



ALLCAL ENVIRONMENTAL

March 19, 2002

MAR 22 2002

Mr. Don Puckett
4687 Hawaina Way
Kelseyville, CA 95451

Ms. Betty Puckett
18153 Plymouth Drive
Castro Valley, CA 94546

RE: Well Closure at 1420 162nd Avenue, San Leandro, CA 94578

Dear Mr. and Ms. Puckett:

Thank you for contracting with ALLCAL Environmental (ALLCAL) to destroy (close) three groundwater monitoring wells (MW-1, MW-2, and MW-3, see attached SITE PLAN) at the above referenced property. This letter and the attachments provide documentation of closure of the wells. ALLCAL understands the well closures were required by the Alameda County Health Care Services Agency in a letter to you.

Prior to closing the wells, ALLCAL obtained drilling permits (see attached Permits, numbers W01-2107, W01-2108, and W01-2109) from the Alameda County Public Works Agency (ACPWA). EXPLORATION GEOSERVICES, INCORPORATED [EGI (Driller's License Number C57 484288)] of San Jose, California was contracted to conduct the work.


On March 18, 2002, EGI closed the above three wells by pressure grouting their casings with a neat Portland Cement Type II slurry. All vault boxes were removed and the remaining holes were filled with concrete to grade.

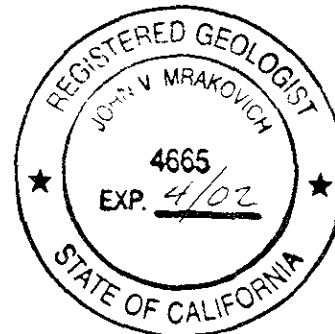
After completing the work, ALLCAL documented the well destructions by completing and submitting three State of California WELL COMPLETION REPORT, DWR 188's (copies attached) to the ACPWA.

On your behalf, ALLCAL has submitted a copy of this letter report and its attachments to eva chu, Hazardous Materials Specialist, Alameda County Health Care Services Agency, as documentation that the wells have been properly closed.

If you have any question, please call me at (209) 586-6464.

Sincerely,


John V. Mrakovich, Ph.D., R.G.



RO 435
CH4



State Water Resources Control Board



Winston H. Hickox
Secretary for
Environmental
Protection

Division of Clean Water Programs
1001 I Street • Sacramento, California 95814
P.O. Box 944212 • Sacramento, California • 94244-2120
(916) 341-5714 • FAX (916) 341-5806 • www.swrcb.ca.gov/cwphome/ustcf

Gray Davis
Governor

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our website at www.swrcb.ca.gov.

APR 29 2002

MAY 01 2002

L & D Scaffold Inc.
James D. Puckett
4687 Hawaina Way
Kelseyville, CA 95451

UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), NOTICE OF PERMIT WAIVER AND ELIGIBILITY DETERMINATION: CLAIM NUMBER 016964 ; FOR SITE 1420 162ND AVE, SAN LEANDRO

Your claim has been accepted for placement on the Priority List in Priority Class "B".

We have completed our initial review. The next step in the claim review process is to conduct a compliance review.

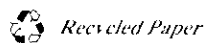
Permit Waiver: Under the amended provisions of Section 25299.57 of the Health and Safety Code (H&SC), the State Board has granted your request for a waiver for the permit requirement as a condition for eligibility to the Fund. It is important to note that when a claimant failed to apply for or obtain the permits required pursuant to Chapter 6.7, Division 20, of the H&SC, by January 1, 1990, and the State Board grants a waiver pursuant to Section 2811(a)(2)(B) of the Underground Storage Tank Cleanup Fund Regulations, the claimant's level of financial responsibility (deductible) is twice the amount otherwise required. In this case, you will be responsible for the first \$10,000 of eligible corrective action costs before the Fund coverage begins.

Compliance Review: Staff reviews, verifies, and processes claims based on the priority and rank within a priority class. After the Board adopts the Priority List, your claim will remain on the Priority List until your Priority Class and rank are reached. At that time, staff will conduct an extensive Compliance Review at the local regulatory agency or Regional Water Quality Control Board. During this Compliance Review, staff may request additional information needed to verify eligibility. Once the Compliance Review is completed, staff will determine if the claim is valid or must be rejected. If the claim is valid, a Letter of Commitment will be issued obligating funds toward the cleanup. If staff determine that you have not complied with regulations governing site cleanup, you have not supplied necessary information or documentation, or your claim application contains a material error, the claim will be rejected. In such event, you will be issued a Notice of Intended Removal from the Priority List, informed of the basis for the proposed removal of your claim, and provided an opportunity to correct the condition that is the basis for the proposed removal. Your claim will be barred from further participation in the Fund, if the claim application contains a material error resulting from fraud or intentional or negligent misrepresentation.

Record keeping: During your cleanup project you should keep complete and well organized records of all corrective action activity and payment transactions. If you are eventually issued a Letter of Commitment, you will be required to submit: (1) copies of detailed invoices for all corrective action activity performed (including subcontractor invoices), (2) copies of canceled checks used to pay for work shown on the invoices, (3) copies of technical documents (bids, narrative work description, reports), and (4) evidence that the claimant paid for the work performed (not paid by another party). These documents are necessary for reimbursement and failure to submit them could impact the amount of reimbursement made by the Fund. *It is not necessary to submit these documents at this time; however, they will definitely be required prior to reimbursement.*

Compliance with Corrective Action Requirements: In order to be reimbursed for your eligible costs of cleanup incurred after December 2, 1991, you must have complied with corrective action requirements of Article 11

California Environmental Protection Agency



Chapter 16, Division 3, Title 23, California Code of Regulations. Article 11 categorized the corrective action process into *phases*. In addition, Article 11 requires the responsible party to submit an *investigative workplan/Corrective Action Plan* (CAP) before performing any work. This phasing process and the workplan/CAP requirements were intended to:

1. help the responsible party undertake the necessary corrective action in a cost-effective, efficient and timely manner;
2. enable the regulatory agency to review and approve the proposed cost-effective corrective action alternative before any corrective action work was performed; and
3. ensure the Fund will only reimburse the most cost-effective corrective action alternative required by the regulatory agency to achieve the minimum cleanup necessary to protect human health, safety and the environment.

In some limited situations *interim cleanup* will be necessary to mitigate a demonstrated immediate hazard to public health, or the environment. Program regulations allow the responsible party to undertake interim remedial action after: (1) notifying the regulatory agency of the proposed action, and; (2) complying with any requirements that the regulatory agency may set. *Interim remedial action should only be proposed when necessary to mitigate an immediate demonstrated hazard. Implementing interim remedial action does not eliminate the requirement for a CAP and an evaluation of the most cost-effective corrective action alternative.*

Three bids and Cost Preapproval: Only corrective action costs required by the regulatory agency to protect human health, safety and the environment can be claimed for reimbursement. You must comply with all regulatory agency time schedules and requirements and you must obtain three bids for any required corrective action. Unless waived in writing, you are required to obtain preapproval of costs for all future corrective action work. *If you do not obtain three bids or a waiver of the three bid requirement, reimbursement is not assured and costs may be rejected as ineligible.*

If you have any questions, please contact me at (916) 341-5714.

Sincerely,

ORIGINAL SIGNED BY

Shari Knieriem
Claims Review Unit
Underground Storage Tank Cleanup Fund

cc: Mr. Steve Morse
RWQCB, Region 2
1515 Clay Street, Ste 1400
Oakland, CA 94612

Ms. Donna Drogos *RO-425*
Alameda County EHD
1131 Harbor Bay Pkwy, 2nd Fl.
Alameda, CA 94502-6577

ALAMEDA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
Division of Environmental Protection

1131 HARBOR BAY PARKWAY, SUITE 250
ALAMEDA, CA 94502-6577
Telephone (510) 567-6700 FAX (510) 337-9335

F A C S I M I L E C O V E R S H E E T

To: Lori Casia (916) 341-5806

From: Eva CHW

Date: 3/27/02

Notes: This NOR was never issued. It should have been issued in Dec 1999. I am currently ready to issue a Remedial Action completion letter.

EW



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

RO0000425

March 27, 2002

Mr. Don Puckett
4687 Hawaina Wy
Kelseyville, CA 95451

Ms. Betty Puckett
18153 Plymouth Drive
Castro Valley, CA 94546

Re: Fuel Leak Site Case Closure for 1420 162nd Avenue, San Leandro, CA

Dear Mr. and Ms. Puckett:

This letter transmits the enclosed underground storage tank (UST) case closure letter in accordance with Chapter 6.75 (Article 4, Section 25299.37[h]). The State Water Resources Control Board adopted this letter on February 20, 1997. As of March 1, 1997, the Alameda County Environmental Protection Division is required to use this case closure letter for all UST leak sites. We are also transmitting to you the enclosed case closure summary. These documents confirm the completion of the investigation and cleanup of the reported release at the subject site. The subject fuel leak case is closed.

SITE INVESTIGATION AND CLEANUP SUMMARY

Please be advised that the following conditions exist at the site:

- up to 2.2ppm benzene and 28ppm MtBE exists in soil beneath the site at 1.5 feet bgs, in the vicinity of the former fuel dispenser;

If you have any questions, please contact me at (510) 567-6762.

A handwritten signature in black ink, appearing to read 'eva chu'.

eva chu
Hazardous Materials Specialist

enclosures: 1. Case Closure Letter 2. Case Closure Summary

c: James Sorensen, Alameda County Planning Dept (QIC 50506) (w/o)
files (l&dscalfold-14)

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

RO0000425

February 26, 2002

Mr. Don Puckett
4687 Hawaina Way
Kelseyville, CA 95451

Ms. Betty Puckett
18153 Plymouth Drive
Castro Valley, CA 94546

RE: Well Decommission at 1420 162nd Avenue, San Leandro, CA

Dear Mr. and Ms. Puckett:

This office and the San Francisco RWQCB have reviewed the case closure summary for the above referenced site and concur that no further action related to the underground tank release is required at this time. Before a remedial action completion letter is sent, the onsite monitoring wells (MW-1 through MW-3) should be decommissioned, if they will no longer be monitored. Please notify this office upon completion of well destruction so a closure letter can be issued.

Well destruction permits may be obtained from Alameda County Public Works. They can be reached at (510) 670-5554.

If you have any questions, I can be reached at (510) 567-6762.

Sincerely,

eva chu
Hazardous Materials Specialist

2nd Fax 2-4-2002

EVA Chu 510-337-9335

I AM IN THE PROCESS OF FILING
FOR A REFUND IN THE IN THE CLEAN
UP FUND. I TALK WITH SHARI KNIERIEN
OF THE STATE WATER CLEAN UP FUND
& SHE WOULD LIKE A COPY OF YOUR
LETTER CLEARING THE PROPERTY ON
1420 162ND AVE SAN LEANDRO.

PH. 707-277-7757 FORMER ADDRESS
L & D. Scaffold INC.
1420 162ND AVE
SAN LEANDRO CA 94578

P.S. SEND LETTER TO ME & I WILL GET A
COPY TO BETTY PUCKETT & SHARI AT THE
CLEAN UP FUND. YOU CAN FAX TO ME AT
THE ABOVE NUMBER, BUT CALL 1ST

Jon

2/3/02 FAX # 1=510=337=9335

5 PAGES

EVA CHU, ALAMEDA COUNTY HEALTH CARE .

