

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JAN 22, 1999

POLICY NUMBER: 1255669-98
CERTIFICATE EXPIRES: 08-01-99

STATE LABOR COMMISSIONER
DEPT OF INDUSTRIAL RELATIONS
100 PASEO DE SAN ANTONIO
SAN JOSE CA 95113

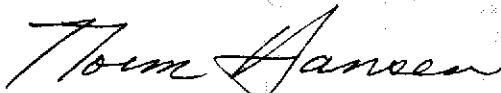
JOB: ALL CALIFORNIA OPERATIONS

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~~ten~~ days' advance written notice to the employer.

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

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



AUTHORIZED REPRESENTATIVE



PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COST: \$1,000,000.00
PER OCCURENCE

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE
08-01-98 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

ENVIROMENTAL TECHNOLOGY INTERNATIONAL CORP
ETIC
3275 STEVENS CREEK BLVD #315
SAN JOSE CA 95117

4082447277; # 2 / 2
 EMCON SACRAMENTO
 3-3-99 12:01PM
 37 3/99
 SENT BY: EMCON

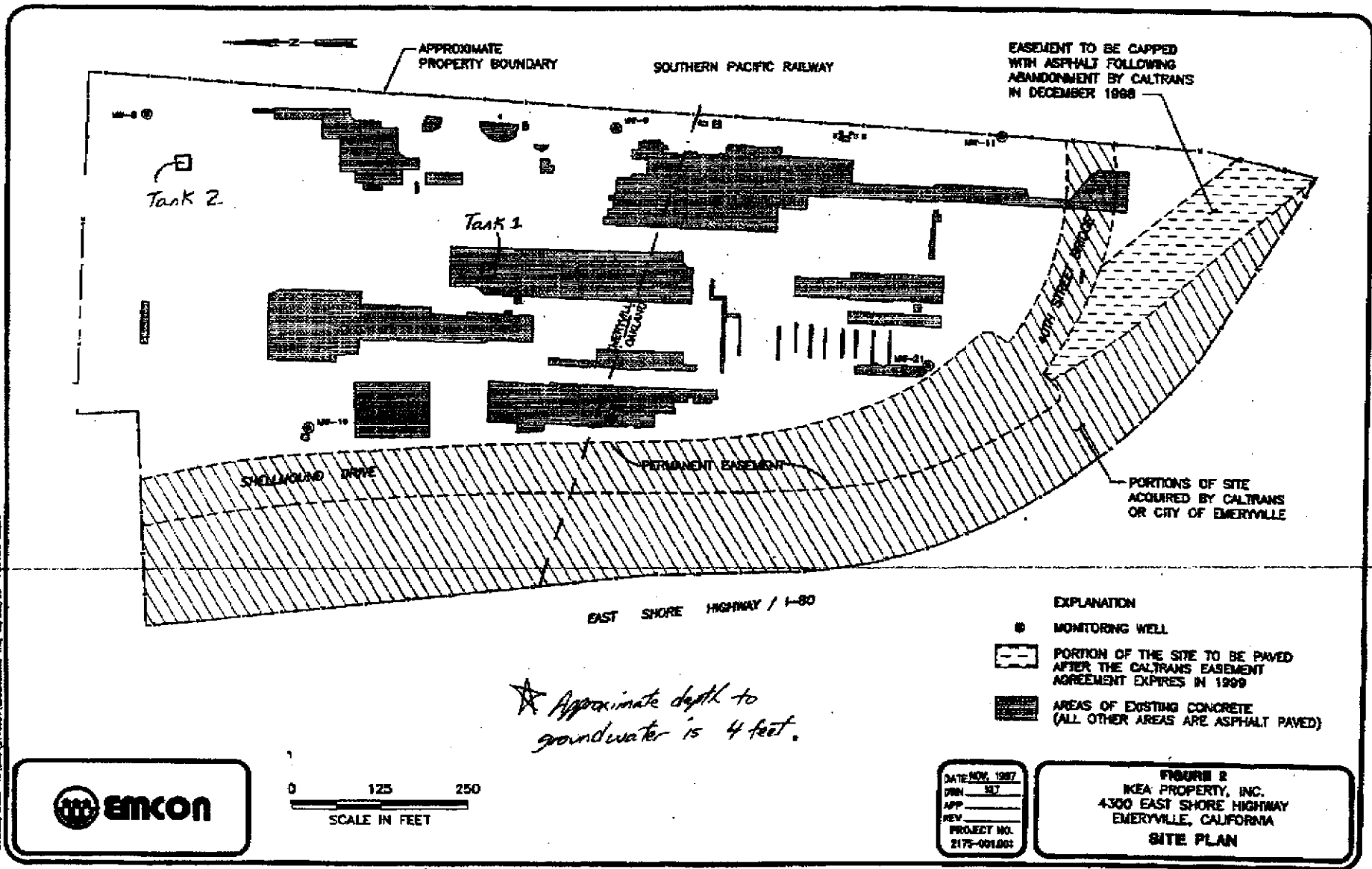


FIGURE 1: TANK LOCATIONS

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: BARBARY STEEL CORPORATION

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

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

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input checked="" type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED

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

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

A. TYPE OF SYSTEM	1 DOUBLE WALL	3 SINGLE WALL WITH EXTERIOR LINER	95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER

B. TANK MATERIAL (Primary Tank)	1 BARE STEEL	2 STAINLESS STEEL	3 FIBERGLASS	4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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	1 RUBBER LINED	2 ALKYD LINING	3 EPOXY LINING	4 PHENOLIC LINING
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. CORROSION PROTECTION	1 POLYETHYLENE WRAP	2 COATING	3 VINYL WRAP	4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) NONE OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) NONE

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

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

D. LEAK DETECTION 1 AUTOMATIC LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 INTERSTITIAL MONITORING 99 OTHER NONE

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNKNOWN</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>7</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>BARBARY CAST STEEL</u>	DATE
--	------

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

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
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 checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **BARBARY STEEL CORPORATION**

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

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

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

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

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

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

A. TYPE OF SYSTEM <input checked="" type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
---	--	--

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) **NONE** OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) **NONE**

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

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

D. LEAK DETECTION 1 AUTOMATIC LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 INTERSTITIAL MONITORING 99 OTHER **NONE**

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) BARBARY COAST STEEL	DATE
---	------

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

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
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 A



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input 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 BARBARY STEEL CORP.		NAME OF OPERATOR BARBARY STEEL CORP.		
ADDRESS 4300 East Shore Hwy.		NEAREST CROSS STREET SHELLMOUND DR.	PARCEL # (OPTIONAL)	
CITY NAME Emeryville		STATE CA	ZIP CODE 98106	SITE PHONE # WITH AREA CODE NONE
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS* <input type="checkbox"/> COUNTY AGENCY* <input type="checkbox"/> STATE AGENCY* <input type="checkbox"/> FEDERAL AGENCY*				
* 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 2	E. P. A. I. D. # (optional) CAC 00211120

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) EASTER DAN	PHONE # WITH AREA CODE (916) 928-3300	DAYS: NAME (LAST, FIRST) Mr. Gopi Chandran	PHONE # WITH AREA CODE (408) 244-7202
NIGHTS: NAME (LAST, FIRST) EASTER DAN	PHONE # WITH AREA CODE (916) 733-4725	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME BARBARY Steel Corp.		CARE OF ADDRESS INFORMATION ATTN: BART KALE		
MAILING OR STREET ADDRESS 2424 S.W. Andover		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME Seattle		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY
		<input type="checkbox"/> STATE AGENCY	<input type="checkbox"/> FEDERAL AGENCY	
STATE WA	ZIP CODE 98106	PHONE # WITH AREA CODE (206) 933-2238		

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER BARBARY Steel Corp.		CARE OF ADDRESS INFORMATION ATTN: BART KALE		
MAILING OR STREET ADDRESS 2424 S.W. Andover		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME Seattle		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY
		<input type="checkbox"/> STATE AGENCY	<input type="checkbox"/> FEDERAL AGENCY	
STATE WA	ZIP CODE 98106	PHONE # WITH AREA CODE (206) 933-2238		