**WE NEED TO GET FINAL CLOSURE ON OUR
PROPERTY AT 1420 162ND AVE SAN LEANDRO CA.
SO WE CAN DECOMMISSION THE THREE WELLS.
OUR TENANT IS HAVING PROBLEMS WITH WATER
GETTING INTO TO THE FRONT BLDGN. EVA WE
NEED A FINAL ANSWER TO THIS PROBLEM.A.S.A.P.**



CLEARWATER ENVIRONMENTAL MANAGEMENT, INC.

P.O. Box 2407 UNION CITY, CA 94587-2407

(800) 499-3676 FAX (510) 476-1786

CAR 000 007 013 WE ACCEPT VISA & MASTERCARD

Bill of Lading Invoice # 49074

Date 12-14-01

BILLING INFORMATION

JOB SITE

NAME	NAME	PO #	CASH	CHECK
ADDRESS	ADDRESS	CUSTOMER EPA ID #		
CITY STATE ZIP	CITY STATE ZIP	PROFILE #		
PHONE NO.	PHONE NO.	CUSTOMER ID NO.		

PRODUCT	PROPER SHIPPING DESCRIPTION	WASTE CODE	MANIFEST NUMBER	QUANTITY	UNITS	PRICE	AMOUNT
Used Oil, Non-RCRA Hazardous Waste, Liquid		221					
Used Automotive Antifreeze, Non-RCRA Hazardous Waste, Liquid		134					
City Water Non RCRA Hazardous Waste Liquid							
Non RCRA Hazardous Waste Solid							
Oil Contaminated Debris / Soil							
Waste Combustible Liquid nos 3 UN1993, PG III							
Non Hazardous Waste Liquid			MA 48405	6	300 Cals	125.00	750.00
Non Hazardous Waste Solid			MA 48405	3	300 Cals	135.00	405.00
Transportation Charges							
Washout Charges							
Drained Used Oil Filters							
Empty Drums							
Additional Labor							
Pressure Washer							
Other							

DISPOSAL/RECYCLING FACILITY:

Collection Status: Industrial Agriculture Government Marine

TOTAL

\$1155.00
NET 10 DAYS

- Aliso Independent Oil
5002 Archer Street, Aliso, CA
CAL 090 181 743; 94002
(810) 797-8811
- City Environmental Services
1128 Henaley Street, Richmond, CA
CAT 090 022 148; 94081
(510) 233-8011
- DeManno Kartoon
2000 N Alameda Blvd, Compton, CA
CAT 090 013 352; 90221
(310) 871-3700

- McOrick Waste Treatment Site
6600 Hwy 58 West, McOrick, CA
CAD 090 030 691; 93261
(906) 782-7386
- Seaport Environmental
875 Seaport Blvd, Redwood City, CA
CAD 090 032 066; 94063
(415) 384-5184
- Evergreen Oil
5888 Smith Ave, Newark, CA
CAD 090 867 416; 94568
(510) 796-4400

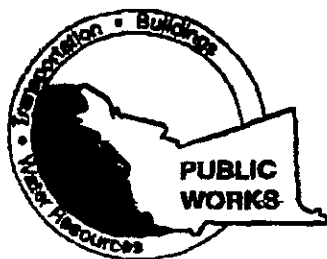
- ORK Environmental
3600 E. 27th Street, Vancouver, CA
CAT 090 033 681; 90023
(231) 248-8088
- Commercial Filter Recycling
33210 Western Ave, Union City, CA
(510) 457-8277; 94087

3740
1-27-02

I hereby certify that the information submitted in this and all attached documents contain true and accurate descriptions of the waste. All relevant information regarding known or suspected hazards associated with the waste has been disclosed. Clearwater transports all wastes to facilities which are properly permitted and licensed to accept these wastes.

DRIVER

REGISTRATION



**COUNTY OF ALAMEDA
PUBLIC WORKS AGENCY**

399 Elmhurst Street • Hayward, CA 94544-1395
(510) 670-5480

January 24, 2002

Ms. Betty Puckett
18153 Plymouth Drive
Castro Valley, CA 94546

**RE: Information request for underground creeks and surface water at
1420-162nd Ave, San Leandro**

Dear Ms. Puckett:

Attached with this letter is a flood control map showing all surface and underground creeks in and around you subject property. No surface or underground creek is with in a 1000' radius from your property.

I apologize for the delay and I hope I have not inconvenienced you too much.

If you have any questions regarding this letter, please feel free to contact me at (510) 670-6633.

Very truly your,

James Yoo
Engineer-Scientist
Water Resources Section

JY:
Attachment:

NON-HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No.	E. Page 1 of 1	2. Document Number NH- No 48405
-------------------------------------	------------------------------	----------------	---

3. Generator's Name and Mailing Address L ED SAPPIS CO. 1470 162ND AVE. SAN LEANDRO, CA. 94577	4. Generator's Phone (510) 537-5226
--	---

5. Transporter Company Name CLEARWATER ENVIRONMENTAL	6. US EPA ID Number CAR000007013	7. Transporter Phone (510) 476-1740
--	--	---

8. Designated Facility Name and Site Address ALVISO INDEPENDENT OIL 5002 ARCHER STREET ALVISO, CA 95002	9. US EPA ID Number GAL000161743	10. Facility's Phone (510) 476-1740
---	--	---

11. Waste Shipping Name and Description	12. Containers		13. Total Quantity	14. U.S. Weight
	No.	Type		
(HOUSEHOLD) Non-Hazardous waste, liquid	006	DM	300	0
(CONCRETE SOIL) NON-HAZARDOUS WASTE SOLID	003	DM	1950	P

18. Special Handling Instructions and Additional Information Wear PPE Emergency Contact (510) 476-1740 Attn: Kirk Hayward	Handling Codes for Wastes Listed Above	
	11a. 14	11b. 14

CLEARWATER ENVIRONMENTAL ON ALVISO OIL HAS ALL THE NECESSARY PERMITS AND LICENSES TO STORE AND TRANSFER THE WASTE CHARACTERIZED ON THIS MANIFEST.

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to state or federal regulations for reporting proper disposal of hazardous waste.

Printed/Typed Name LANCE SIMPSON	Signature <i>Lance Simpson</i>	Month Day Year 12/14/01
--	-----------------------------------	-----------------------------------

17. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Manuel Vazquez	Signature <i>Manuel Vazquez</i>	Month Day Year 12/14/01
---	------------------------------------	-----------------------------------

18. Discrepancy Indication Space

19. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 18. Printed/Typed Name Paul Guerrero	Signature <i>Paul Guerrero</i>	Month Day Year 12/14/01
--	-----------------------------------	-----------------------------------

COPYRIGHT © 1984 BY *McGraw-Hill*

FOR CONTINUATION SEE MAP 31

FOR CONTINUATION SEE MAP 58

FOR CONTINUATION SEE MAP 27

DETAIL



Zone 2 - C

4470

162 Ave

San Leandro

Legend

--- (dashed line)
 --- (solid line)
 --- (dotted line)
 --- (dash-dot line)

ALAMEDA CO

1,530

1,535

1,540

1,545

1,550

1,555

432

ALAMEDA COUNTY
HEALTH CARE SERVICESAGENCY
DAVID J. KEARS, Agency DirectorENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

R00000425

October 24, 2001

Mr. Don Puckett
4687 Hawaina Wy
Kelseyville, CA 95451Ms. Betty Puckett
18153 Plymouth Drive
Castro Valley, CA 94546**RE: Well Decommission at 1420 162nd Ave. San Leandro, CA**

Dear Mr. and Ms. Puckett:

This office reviewed the case file for the above referenced site to determine if closure is warranted at this time. Groundwater monitoring wells were installed to evaluate groundwater quality beneath the site. Currently, only the well adjacent to the former tank dispenser contained MTBE (at 220 parts per billion). It appears that the plume is limited to the vicinity of the former underground storage tank system.

Before we can close the case, it must be demonstrated that there are no sensitive receptors (drinking water wells, underground creeks, etc) in the vicinity of the site (within 1000 feet) that could potentially be impacted by the plume. Please have your consultant prepare a water well and sensitive receptor survey. And please have the drums of purged water at the site disposed of properly.

It is my understanding that you need to repave the site before this winter. Since we are very near closure, and continued groundwater monitoring is not warranted, the groundwater monitoring wells may be decommissioned at this time. Well destruction permits may be obtained from Alameda County Public Works. They can be reached at (510) 670-5554.

Once I receive a report documenting that the above items have been completed, I will continue with case closure for the site. If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

email: John Mrakovich

i&oscaffold-9

EVA.

WE NEED A CLEARANCE
ON THIS PROPERTY! "CALL ME"

Don
1-707-277-7757

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	2. Page 1 of 1	3. Document Number NH- No 48405
GENERATOR	4. Generator's Name and Mailing Address L & D SCAPPOLO CO 1470 162ND AVE SAN LEANDRO, CA 94577			
	Generator's Phone (510) 537-5236			
	5. Transporter Company Name CLEARWATER ENVIRONMENTAL	6. US EPA ID Number CAR000007013	7. Transporter Phone (510) 476-1740	
	8. Designated Facility Name and Site Address ALVISO INDEPENDENT OIL 5002 ARCHER STREET ALVISO, CA 95002	9. US EPA ID Number CAL000161743	10. Facility's Phone (510) 476-1740	
11. Waste Shipping Name and Description		12. Containers	13. Total Quantity	14. Unit Wt/Vol
a. (PURGEMATER) Non-Hazardous waste, liquid		No. Type 006 DM 901 TV	300	G
(CUTTING SOIL) NON-HAZARDOUS WASTE SOLID		003 DM	1950	P
15. Special Handling Instructions and Additional Information Wear PPE Emergency Contact (510) 476-1740 Attn: Kirk Hayward CLEARWATER ENVIRONMENTAL dba ALVISO OIL HAS ALL THE NECESSARY PERMITS AND LICENSES TO STORE AND TRANSFER THE WASTE CHARACTERIZED ON THIS MANIFEST.		Handling Codes for Wastes Listed Above		
		11a.	11b.	
		14	14	
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to state or federal regulations for reporting proper disposal of Hazardous Wastes.				
Printed/Typed Name LANCE SIMPSON		Signature <i>Lance Simpson</i>		Month Day Year 12/14/01
17. Transporter Acknowledgement of Receipt of Materials		Signature <i>Manuel Vargas</i>		Month Day Year 12/14/01
Printed/Typed Name Manuel Vargas				
18. Discrepancy Indication Space				
19. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 18.				
Printed/Typed Name Paul Rueda		Signature <i>Paul Rueda</i>		Month Day Year 12/14/01

January 28, 2002

JAN 30 2002

Attn: Eva Chu
Environmental Health Services
Environmental Protection
1131 Harbor Bay Parkway Ste, #250
Alameda, Ca. 94592-6577

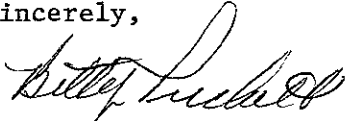
Re: 1420 - 162nd Avenue
San Leandro, Ca.

Enclosed is a copy of flood control map along with a letter from the County Of Alameda- Public Works Agency. Along with the information from the same agency regards to the wells in the area I feel this should qualify for a closure of this site and would appreciate this being handled.