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 type="checkbox"/> 99 OTHER	

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

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

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

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

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

LOCAL AGENCY USE ONLY

COUNTY # <input type="text"/> <input type="text"/>	JURISDICTION # <input type="text"/> <input type="text"/> <input type="text"/>	FACILITY # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JAN 22, 1999

POLICY NUMBER: 1255669-98
CERTIFICATE EXPIRES: 08-01-99

STATE LABOR COMMISSIONER
DEPT OF INDUSTRIAL RELATIONS
100 PASEO DE SAN ANTONIO
SAN JOSE CA 95113

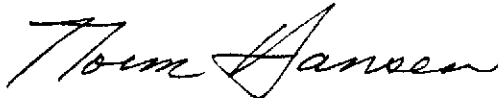
JOB: ALL CALIFORNIA OPERATIONS

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~~ten~~ days' advance written notice to the employer.

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

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



AUTHORIZED REPRESENTATIVE



PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COST: \$1,000,000.00
PER OCCURENCE

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE
08-01-98 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

ENVIROMENTAL TECHNOLOGY INTERNATIONAL CORP
ETIC
3275 STEVENS CREEK BLVD #315
SAN JOSE CA 95117

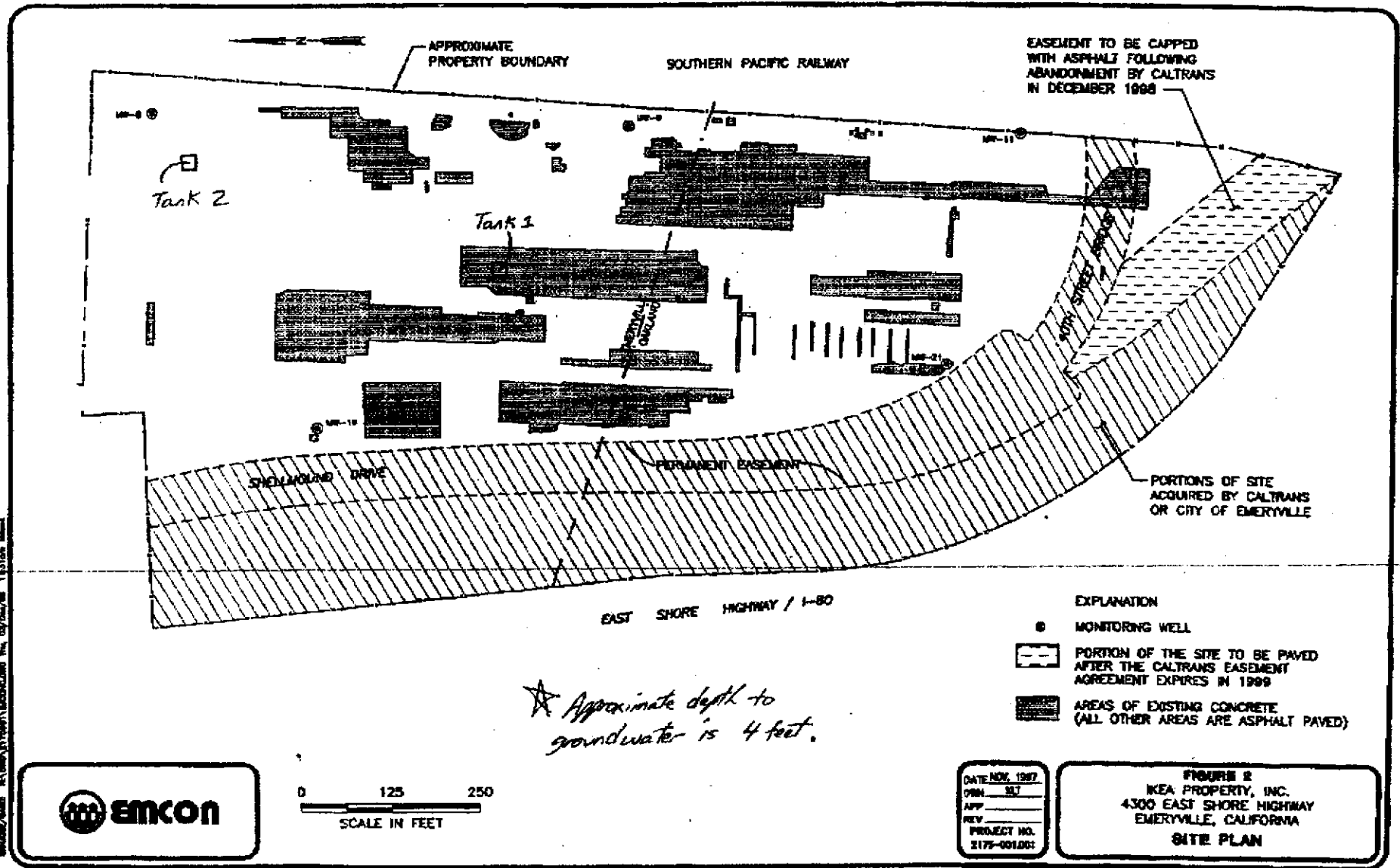


FIGURE 1: TANK LOCATIONS

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: BARBARY STEEL CORPORATION

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

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

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

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

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

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

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

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>BARBARY CASI STEEL</u>	DATE
--	------

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

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

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: BARBARY STEEL CORPORATION

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

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

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

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

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

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

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>BARBARY CONSI STEEL</u>	DATE
---	------

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

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
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 A
COMPLETE THIS FORM FOR EACH FACILITY/SITE



MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input 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 BARBARY STEEL CORP.		NAME OF OPERATOR BARBARY STEEL CORP.		
ADDRESS 4300 East Shore Hwy.		NEAREST CROSS STREET SHELLMOUND DR.	PARCEL # (OPTIONAL)	
CITY NAME Emeryville		STATE CA	ZIP CODE 98106	SITE PHONE # WITH AREA CODE NONE
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* 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 2	E. P. A. I. D. # (optional) CAC 00211120

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) EASTER DAN		PHONE # WITH AREA CODE (916) 928-3300		DAYS: NAME (LAST, FIRST) Ms. Gopi Chandran		PHONE # WITH AREA CODE (408) 244-7202	
NIGHTS: NAME (LAST, FIRST) EASTER DAN		PHONE # WITH AREA CODE (916) 733-4725		NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME BARBARY Steel Corp.		CARE OF ADDRESS INFORMATION ATTN: BART KALE		
MAILING OR STREET ADDRESS 2424 S.W. Andover		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME Seattle		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
		<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
		STATE WA	ZIP CODE 98106	PHONE # WITH AREA CODE (206) 933-2238

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER BARBARY Steel Corp.		CARE OF ADDRESS INFORMATION ATTN: BART KALE		
MAILING OR STREET ADDRESS 2424 S.W. Andover		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME Seattle		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
		<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
		STATE WA	ZIP CODE 98106	PHONE # WITH AREA CODE (206) 933-2238

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 type="checkbox"/> 99 OTHER	

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

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

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

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

LOCAL AGENCY USE ONLY

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

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

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

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business BARBARY STEEL CORP
 Business Owner or Contact Person (PRINT) BART KALE
2. Site Address 4300 EAST SHORE HWY
 City EMERYVILLE, CA zip _____ Phone - NONE -
3. Mailing Address 2424 S.W. ANDOVER
 City SEATTLE, WA zip 98106 Phone (206) 933-2238
4. Property Owner BARBARY STEEL CORP ATTN: BART KALE
 Business Name (if applicable) BARBARY STEEL CORP.
 Address 2424 S.W. ANDOVER
 City, State SEATTLE WA zip 98106
5. Generator name under which tank will be manifested
BARBARY STEEL CORP, 2424 S.W. ANDOVER, SEATTLE, WA 98106
 EPA ID# under which tank will be manifested CAC 002111130

5. Contractor ETIC ENGINEERING
 Address 3275 STEVENS CREEK BLVD, #315
 City SAN JOSE Phone (408) 244-7202
 License Type A, HAZ ID# 624022

7. Consultant (if applicable) EMCON
 Address 1433 NORTH MARKET BLVD.
 City, state SACRAMENTO, CA 95834 Phone (916) 928-3300