This delay has caused us a great deal of inconvenience and expense and hope we can get a clearance/release letter very soon.

I am also enclosing a copy of the manifest for the water barrels we had hauled away by Clearwater Environmental for your records.

Sincerely,



Betty Puckett

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
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RO0000425

October 24, 2001

Mr. Don Puckett
4687 Hawaina Wy
Kelseyville, CA 95451

Ms. Betty Puckett
18153 Plymouth Drive
Castro Valley, CA 94546

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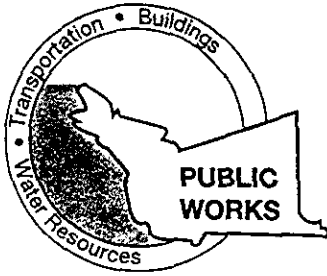
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It is my understanding that you need to repave the site before this winter. Since we are very near closure, and continued groundwater monitoring is not warranted, the groundwater monitoring wells may be decommissioned at this time. Well destruction permits may be obtained from Alameda County Public Works. They can be reached at (510) 670-5554.

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eva chu
Hazardous Materials Specialist

email: John Mrakovich



**COUNTY OF ALAMEDA
PUBLIC WORKS AGENCY**
399 Elmhurst Street • Hayward, CA 94544-1395
(510) 670-5480

January 24, 2002

Ms. Betty Puckett
18153 Plymouth Drive
Castro Valley, CA 94546

**RE: Information request for underground creeks and surface water at
1420-162nd Ave, San Leandro**

Dear Ms. Pukett:

Attached with this letter is a flood control map showing all surface and underground creeks in and around you subject property. No surface or underground creek is with in a 1000' radius from your property.

I apologize for the delay and I hope I have not inconvenienced you too much.

If you have any questions regarding this letter, please feel free to contact me at (510) 670-6633.

Very truly your,

James Yoo
Engineer-Scientist
Water Resources Section

JY:
Attachment:

28

FOR CONTINUATION SEE MAP 26

FOR CONTINUATION SEE MAP 58

1,530, 1,533, 1,542, 1,545

28

FOR CONTINUATION SEE MAP 27

10

432

ALAMEDA CO.

Zone 2-vec 444

1470
162 Ave
San Leandro

Legend
--- = program
--- = 20 feet
(Carve)

DETAIL





ALAMEDA COUNTY PUBLIC WORKS AGENCY

WATER RESOURCES SECTION

377 ELMHURST ST. HAYWARD CA. 94544-1395

PHONE (510) 670-5554 MARLON MAGALLANES, FRANK CODD (510) 570-5743
FAX (510) 722-1936

DRILLING PERMIT APPLICATION

FOR APPLICANT TO COMPLETE

FOR OFFICE USE

LOCATION OF PROJECT LED SCAFFOLD, INC.
1440 10275 AVE.
SAN LEANDRO, CA 94578

PERMIT NUMBER W01-2107
WELL NUMBER _____
APP# _____

CLIENT
Name AS ABOVE
Address _____ Phone _____
City _____ Zip _____

PERMIT CONDITIONS
Generic Permit Requirements Apply

APPLICANT
Name ALLCAL ENVIRONMENTAL
Address P.O. BOX 1052 Fax 209 536 7332
City TUWAIN HARBOR CA Phone 209 536 6444
Zip 95328

A. GENERAL

1. A permit application should be submitted so as to arrive at the ACPWA office five days prior to proposed starting date.
2. Submit to ACPWA within 60 days after completion of performed original Department of Water Resources Well Completion Report
3. Permit is void if project not begun within 90 days of approval date

B. WATER SUPPLY WELLS

1. Minimum surface seal thickness is two inches of cement grout placed by tremie.
2. Minimum seal depth is 50 feet for municipal and industrial wells or 20 feet for domestic and irrigation wells unless a lesser depth is specifically approved.

C. GROUNDWATER MONITORING WELLS INCLUDING PIEZOMETERS

1. Minimum surface seal thickness is two inches of cement grout placed by tremie.
2. Minimum seal depth for monitoring wells is the maximum depth practicable or 20 feet.

D. GEOTECHNICAL

Backfill bore hole by tremie with cement grout or cement grout and crushed upper two-thirds feet placed in kind or with damaged cuttings.

E. CATHODIC

Pit hole anode zone with no scrub placed by tremie

F. WELL DESTRUCTION

See attached requirements for destruction of shallow wells Send a map of works to A different permit application is required for wells deeper than 25 feet

G. SPECIAL CONDITIONS

NOTE: One application must be submitted for each well or well destruction. Multiple borings on one application are acceptable for geotechnical and contamination investigations.

TYPE OF PROJECT

Well Coring, void		Geotechnical Investigation	
Cathodic Protection	<input type="checkbox"/>	General	<input type="checkbox"/>
Water Supply	<input type="checkbox"/>	Contamination	<input type="checkbox"/>
Monitoring	<input type="checkbox"/>	Well Destruction	<input checked="" type="checkbox"/>

PROPOSED WATER SUPPLY WELL USE

New Domestic	<input type="checkbox"/>	Replacement Domestic	<input type="checkbox"/>
Municipal	<input type="checkbox"/>	Irrigation	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	Other	<input type="checkbox"/>

DRILLING METHOD:

Mud Rotary	<input type="checkbox"/>	Air Rotary	<input type="checkbox"/>	Auger	<input type="checkbox"/>
Cable	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	PRESSURE GROUT	

DRILLER'S NAME EXPLORATION SERVICES

DRILLER'S LICENSE NO. C57 494288

WELL PROJECTS

Bore Hole Diameter	<u>8</u> in.	Maximum Depth	<u>25</u> ft.
Casing Diameter	<u>2</u> in.	Owner's Well Number	<u>MW-1</u>
Surface Seal Depth	<u>9</u> ft.		

GEOTECHNICAL PROJECTS

Number of Borings	_____	Maximum Depth	_____ ft.
Hole Diameter	_____ in.		

ESTIMATED STARTING DATE 3/20/02

ESTIMATED COMPLETION DATE 3/20/02

I hereby agree to comply with all regulations of the agency and the State of California.

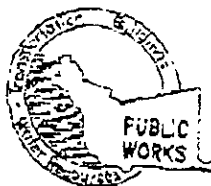
APPLICANT'S SIGNATURE John Meakins DATE 12/4/01

WELLER'S NAME JOHN MEAKINS No. 6 100

APPROVED _____ DATE 12-5-01

NOTES WELL DESTRUCTION REQUIRED BY KAMMER CO. HERCUL. SEE ATTACHED LETTER ALL BRIDGED OR LARGE MATERIAL WILL BE REMOVED FROM CASING TO BOTTOM. CASING WILL BE PRESSURE GRADED.

THIS PERMIT EXPIRES PER _____



ALAMEDA COUNTY PUBLIC WORKS AGENCY

WATER RESOURCES SECTION

399 ELMHURST ST. HAYWARD CA. 94544-1395

PHONE (510) 670-5554 MARLON MAGALLANES/FRANK CODD (510) 670-5783

FAX (510) 782-1939

DRILLING PERMIT APPLICATION

FOR APPLICANT TO COMPLETE

FOR OFFICE USE

LOCATION OF PROJECT LAD SCAFFOLD, INC
7420 102ND AVE.
SAN LEANDRO, CA 94578

PERMIT NUMBER W101-2108
WELL NUMBER
APN

CLIENT Name AS ABOVE
Address
City

PERMIT CONDITIONS
Circled Permit Requirements Apply

APPLICANT Name ALLCAL ENVIRONMENTAL
Address P.O. BOX 1652
City TOURIN HARBOR, CA

A. GENERAL

- 1. A permit application should be submitted so as to arrive at the ACPWA office five days prior to proposed starting date.
2. Submit to ACPWA within 90 days after completion of permit original Department of Water Resources Well Completion Report.
3. Permit is void if project not begun within 90 days of approval date.

B. WATER SUPPLY WELLS

- 1. Minimum surface seal thickness is two inches of cement grout placed by tremie.
2. Minimum seal depth is 30 feet for municipal and industrial wells or 20 feet for domestic and irrigation wells unless a lesser depth is specially approved.

C. GROUNDWATER MONITORING WELLS INCLUDING PIEZOMETERS

- 1. Minimum surface seal thickness is two inches of cement grout placed by tremie.
2. Minimum seal depth for monitoring wells is the maximum depth practicable or 21 feet.

D. GEOTECHNICAL

Backfill bore hole by tremie with cement grout or cement grout and aggregate. Upper two-three feet replaced in kind or with compacted fillings.

E. CATHODIC

Fill hole around case with concrete placed by tremie

F. WELL DESTRUCTION

See attached requirements for destruction of shallow wells. Send a map of work site. A different permit application is required for wells deeper than 45 feet.

G. SPECIAL CONDITIONS

NOTE: One application must be submitted for each well or well destruction. Multiple borings on one application are acceptable for geotechnical and contamination investigations.

TYPE OF PROJECT

Well Construction
Cathodic Protection
Water Supply
Monitoring
Geotechnical Investigation
General
Contamination
Well Destruction

PROPOSED WATER SUPPLY WELL USE

New Domestic
Municipal
Industrial
Replacement Domestic
Irrigation
Other

DRILLING METHOD:

Mud Rotary
Case
Air Rotary
Other
Auger
PRESSURE GRAIN

DRILLER'S NAME EXPLORATION GEOSERVICES

DRILLER'S LICENSE NO. 057484288

WELL PROJECTS

Well Hole Diameter
Casing Diameter
Surface Seal Depth
Maximum Depth
Current Well Number MW-2

GEOTECHNICAL PROJECTS

Number of Borings
Hole Diameter
Maximum Depth

ESTIMATED STARTING DATE

ESTIMATED COMPLETION DATE

I hereby agree to comply with all requirements of this permit and Alameda County Ordinance No. 72.39

APPLICANT'S SIGNATURE John Markovich DATE 12/4/01

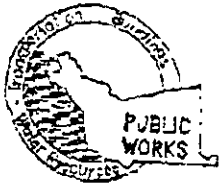
PLEASE PRINT NAME JOHN MARKOVICH

REF: 6-500

APPROVED DATE

NOTE: WELL DESTRUCTION REQUIRED BY ALAMEDA CO. HEALTH. SEE ATTACHED LETTER. ALL DRILLED OR LOGGED MATERIAL WILL BE REMOVED FROM CASING TO BOTTOM. CASING WILL BE PRESSURE GROUTED. THE PERMIT EXTENSES SET APPROXIMATELY TO 3/20/02

Handwritten number 125001



ALAMEDA COUNTY PUBLIC WORKS AGENCY

WATER RESOURCES SECTION

399 ELMHURST ST. HAYWARD CA. 94544-2895

PHONE (510) 670-5554 MARLON MAGALLANES, FRANK CODD (510) 673-5781
FAX (510) 762-1939

DRILLING PERMIT APPLICATION

FOR APPLICANT TO COMPLETE

FOR OFFICE USE

LOCATION OF PROJECT L&D Scaffolds, Inc
1420 162nd Ave
SAN LEANARD, CA 94578

PERMIT NUMBER W01-2109
WELL NUMBER _____
APP# _____

CLIENT
Name AS ABOVE
Address _____ Phone _____
City _____ Zip _____

PERMIT CONDITIONS
Circle Permit Requirements Apply

APPLICANT
Name RURAL ENVIRONMENT
Address P.O. BOX 165 Fax 209 5867322
City TOWN OF HAYWARD, CA Phone 209 5866464
Zip 94533

A. GENERAL

1. A permit application should be submitted so as to arrive at the ACPWA office five days prior to proposed starting date.
2. Submit to ACPWA within 60 days after completion of permitted original Department of Water Resources Well Completion Report.
3. Permit is void if project not begun within 90 days of approval date.

TYPE OF PROJECT

- | | | | |
|---------------------|--------------------------|----------------------------|-------------------------------------|
| Well Construction | | Geotechnical Investigation | |
| Cathodic Protection | <input type="checkbox"/> | General | <input type="checkbox"/> |
| Water Supply | <input type="checkbox"/> | Contamination | <input type="checkbox"/> |
| Monitoring | <input type="checkbox"/> | Well Destruction | <input checked="" type="checkbox"/> |

B. WATER SUPPLY WELLS

1. Minimum surface seal thickness is two inches of cement grout placed by tremie.
2. Minimum seal depth is 50 feet for municipal and industrial wells or 20 feet for domestic and irrigation wells unless a lesser depth is specifically approved.

PROPOSED WATER SUPPLY WELL USE

- | | | | |
|--------------|--------------------------|----------------------|--------------------------|
| New Domestic | <input type="checkbox"/> | Replacement Domestic | <input type="checkbox"/> |
| Municipal | <input type="checkbox"/> | Irrigation | <input type="checkbox"/> |
| Industrial | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

C. GROUNDWATER MONITORING WELLS INCLUDING PIEZOMETERS

1. Minimum surface seal thickness is two inches of cement grout placed by tremie.
2. Minimum seal depth for monitoring wells is the maximum depth piezometer or 20 feet.

DRILLING METHOD:

- | | | | | | |
|------------|--------------------------|------------|-------------------------------------|-----------------------|--------------------------|
| Mud Rotary | <input type="checkbox"/> | Air Rotary | <input type="checkbox"/> | Auger | <input type="checkbox"/> |
| Cable | <input type="checkbox"/> | Other | <input checked="" type="checkbox"/> | <u>PRESSURE GROUT</u> | |

D. GEOTECHNICAL

Backfill bore hole by tremie with cement grout or cement grout and mixture. Upper two-three feet replaced in kind or with compacted casings.

DRILLER'S NAME EXPLORATION GEOSERVICES

E. CATHODIC

Fill the cathodic zone with concrete placed by tremie.

DRILLER'S LICENSE NO. CS7 484288

F. WELL DESTRUCTION

See attached requirements for destruction of shallow wells. Send a map of work site. A different permit application is required for wells deeper than 45 feet.

WELL PROJECTS

Drill Hole Diameter 8 in. Maximum
Casing Diameter 2 in. Depth 25 ft.
Surface Seal Depth 9 ft. Casing Well Number MW-3

G. SPECIAL CONDITIONS

NOTE: One application must be submitted for each well or well destruction. Multiple entries on one application are acceptable for geotechnical and contamination investigations.

GEOTECHNICAL PROJECTS

Number of Casings _____ Maximum
Hole Diameter _____ in. Depth _____ ft.

ESTIMATED STARTING DATE 12/12/01 3/20/02

ESTIMATED COMPLETION DATE 12/16/01 3/20/02

I hereby agree to comply with all requirements of the Alameda County Ordinance No. 73...

APPLICANT'S SIGNATURE Gabe Thompson Date 12/4/01

OPERATOR'S NAME JOHN MRAKONIAN Ref # 61400

APPROVED [Signature] DATE 12-5-01

NOTE: WELL DESTRUCTION REQUIRED BY ALAMEDA CO. HEALTH. SEE ATTACHED LETTER. ALL DRILLED OR LOGGED MATERIAL WILL BE REMOVED FROM CASING TO BOTTOM. CASING WILL BE PRESSURE GROUTED.

THIS PERMIT EXTENDED PER AFFIDAVIT DATES 700-3, 02

Greenwood & Moore, Inc.

19131 REDWOOD ROAD, CASTRO VALLEY, CA 94546
 OFFICE: 510-581-2772 FAX: 510-581-6913

PROJECT: ALL-CAL PROP. SERV.
 1420 162ND AVENUE
 SAN LEANDRO, CA.

JOB NO.
 00116

BY:
 G. Glenn

DATE:
 9/9/00

SHEET
 1 OF 1

REVISED:

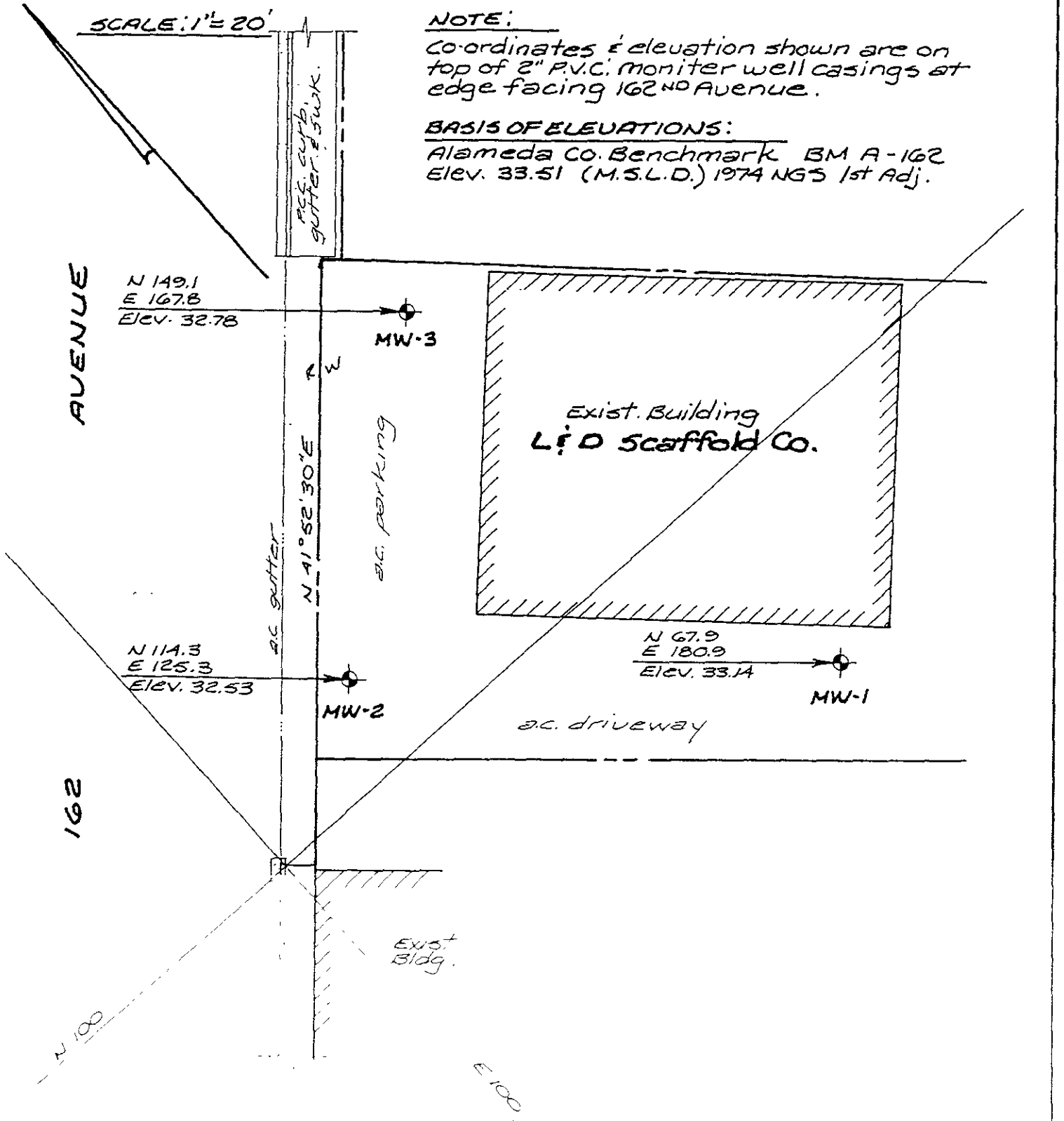
SCALE: 1" = 20'

NOTE:

Co-ordinates & elevation shown are on top of 2" P.V.C. monitor well casings at edge facing 162ND AVENUE.

BASIS OF ELEVATIONS:

Alameda Co. Benchmark BM A-162
 Elev. 33.51 (M.S.L.D.) 1974 NGS 1st Adj.



JUN 29 2001

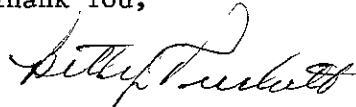
June 27, 2001

Attention: Eva Chu
Environmental Health Services
1131 Harbor Bay Parkway, Ste. #250
Alameda, Ca. 94502-6577

Re: 1420 - 162nd Avenue
San Leandro, Ca. 94578

Per our conversation on 6-27-01 this will confirm that
the above property is owned by James D. Puckett and
Betty G. Puckett only and title is held in these
names.

Thank You,



Betty Puckett

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

RO0000425

June 22, 2001

Mr. Don Puckett
4687 Hawaina Way
Kelseyville, CA 95451

Ms. Betty Puckett
18153 Plymouth Drive
Castro Valley, CA 94546

**SUBJECT: INTENT TO MAKE A DETERMINATION THAT NO FURTHER ACTION IS REQUIRED
OR ISSUE A CLOSURE LETTER FOR 1420 162nd AVE, SAN LEANDRO, CA**

Dear Mr. and Ms. Puckett:

This letter is to inform you that Alameda County Environmental Protection (LOP) intends to make a determination that no further action is required at the above site or to issue a closure letter. Please notify this agency of any input and recommendations you may have on these proposed actions within 20 days of the date of this letter.

In accordance with section 25297.15 of Ch. 6.7 of the Health & Safety Code, you must provide certification to the local agency that all of the current record fee title owners have been informed of the proposed action. Please provide this certification to this office within 20 days of the date of this letter.

If you have any questions about these proposed actions, please contact me at (510) 567-6762.

Sincerely,

eva chu
Hazardous Materials Specialist

c: Chuck Headlee, RWQCB
William McCammon, Alameda County Fire Dept, OIC Code 41401

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

RO0000425

April 18, 2001

Mr. Don Puckett
P.O. Box 7237
Clear Lake, CA 95422

Ms. Betty Puckett
18153 Plymouth Drive
Castro Valley, CA 94546

RE: Groundwater Monitoring at 1420 162nd Ave, San Leandro, CA

Dear Mr. and Ms. Puckett:

I have completed review of AllCal Environmental's February 2001 *First Quarter Groundwater Monitoring Report* prepared for the above referenced site. In the groundwater sampling event that took place in February 28, 2001, MTBE was identified in well MW-2, at 6.7 parts per billion, for the first time. For the next sampling event (May 2001), groundwater from well MW-2 should be analyzed for MTBE and other oxygenates using EPA Method 8260. If MTBE is not present, I will evaluate the case to determine if closure is warranted.

If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

email: John Mrakovich

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

StID 6645

January 5, 2001

Mr. Don Pucket
P.O. Box 7237
Clear Lake, CA 95422

Ms. Betty Puckett
18153 Plymouth Drive
Castro Valley, CA 94546

RE: Continue Quarterly Groundwater Monitoring at 1420 162nd Ave., San Leandro, CA

Dear Mr. and Ms. Puckett:

I have completed review of AllCal Environmental's December 2000 *Fourth Quarter Groundwater Monitoring Report* prepared for the above referenced site. Groundwater sampled in December 2000 revealed lower levels of MTBE in well MW-1. Petroleum hydrocarbons were not detected in wells MW-2 and MW-3.

At this time, please continue with quarterly monitoring of all onsite wells. Groundwater should be analyzed for TPHg and MTBE/BTEX EPA Methods 5030, modified 8015 and 8020 or 602. You may discontinue the analysis for MTBE and other ether oxygenates using Method 8260. After one or two more sampling events, I will review the case for possible closure.

If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

email: John Mrakovich (mrakovich@worldnet.att.net)

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

StID 6645

October 23, 2000

Mr. Don Puckett
P.O. Box 7237
Clear Lake, CA 95422

Ms. Betty Puckett
L&D Scaffold
1420 162nd Avenue
San Leandro, CA 94578

RE: Quarterly Monitoring for 1420 162nd Avenue, San Leandro, CA

Dear Mr. and Ms. Puckett:

I have completed review of AllCal's October 2000 *Report of Well Installations* prepared for the above referenced site. That report summarized the installation of three groundwater monitoring wells at the site. Well MW-1, near the former fuel dispenser, contained up to 110 parts per billion total petroleum hydrocarbons as gasoline (ppb TPHg) and 3,300ppb MTBE. Groundwater appears to flow to the north-northeast with a gradient of 0.0038 ft/ft.

At this time, please continue with quarterly groundwater monitoring of all onsite wells. Groundwater should be analyzed for TPHg, BTEX, and MTBE. For the next sampling event, which should be in December 2000, please also analyze groundwater from Well MW-1 for MTBE and other ether oxygenates using EPA Method 8260. Quarterly monitoring reports are due within 90 days upon completion of field work. After it has been demonstrated that the contaminant plume is stable and/or decreasing, I will review the case for possible closure.

If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

email: John Mrakovich (mtrakovich@worldnet.att.net)

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

StID 6645

July 26, 2000

Mr. Don Puckett
P.O. Box 7237
Clear Lake, CA 95422

Ms. Betty Puckett
L&D Scaffold
1420 162nd Avenue
San Leandro, CA 94578

RE: Work Plan Approval for 1420 162nd Avenue, San Leandro, CA

Dear Mr. and Ms. Puckett:

I have completed review of AllCal Environmental's July 2000 *Groundwater Monitoring Well Installation Work Plan* prepared for the above referenced site. After my discussion with Mr. John Mrakovich, the well locations were modified slightly. The proposal to install three groundwater monitoring wells at the site is acceptable. Field work should commence within 90 days of the date of this letter, **or by October 30, 2000**. Please provide 72 hours notice prior to the start of field activities.

If you have any question, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

c: John Mrakovich, 27973 High Country Drive, Hayward, CA 94542-2530

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

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

StID 6645

May 9, 2000

Mr. Don Puckett
P.O. Box 7237
Clear Lake, CA 95422

Ms. Betty Puckett
L&D Scaffold
1420 162nd Avenue
San Leandro, CA 94578

RE: Groundwater Monitoring Wells for 1420 162nd Avenue, San Leandro, CA

Dear Mr. and Ms. Puckett:

I have completed review of AllCal Environmental's April 2000 *Report of Preliminary Site Assessment* prepared for the above referenced site. That report summarized findings where two soil borings were advanced in the vicinity of the former underground storage tank. Shallow soil samples contained up to 17 parts per million MTBE at 3 feet below ground surface. A grab groundwater sample contained up to 18,000 part per billion MTBE.

At this time, permanent groundwater monitoring wells are required at the site to assess the MTBE plume. A workplan for this next phase of investigation is due within 90 days of the date of this letter, or by August 14, 2000.

If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

email: John Mrakovich (mrakovich@worldnet.att.net)

l&dscalfold-3

to EVA CHU - FROM L&D SCAFFOLD
I HAVE SIGNED A CONTRACT WITH
JOHN MRAKOVICH ON INSTALLING WELLS AS SOON
AS POSSIBLE.
707.994.6753
So Don Puckett President
of L&D Scaffold

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

StID 6645

May 9, 2000

Mr. Don Puckett
P.O.Box 7237
Clear Lake, CA 95422

Ms. Betty Puckett
L&D Scaffold
1420 162nd Avenue
San Leandro, CA 94578

RE: Groundwater Monitoring Wells for 1420 162nd Avenue, San Leandro, CA

Dear Mr. and Ms. Puckett:

I have completed review of AllCal Environmental's April 2000 *Report of Preliminary Site Assessment* prepared for the above referenced site. That report summarized findings where two soil borings were advanced in the vicinity of the former underground storage tank. Shallow soil samples contained up to 17 parts per million MTBE at 3 feet below ground surface. A grab groundwater sample contained up to 18,000 part per billion MTBE.

At this time, permanent groundwater monitoring wells are required at the site to assess the MTBE plume. A workplan for this next phase of investigation is due within 90 days of the date of this letter, or **by August 14, 2000.**

If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

email: John Mrakovich (mrakovich@worldnet.att.net)

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

StID 6645

March 13, 2000

Mr. Don Puckett
P.O.Box 7237
Clear Lake, CA 95422

Ms. Betty Puckett
L&D Scaffold
1420 162nd Avenue
San Leandro, CA 94578

RE: Work Plan for 1420 162nd Avenue, San Leandro, CA

Dear Mr. and Ms. Puckett:

I have completed review of AllCal Environmental's March 2000 *Proposed Work Plan for Preliminary Site Assessment* prepared for the above referenced site. The proposal to advance two boreholes (one at the former dispenser and the other about 15 feet from the former tank excavation, in the estimated downgradient direction of groundwater flow) to delineate the extent of soil and groundwater contamination at the site is acceptable.

Field work should commence within 60 days of the date of this letter, **or by May 15, 2000**. Please provide 72 hours notice this office prior to the start of field activities. If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

email: John Mrakovich (mrakovich@worldnet.att.net)

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

January 13, 2000

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

Ms. Betty Puckett
L & D Scaffolding
1420 162nd Avenue
San Leandro CA 94578

Subject: Past fees for operation of an underground storage tank

Dear Ms. Puckett:

This letter is intended to follow-up on the meeting held today at the Alameda County District Attorney's office. The purpose of this meeting was to discuss your failure to obtain the proper permit required to operate the underground storage tank at L & D Scaffolding.

In order to settle the issue of improper operation you agreed to pay fees which are customarily invoiced to owner/operators for this office's regulatory oversight of an underground storage tank. The fees for the five year period total \$1067.00. Please remit a check payable to "Treasurer, County of Alameda" for the total fees. Address your payment to, my attention, at the letterhead address.

This office will notify the District Attorney's office upon receipt of the fees.

If you have any questions regarding this letter please contact me at (510) 567-6781.

Sincerely,

Robert Weston
Sr. Hazardous Materials Specialist

c: Bob Chambers, Alameda County District Attorney's Office
Ariu Levi, Chief, Hazardous Materials

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9432

StID 6645

January 5, 2000

Mr. Don Puckett
P.O.Box 7237
Clear Lake, CA 95422

Ms. Betty Puckett
L&D Scaffold
1420 162nd Avenue
San Leandro, CA 94578

RE: PSA for 1420 162nd Avenue, San Leandro, CA

Dear Mr. and Ms. Puckett:

I have completed review of Environmental Bio-Systems, Inc's *UST Removal* report prepared for the above referenced site. When a 7,500-gallon gasoline underground storage tank (UST) was removed, soil and groundwater samples were collected. Soil analytical results revealed up to 28 parts per million (ppm) MTBE beneath the former dispenser. And the grab groundwater samples contained up to 2,700 parts per billion (ppb) total petroleum hydrocarbons as gasoline (TPHg), 13 ppb benzene, and 2,600 ppb MTBE.

At this time, additional investigations are required to delineate the extent of soil and groundwater contamination at the site. Such an investigation shall be in the form of a **Preliminary Site Assessment**, or PSA. The information gathered by the PSA will be used to determine an appropriate course of action to remediate the site, if deemed necessary. The PSA must be conducted in accordance with the RWQCB Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, and Article 11 of Title 23, California Code of Regulations. The major elements of such an investigation are summarized in the attached Appendix A.

The PSA proposal is due **within 60 days** of the date of this letter, or by **March 8, 2000**. If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

attachment



Alameda County
District Attorney's Office
Thomas J. Orloff, District Attorney

December 21, 1999

Betty Puckett
L & D Scaffold
1420 162nd Avenue
San Leandro, CA 94578

Re: Violations of State Underground Storage Tank Laws at 1420 162nd Avenue, San Leandro

Dear Ms. Puckett:


As you are aware, L & D Scaffold recently removed a single-walled underground gasoline storage tank from the San Leandro facility. This tank was unpermitted and unmonitored, which violated numerous provisions of the state's Underground Storage Tank Laws (Chapter 6.7 of the California Health and Safety Code, sections 25280 *et seq.*). These violations may have contributed to the unauthorized release which was reported on November 3, 1999.

The Environmental Health Division of the Alameda County Department of Public Health has referred the case to this office for prosecution. Based on what has been presented to us, we intend to pursue an enforcement action against you as both the owner and operator of this facility. While a decision on how to proceed against you is yet to be made, it is our practice that at a minimum we seek civil penalties and cost recovery for the agencies involved, as well as injunctive relief.

Prior to the initiation of formal action against you, we invite you and/or your legal representative to a meeting in this office on January 6, 2000 at 1:30 p.m. to discuss the above matters. We are located in the twelve story building directly across the Nimitz Freeway (I-880) from the Oakland Coliseum at 7677 Oakport Street, Suite 400, in Oakland. Please call and confirm your attendance. My telephone number is 510-639-7205.

Very truly yours,

THOMAS J. ORLOFF
District Attorney

By: 
Robert F. Chambers
Senior Deputy District Attorney

cc: Robert Weston



Alameda County
District Attorney's Office
Thomas J. Orloff, District Attorney

December 21, 1999

Betty Puckett
L & D Scaffold
1420 162nd Avenue
San Leandro, CA 94578

Re: Violations of State Underground Storage Tank Laws at 1420 162nd Avenue, San Leandro

Dear Ms. Puckett:


As you are aware, L & D Scaffold recently removed a single-walled underground gasoline storage tank from the San Leandro facility. This tank was unpermitted and unmonitored, which violated numerous provisions of the state's Underground Storage Tank Laws (Chapter 6.7 of the California Health and Safety Code, sections 25280 *et seq.*). These violations may have contributed to the unauthorized release which was reported on November 3, 1999.

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THOMAS J. ORLOFF
District Attorney

By. 
Robert F. Chambers
Senior Deputy District Attorney

cc Robert Weston



L & D
Scaffolding
Inc.

ENVIRONMENTAL
PROTECTION

1420 - 162nd Avenue
San Leandro, CA 94578
(510) 276-9211
FAX (510) 276-9218

99 DEC -9 AM 10:36

12/8/99

Please send all correspondence regarding this information to the address above - in care of Don and Betty Puckett. You may call the above number if you require information not enclosed in this packet.

Thank You,

Betty Puckett

- high MTBE (268ppm) in soil under dispenser
- need HPs to delineate MTBE in GW.

at same time, can consider boring beneath former dispenser to collect SS at 3' and 5' ^{logs} ~~logs~~
to cap pump sample. Analyze 5' + cap from
only if 3' sample is 'hot'.

Transfer of Eligible Local Oversight Case

STID 6645 Date transferred _____

Date: 12/8/99 From: Eva Chu

Site Name: L+D Scaffold, Inc.

Address: 1420 162nd Ave City: San Leandro Zip: 94578

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

1. N Tanks Removed? # of removed? 1 Date removed: 10/25/99
2. N Samples received? Contamination level: 2.6 ppm
Type of test MtBE in groundwater
Contamination should be over 100 ppm TPH to qualify for LOP
3. 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.

} in process

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.	
REPORT DATE 11/10/99		CASE #		SIGNED: <i>[Signature]</i> DATE: 11/10/99	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Tim Babcock		PHONE (408) 979-8600		SIGNATURE <i>[Signature]</i>
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Environmental Bio-Systems, Inc.		
	ADDRESS P.O. Box 7171 STREET CITY San Jose STATE CA ZIP 95150				
RESPONSIBLE PARTY	NAME L&D Scaffold <input type="checkbox"/> UNKNOWN		CONTACT PERSON Ms. Betty Puckett		PHONE (510) 276-9211
	ADDRESS 1420 162nd Ave. STREET CITY San Leandro STATE CA ZIP 94578				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) L&D Scaffold		OPERATOR		PHONE (510) 276-9211
	ADDRESS 1420 162nd Ave. STREET CITY San Leandro COUNTY CA ZIP 94578				
	CROSS STREET 14th Street				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County HCSA		CONTACT PERSON Ms. Eva Chy		PHONE (510) 6567-6762
	REGIONAL BOARD San Francisco Bay		PHONE ()		
SUBSTANCES INVOLVED	(1) NAME QUANTITY LOST (GALLONS) Unleaded Gasoline <input checked="" type="checkbox"/> UNKNOWN				(2) <input type="checkbox"/> UNKNOWN
	DISCOVERY/ABATEMENT DATE DISCOVERED: 10/26/99 HOW DISCOVERED: <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER				
DATE DISCHARGE BEGAN: <input checked="" type="checkbox"/> UNKNOWN METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY): <input 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					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" 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 <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY <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				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input checked="" type="checkbox"/> OTHER (OT) No action taken.				
COMMENTS	ISA required in remediation				

Chu, Eva, Public Health, EH

From: TMBatEBS@aol.com[SMTP:TMBatEBS@aol.com]
Sent: martedì 26 ottobre 1999 7.32
To: EChu@co.alameda.ca.us
Subject: L&D Scaffold Soil and Water Results

Hello, Eva. Here are the results for the stockpile composite soil sample and pit water samples we collected yesterday:

Soil for TPHg/BTEX/MTBE is all ND.

Water for TPHg/BTEX/MTBE had:

2700 ppb TPHg

13 ppb Benzene

34 ppb Toluene

3.4 ppb Ethyl Benzene

16 ppb Xylenes

MTBE was detected. 8260 Confirmation showed only 2600 ppb MTBE and none of the other oxygenated gas additives.

My question to you is whether or not this is high enough to trigger a further assessment? If so, I'll try a recharge sample this morning. Please call me as soon as possible on my cell phone [510-773-7350].

Tim

Chu, Eva, Public Health, EH

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Tim

950'

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy.
Suite 250
Alameda, CA 94502-6577
(510) 567-6700

Hazardous Materials Inspection Form

II, III

6645

Site ID # ~~6645~~ Site Name LTD Scaffold Today's Date 10/25/99

Site Address 1420 162nd Ave

City San Leandro Zip 94577 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

0% 02

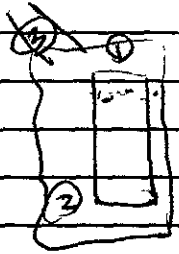
* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

GW at ~ 8' bgs. UST is tar-wrapped (in good int. condition - some stain observed along north end of UST)

① soil sample from N wall ~ 6-7' bgs

② clay w/ no noticeable HC odor



③ SS from SW corner - clay w/ no obvious HC odor ~ 7' bgs

③ SS from below dispenser ~ 1.5' bgs - no odor

Water sampled before tank was removed. No sheen in water vials.

Analyze soil + GW for TPH g, BTEX, mt E + Total Pb if MTBE is detected w/ Method 8020, confirm w/ 8260.

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 MATS

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

III. UNDERGROUND TANKS (Title 23)

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

- 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/gndwater mon.
 - 6) Daily Inventory Annual tank testing Cont pipe leak det
 - 7) Weekly Tank Gauge Annual tank tising
 - 8) Annual Tank Testing Daily Inventory
 - 9) Other _____

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

- New Tanks
- 11. Monitor Plan 2632
 - 12. Access Secure 2634
 - 13. Plans Subm. Date: 2711
 - 4. As Bui. Date: 2635

Contact: Tim Babcock
 Title: President, EBS
 Signature: [Signature]

Inspector: E.J. Clark
 Signature: [Signature]

II, III

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

ACCEPTED

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

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

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 Inspection 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

[Signature]

OCT 13 1999

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business L & D Scaffold, Inc.
 Business Owner or Contact Person (PRINT) Betty Puckett

2. Site Address 1420 162nd Ave.
 City San Leandro CA Zip 94578 Phone (510) 276-9211

3. Mailing Address 1420 162nd Ave.
 City San Leandro CA Zip 94578 Phone (510) 276-9211

4. Property Owner Ms. Betty Puckett
 Business Name (if applicable) L & D Scaffold, Inc.
 Address 18153 Plymouth Dr.
 City, State Castro Valley CA Zip 94546

5. Generator name under which tank will be manifested
L & D Scaffold.

EPA ID# under which tank will be manifested CA 0002117856

6. Contractor Reese Construction
 Address 18275 Bolinger Canyon Rd.
 City San Ramon CA 94583 Phone (510) 410-8570
 License Type A - HAZ ID# 738538
7. Consultant (if applicable) N/A
 Address _____
 City, State _____ Phone _____
8. Main Contact Person for Investigation (if applicable)
 Name Bill Bassett Title Project Manager
 Company Reese Construction
 Phone (510) 410-8570
9. Number of underground tanks being closed with this plan ONE
 Length of piping being removed under this plan 10 feet
 Total number of underground tanks at this facility (**confirmed with owner or operator) ONE
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 American Valley Waste Oil, Inc. EPA I.D. No. CAL 000121154
 Hauler License No. 2953 License Exp. Date 6/30/00
 Address 2930 Geer Rd., Suite 156
 City Turlock State CA Zip 95382

b) Product/Residual Sludge/Rinsate Disposal Site

Name Seaport Environmental EPA ID# CAL 000032058
 Address 675 Seaport Blvd
 City Redwood City State CA Zip 94063

c) Tank and Piping Transporter

Name ECT EPA I.D. No. CAL 982030173
Hauler License No. 1533 License Exp. Date 3/31/00
Address 235 Parr Blvd.
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name ECT EPA I.D. No. CAL 982030173
Address 235 Parr Blvd
City Richmond State CA Zip 94801

11. Sample Collector

Name Tim Babcock
Company Environmental Bio-Systems, Inc.
Address P.O. Box 7171
City San Jose State CA Zip 95150-7171 Phone (408) 979-8600

12. Laboratory

Name McCampbell Analytical
Address 110 2nd Ave. South, # B7
City Pacheco State CA Zip 94553
State Certification No. 1644

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

If yes, describe. _____

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

Add dry ice at least 25 lbs. per 1000 gal. of tank capacity. Measure LEL and O₂ using a portable combustible gas meter.

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
7,500 gal.	Installation date unknown; estimated 1960's Used to store gasoline for use in company vehicles	-soil - ground water if present in excavation	-Two from beneath tank - (one from each end) - a maximum of 2 feet into native soil - One soil sample from beneath the dispenser

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (estimated) 20 c.y.	Sampling Plan One 4-point composite sample

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

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

If yes, explain reasoning If approved by on-site agency representatives, leaving hole open would severely impact business operations.

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

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

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

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
<u>SOIL</u> Leaded gasoline	TPHg by 5030	GC FID	1.0 ppm
	BTXE and <u>MTBE</u>	8240 or 8260	0.005 ppm
	TP Total lead	AA	3.0 ppm
<u>Groundwater</u> Leaded gasoline	TPHg 5030	GC FID	50.0 ppb
	BTXE <u>MTBE</u>	602 or 624	0.5 ppb
	Total lead	AA	5.0 ppb

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Compensation Insurance Fund

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

20. Enclose Deposit (See Instructions)

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

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

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

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

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

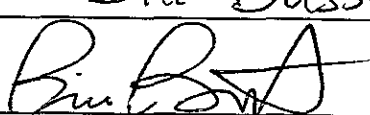
I understand that information, in addition to that provided above, may be needed in order to obtain approval from the Environmental Protection Division and that no work is to begin on this project until this plan is approved.

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

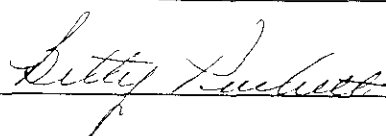
I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner 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

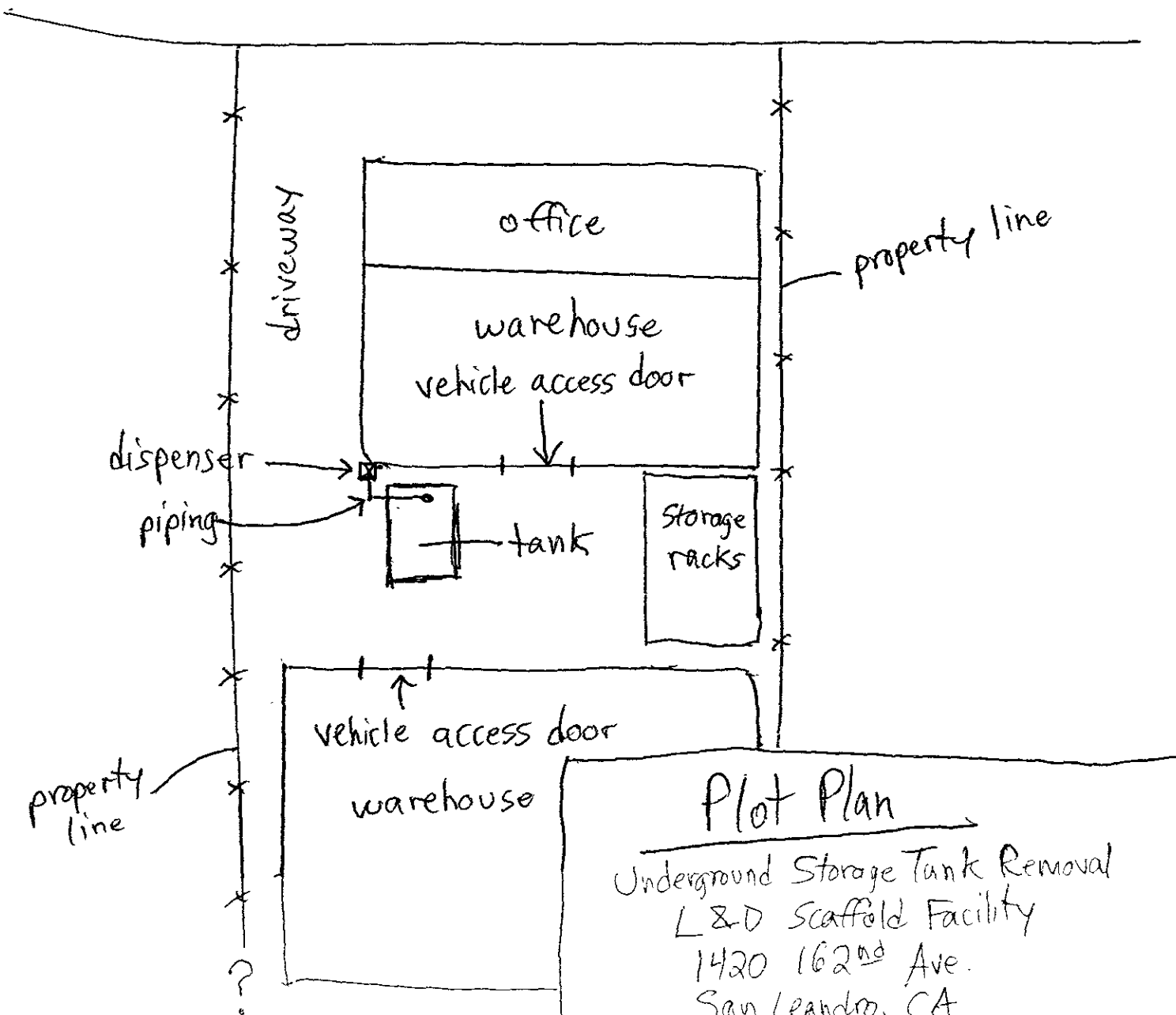
Name of Business Reese Construction
Name of Individual Bill Bassett
Signature  Date 9-17-99

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business L & D Scaffolding, Inc.
Name of Individual Betty Puckett
Signature  Date 9-17-99

NORTH
↑

162nd Ave.



Plot Plan

Underground Storage Tank Removal
L&D Scaffold Facility
1420 162nd Ave.
San Leandro, CA

Field sketch by Bill Bassett
Reese Construction
Sept. 17, 1999
NOT TO SCALE
Depth to groundwater unknown

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

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

6440
Site ID Number
(if known)

SITE INFORMATION:

L & D Scaffold, Inc.

Name of Site

1420 162nd Ave.

Street Address

San Leandro CA 94578

City, State & Zip Code

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

Tom Reese

Name

18275 Bollinger Canyon Rd

Street Address

San Ramon CA 94583

City, State & Zip Code



Signature of Payor

9-18-99

Date

Tom Reese

Name of Payor

(PLEASE PRINT CLEARLY)

Reese Construction

Company Name of Payor

RETURN FORM TO:

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

State of California
Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code
and the Rules and Regulations of the Contractors State License Board,
the Registrar of Contractors does hereby issue this license to:

JOHN THOMAS REESE



to engage in the business or act in the capacity of a contractor
in the following classification(s):

A - GENERAL ENGINEERING CONTRACTOR



Witness my hand and seal this day,

July 29, 1997

Reese Construction

Signature of Licensee

John Thomas Reese

Signature of License Qualifier

Issued July 28, 1997

Paul W. Johnson
Registrar of Contractors

738538

License Number

This license is the property of the Registrar of Contractors, is not
transferrable, and shall be returned to the Registrar upon demand
when suspended, revoked, or invalidated for any reason. It becomes
void if not renewed.

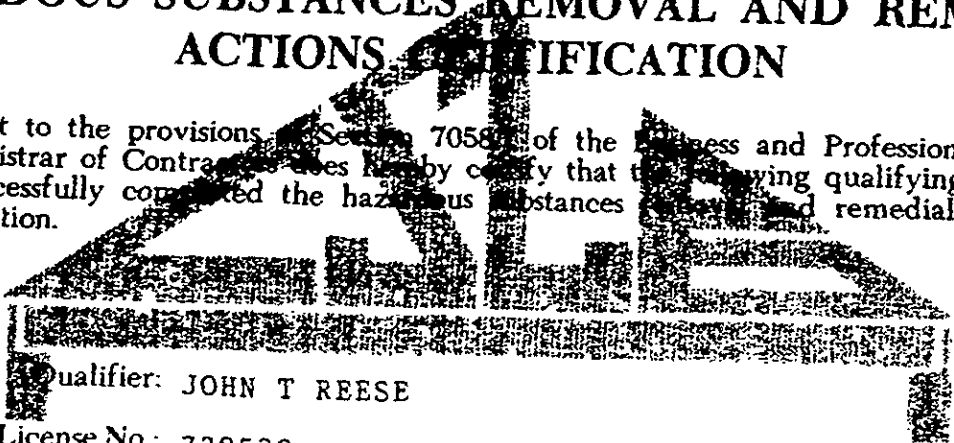


Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

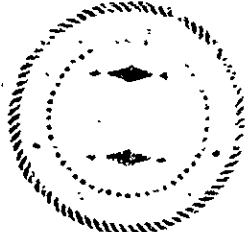
Pursuant to the provisions of Section 7058 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: JOHN T REESE

License No.: 738538

Business Name: JOHN THOMAS REESE



WITNESS my hand and official seal this
day of DECEMBER 26, 1997

Registrar of Contractors

13L-36 (4/96)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A- 7456

6440

REMOVED
10/25/99

E. Cita

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 L & D Scaffold, Inc.		NAME OF OPERATOR L & D Scaffold, Inc.		
ADDRESS 1420 162nd Ave.		NEAREST CROSS STREET E. 14th St.	PARCEL # (OPTIONAL)	
CITY NAME San Leandro		STATE CA	ZIP CODE 94578	SITE PHONE # WITH AREA CODE (510) 276-9211
<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*				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST _____				
TYPE OF BUSINESS		<input type="checkbox"/> 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) CAL002117856

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Betty Puckett	PHONE # WITH AREA CODE (510) 276-9211	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) Betty Puckett	PHONE # WITH AREA CODE (510) 537-5236	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Betty Puckett		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 1420 162nd Ave.		<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME San Leandro		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY
	STATE CA	ZIP CODE 94578	PHONE # WITH AREA CODE (510) 276-9211	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Betty Puckett		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 1420 162nd Ave.		<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME San Leandro		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY
	STATE CA	ZIP CODE 94578	PHONE # WITH AREA CODE (510) 276-9211	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 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 type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input checked="" type="checkbox"/> 99 OTHER	State Fund

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

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

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

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

OWNER'S NAME (PRINTED & SIGNED)	OWNER'S TITLE	DATE	MONTH/DAY/YEAR
---------------------------------	---------------	------	----------------

LOCAL AGENCY USE ONLY

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

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

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

6140

REMOVED 5/99 E. 1/12

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: L & D Scaffold, Inc.

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D. # <u>N/A</u>	B. MANUFACTURED BY: <u>unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1960's ?</u>	D. TANK CAPACITY IN GALLONS: <u>7,500</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 type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input checked="" type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
D. IF (A-1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED					C. A. S. #:

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

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

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

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

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

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

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

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

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

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS

Section 2711 of Title 23, Division 3, Chapter 16, California Code of Regulations and sections 25286, 25287, and 25289 of Chapter 6.7, Division 20, Health and Safety Code require tank owners to apply for an UST operating permit.

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument. you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(3) CCR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) CCR].

TOP OF FORM: MARK ONLY ONE ITEM

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

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

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

II. TANK CONTENTS

- A. 1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.
2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D. Check the appropriate box.
- B. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- C. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

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

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. If OTHER, print in the space provided.

IV. PIPING INFORMATION

1. Circle "A" if above ground circle "U" if underground, and circle both if applicable.
2. If UNKNOWN circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

V. TANK LEAK DETECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88)
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check "Yes" or "No".

6440
6645



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 L & D Scaffold, Inc.		NAME OF OPERATOR L & D Scaffold, Inc.			
ADDRESS 1420 162nd Ave.		NEAREST CROSS STREET E. 14th St.	PARCEL # (OPTIONAL)		
CITY NAME San Leandro		STATE CA	ZIP CODE 94578	SITE PHONE # WITH AREA CODE (510) 276-9211	
<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*					
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST					
TYPE OF BUSINESS <input type="checkbox"/> 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) CAC002117856	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Betty Puckett	PHONE # WITH AREA CODE (510) 276-9211	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) Betty Puckett	PHONE # WITH AREA CODE (510) 537-5236	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Betty Puckett		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 1420 162nd Ave.		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME San Leandro		STATE CA	ZIP CODE 94578	PHONE # WITH AREA CODE (510) 276-9211

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Betty Puckett		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 1420 162nd Ave.		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME San Leandro		STATE CA	ZIP CODE 94578	PHONE # WITH AREA CODE (510) 276-9211

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 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 type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input checked="" type="checkbox"/> 99 OTHER	State Fund

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

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

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

OWNER'S NAME (PRINTED & SIGNED) Betty Puckett	OWNER'S TITLE owner	DATE MONTH/DAY/YEAR 9-17-99
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LOCAL AGENCY USE ONLY

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

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

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

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: L & D Scaffold, Inc.

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. # <u>N/A</u>	B. MANUFACTURED BY: <u>unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1960's ?</u>	D. TANK CAPACITY IN GALLONS: <u>7,500</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 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"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<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"/> 8 M85
			<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"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___ <u>unknown</u>			
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) <u>N/A</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>N/A</u>	
	DROP TUBE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		DISPENSER CONTAINMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>Betty Muckett Betty Muckett</u>	DATE <u>9-17-99</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D. #	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JUNE 10, 1999

POLICY NUMBER: 1544007 - 98
CERTIFICATE EXPIRES: 12-30-99

ENGEO INC.
ATTE: GENEVIEVE HINES
2401 CROW CANYON RD STE 200
SAN RAMON CA 94583

JOB: ALL CALIFORNIA OPERATIONS

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

This policy is not subject to cancellation by the Fund except upon ³⁰~~15~~ days' advance written notice to the employer.

We will also give you ³⁰~~15~~ days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

Tom Hansen
AUTHORIZED REPRESENTATIVE

Kc Bollier
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 06/10/99 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.
NAME OF ADDITIONAL INSURED: ENGEO INC.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 12/30/98 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

REESE, JOHN THOMAS AND REESE, BARBARA LYNN
DBA: REESE CONSTRUCTION
18275 BOLLINGER CANYON RD
SAN RAMON CA 94583

Ro-425

RADIUS SEARCH FOR 1420 162nd Ave, SAN LEANDRO

PTr	Section	Address	Owner	City	Drilldate	Total Depth (Ft)	Diam (In)	Use	DIST FROM SITE	
		1420 162 ND Street							0	
3S/2W	6J 7	16109 Ashland Ave	Citation Builders	6R02	SLZ	7/91	440	12	DES	279
3S/2W	6J 8	16109 Ashland Ave	Citation Builders	6R80	SLZ	5/91	550	12	DES	279
3S/2W	6J 9	16109 Ashland Ave	Citation Builders	6R81	SLZ	7/91	80	10	DES	279
3S/2W	6J10	16109 Ashland Ave	Citation Builders	6R82	SLZ	7/91	170	10	DES	279
3S/2W	6J11	16109 Ashland Ave	Citation Builders	6R83	SLZ	8/91	25	1	DES	279
3S/2W	6J12	16109 Ashland Ave	Citation Builders	6R85	SLZ	8/91	90	8	DES	279
3S/2W	6J 2	15960 MATEO ST	J. TONINI		SLZ	1/23	60	6	ABN	584
3S/2W	6J 1	16053 ASHLAND	MANUEL ROSE		SLE	1/10	52	12	IRR	584
3S/2W	6J 3	1115 SANTA ANA ST	KEN KRENTZ		SLE	7/77	26	4	IRR	584
3S/2W	6R 5	16109 Ashland Ave	Citation Homes Cent	6R84	SLZ	8/91	65	8	DES	616
3S/2W	6R 4	16100 Bertero Ave.	Okada Brothers Nursery		SLZ	Oct-90	17	4	TES	698
3S/2W	6R 3	TENNYSON	COSTELLO		SLZ	7/49	51	0	?	759
3S/2W	6R 1	16239 ASHLAND AV	J. FIDELGO		SLE	1/40	70	4	IRR	759
3S/2W	6R 2	16109 ASHLAND AV	OKADA BROTHER INC.		SLE	Oct-47	440	12	IRR+	759
3S/2W	6K 1	15801 E. 14TH ST	LEE DUGAN		SLE	8/49	148	8	IRR	1248
3S/2W	6K 2	877 MOONEY AV & CONNWALSH			SLZ	1/57	30	4	IRR	1248
3S/2W	6K	15803 EAST 14TH STREET	UNOCAL SERVICE STATIOS	SLE			0	0		1248
3S/2W	6Q 1	717 VIDELL ST	ERNEST CARBAL		SLZ	1/56	13	4	IRR	1354
3S/2W	6Q 2	825 JAN CT	T.D. SEXTON		SLZ	1/52	15	4	IRR	1354
3S/2W	5M 2	1480 162ND AVE	PROTEZ		SLE	1/40	95	8	ABN	1454
3S/2W	5N 2	1414 164TH AVE	SELIN		HAY	1/14	48	5	IRR	1464
3S/2W	5N 3	1501 163RD AVE	NAMURA NURSERY		SLE	1/39	50	8	IRR	1464
3S/2W	6G 5	E. 14th St. && Thrush Ave	C & H Development Co.,		SLE	3/93	18	2	DES	1588
3S/2W	6H 2	1570 MONO AVE	MAGNAINI		SLE	1/27	40	10	ABN	1835
3S/2W	6H 4	15803 East 14th Street	Unocal Corporation		SLE	3/90	25	2	DES	1835
3S/2W	6H 1	1575 159TH AVE	MARY WELSH		SLE	1/24	32	8	IRR	1835
3S/2W	6H16	159th & Mono Ave	PG&E		SLE	Dec-91	122	0	OTH	1897
3S/2W	6H11	1500 Thrush Ave.	Nelson Maples/Narou MW1		SLE	3/93	18	2	DES	1941
3S/2W	6H12	1500 Thrush Ave.	Nelson Maples/Narou MW2		SLE	3/93	18	2	DES	1941
3S/2W	6H13	1500 Thrush Ave.	Nelson Maples/Narou MW3		SLE	3/93	18	2	DES	1941
3S/2W	21C 3	15741 E. 14TH ST	A.M. KING		SLE	7/48	141	10	?	1944

DOM = Domestic Well

IRR = Irrigation Well

TES = Test Well

DES = Well Destroyed (unknown previous use)

ABN = Abandoned Well (unknown previous use)

12/23/01

List of all wells Destroyed , Abandon, Irrigation & Others

- #1 CITATION HOMES"7" WELLS 16109 ASHLAND SLE "1991". MAP SHOWS MORE THAN "2000" FEET FROM 162ND.DESTROYED**
- #2 NELSON MAPLES " 3 " WELLS 1500 THRUSH SLE "1993" MORE THAN "3000"FEET FROM 162ND AVE" DESTROYED"**
- #3 P.G.&E 159TH & MONO SLE. "1 " WELL, MORE THAN " 3000 " GONE ??? " 1991"**
- #4 A.M. KING 15741 E. 14TH ST SLE." 1 " WELL MORE THAN "3000" FEET "GONE "1948" ???**
- #5 MARY WELSH 1575 159TH AVE "1" WELL OVER "3000" FEET INSTALLED YEAR " 1924 " IRRIGATION ?? OR GONE??**
- #6 UNOCAL 15803 E. 14TH SLE"1"WELL MORE THAN "3000" FEET "DESTROYED"1990**

ABANDON WELLS

- #7 J. TONINI 15960 MATEO ST. MORE THAN A "1000" FEET YEAR DRILLED"1923" ABANDON" CLOSE TO 162ND SITE "CAN IT BE FOUND???**
- #8 MANUAL ROSE 16053 ASHLAND AVE "ABANDON" YEAR DRILLED"1910" IRRIGATION ?? CAN IT BE FOUND ?? CLOSE 162ND SITE.**

- #9 KEN KRANZ 1115 SANTA ANA "ABANDON" ??
YEAR DRILLED "1977" OVER 4000 FEET
IRRIGATION??**
- #10 OKADA BROS. 16109 ASHLAND & 16100 BERTERO
TEST WELL YEAR 1990 NURSERY CLOSED ,ALSO
WELL??? ASHLAND AVE SITE YEAR "1947"
NURSERY
CLOSED ,WELL ALSO ?? IRRIGATION ?? 3000 FT.
PLUS**
- #11 T.D. SEXTON 825 JAN CT. 1 WELL OVER 3000 FEET
YEAR 1952 IRRIGATION??1 WELL ON MOONEY SLZ
OVER "4000" FEET YEAR DRILLED 1957**
- #12 J.FIDELGO "1 WELL"16239 ASHLAND AVE OVER
3000 FEET YEAR "1940 " IRRIGATION ??**
- #13 LEE DUGAN "1 WELL" 15801 E. 14TH OVER 3000
FEET YEAR "1949" IRRIGATION ??**
- #14 PROTEZ 1480 162ND AVE ABOVE 1420 SITE,
ALSO WATER ABOVE CAN ONLY FLOW DOWN,
OR HAS THINGS IN THE NEW TECH WORLD.
NAMURA NURSERY AT 1501 163RD IRRIGATION ,
CLOSED AT LEAST 15 YEARS CAN THE WELL
FOUND"1939" ??SELIN 1414 164TH YEAR "1914"
WE HAVE GOT KIDDING ON SOME THESE
WELLS. "ABANDON"**
- #15 C.&H. DEV. E.14TH & THRUST SLE DESTROYED
YEAR "1993" OVER "3000" FEET ALSO.**
- #16 717 VIADEL ST. SLZ ERNEST CARBAL OVER 3000**

FEET , IRRIGATION??? YEAR "1956" ??

#17 MAGNAINI 1570 MONO SLE." ABANDON" , WELL DRILLED "1927 "CAN THE WELL BE FOUND? OVER" 3000" FEET

#18 L.&D. SCAFFOLD INC. SITE "1420" 162ND AVE SLE, WELLS DRILLED IN YEAR 2000. MOST OF OF THE ABOVE WELLS HAVE BEEN ABANDON DESTROYED , 16 WELLS TO BE EXACT. MOST OF THE REMAINING WELLS WERE DRILLED FROM YEAR OF "1910" TO "1956" I DO NOT THINK YOU WILL FIND ANY OF THESE WELLS,BECAUSE OF A LOT DEVELOPMENT OVER THE YEARS. I PERSONALLY HAVE SOME PROBLEMS WITH GROUND WATER RUNNING TOWARDS THE BAY AND SOME OF THE SITES ARE ABOVE OUR PROPERTY,ALSO ALL OR MOST ARE 2000 FEET OR MORE AND LAST BUT NOT LEAST WE HAVE THREE WELLS DRILLED AND ONE HAD M.T.B.E IN THE AREA BY THE PUMP AND THE OTHER TWO WHEN LAST CK.DID NOT HAVE ANY& ARE ONLY 60 FEET AWAY DID NOT. MY QUESTION IS THIS, HOW CAN THE WELLS MORE THAN A 1000 PLUS AWAY FROM THE SITE BE A "M.T.B.E." PROBLEM FOR US. WHY DO WE KEEP GETTING THIS MORE & MORE CONFUSED, WHEN WE GET CLOSE TO GETTING THIS WRAPED UP THERE IS ALWAYS SOMETHING ELSE. WE DID NOT REFINED THE GAS NOR DID WE LEGISLATE THE CLEAN GAS ACT INTO LAW.THE BOYS SACRAMENTO DID THAT LITTLE DEED WITH SOME HELP FROM THE BOYS IN D.C.

THE ONLY REASON THEY CAME UP WITH THE CLEAN UP FUND WAS TO COVER THIER A---

FROM HAVING A BIG CLASS ACTION SUITS,MANY LITTLE CO.WENT BANKRUPT AND WERE SHUT DOWN BECAUSE OF THE CONTAMANATION OF THE M.T.B.E. AND YOU CAN ADD SOME HUGE COST TO COUNTYS, CITIES & LAKES FOR THIS BOONDOGGLE .YOU CAN ESCAPE ALMOST ANY THING WITH OIL MONEY& TAXES BACKING YOU UP.THE TRUTH OF THE MATTER I THINK THIS GONE ON LONG ENOUGH AND ONE THING IS FOR SURE IT HAS COST US ENOUGH IN DOLLARS AND FROM MENTAL SIDE IT HAS COST MORE .THE BOTTOM LINE WE DID NOT CREATE THE MESS BUT WE SURE AS HELL PAID FOR IT, WITH HIGHER GAS PRICES & REMOVAL OF THE TANK WE HAD. AFTER DOING A CHECK UP ON THIS I UNDER STAND THE OIL COMPANYS MADE BILLIONS AND SCREWED UP THE ENVIRONMENT AND SMALL U.S.T. OWNERS ALONG WITH IT.THERE

WAS NOT A CHOICE OF BUYING OR NOT BUYING GAS WITH M.T.B.E. IN IT YOU HAD TO BUY IT,AND WE COULD GET BLAMED & MAYBE GO TO JAIL ALSO IF WE DIDNT COMPLY WITH THE MESS THEY HAVE MADE.

P. S." EVA CHU", LETS GET THIS BEHIND ALL OF US, THIS WAS NOT THAT BAD OF A SITE. WE NEED TO SHUT DOWN THE WELLS AND GET THAT PLACE PAVED FOR THE TENANT.

**HAPPY "NEW YEAR"
MAPS ENCLOSED**

SIGNED J.DON PUCKETT PRESIDENT

EVA. IF YOU HAVE ANY
PERMITS WE PURCHASE
THROUGH ROBT WESTON & ROBT.
CHAMBERS D.A. OF ALABAMA
COUNTY - IN DEC. 1999. PLEASE
~~SEND~~ THEM TO MR. A.S.A.P.
100