8. Main Contact Person for Investigation (if applicable)
 Name DAN EASTER /O EMCON Title PROJECT MANAGER
 Company EMCON
 Phone (916) 928-3300

9. Number of underground tanks being closed with this plan 2 - 500 gallon
 Length of piping being removed under this plan - NONE
 Total number of underground tanks at this facility (**confirmed with owner or operator) 2

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

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

a) Product/Residual Sludge/Rinsate Transporter CAD 063547996
 Name ALLWASTE EPA I.D. No. _____
 Hauler License No. 0381 License Exp. Date 4/30/99
 Address 12475 LLAGAS AVE
 City SAN MARTIN State CA zip 95046

TEL: (408) 683-0447

b) Product/Residual Sludge/Rinsate Disposal Site
 Name ERICKSON (ECI) EPA ID# CAD 009466392
 Address 255 PARR BLVD
 City Richmond State CA zip 94801

TEL: (510) 970-7462

c) Tank and Piping Transporter

Name SAME AS ABOVE EPA I.D. No. _____
 Hauler License No. (ECI) License Exp. Date _____
 Address _____
 City _____ State _____ Zip _____

d) Tank and Piping Disposal site

Name SAME AS ABOVE EPA I.D. No. _____
 Address (ERICKSON)/ECI
 City _____ State _____ Zip _____

11. Sample Collector

Name DAN EASTER
 Company EMCON
 Address 1433 ~~WILSON~~ North Market Blvd.
 City Sacramento State CA Zip 95384 Phone (916) 928-3300

12. Laboratory

Name COLUMBIA ANALYTICAL SERVICES
 Address 3334 VICTOR COURT
 City SANTA CLARA State CA Zip 95054
 State Certification No. 1426

13. Have tanks or pipes leaked in the past? Yes [] No [] Unknown [X]
 If yes, describe. _____

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

DRY ICE PURGING

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)		
1,500	Unknown	Soil, water	1 Sample
2,500	unknown	soil, water	1 Sample Location at discretion of regulator

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	
<p>Stockpiled Soil Volume (estimated)</p> <p>5 cu. yds</p>	<p>Sampling Plan</p> <p>1 Discrete Sample (as required by disposal facility)</p>

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

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

If yes, explain reasoning

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

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

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

As provided by COLUMBIA ANALYTICAL

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
Diesel	Discrete sample collected from batch of soil collected @ the 11' depth on back-end of back-hoe	EPA 18015M 8020 (TPHd/OTex)	0.001ug/Kg.

18. Submit Worker's Compensation Certificate copy **ETIC COVERED BY**
 Name of Insurer: STATE COMPENSATION INSURANCE FUND

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

20. Enclose Deposit (See Instructions) **BY EMCON**

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.
TO BE SUBMITTED BY EMCON.

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.
TO BE SUBMITTED BY EMCON.

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)
ATTACHED

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 ETIC ENGINEERING
Name of Individual GOPI CHANDRAN (PRESIDENT)
Signature Gopi Chandran Date 3/3/99

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business BARBARY STEEL Inc
Name of Individual BART KALE
Signature _____ Date _____

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JAN 22, 1999

POLICY NUMBER: 1255669-98
CERTIFICATE EXPIRES: 08-01-99

STATE LABOR COMMISSIONER
DEPT OF INDUSTRIAL RELATIONS
100 PASEO DE SAN ANTONIO
SAN JOSE CA 95113

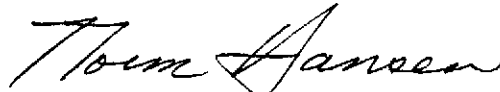
JOB: ALL CALIFORNIA OPERATIONS

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~~ten~~ days' advance written notice to the employer.

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

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



AUTHORIZED REPRESENTATIVE



PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COST: \$1,000,000.00
PER OCCURENCE

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE
08-01-98 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

ENVIROMENTAL TECHNOLGY INTERNATIONAL CORP
ETIC
3275 STEVENS CREEK BLVD #315
SAN JOSE CA 95117

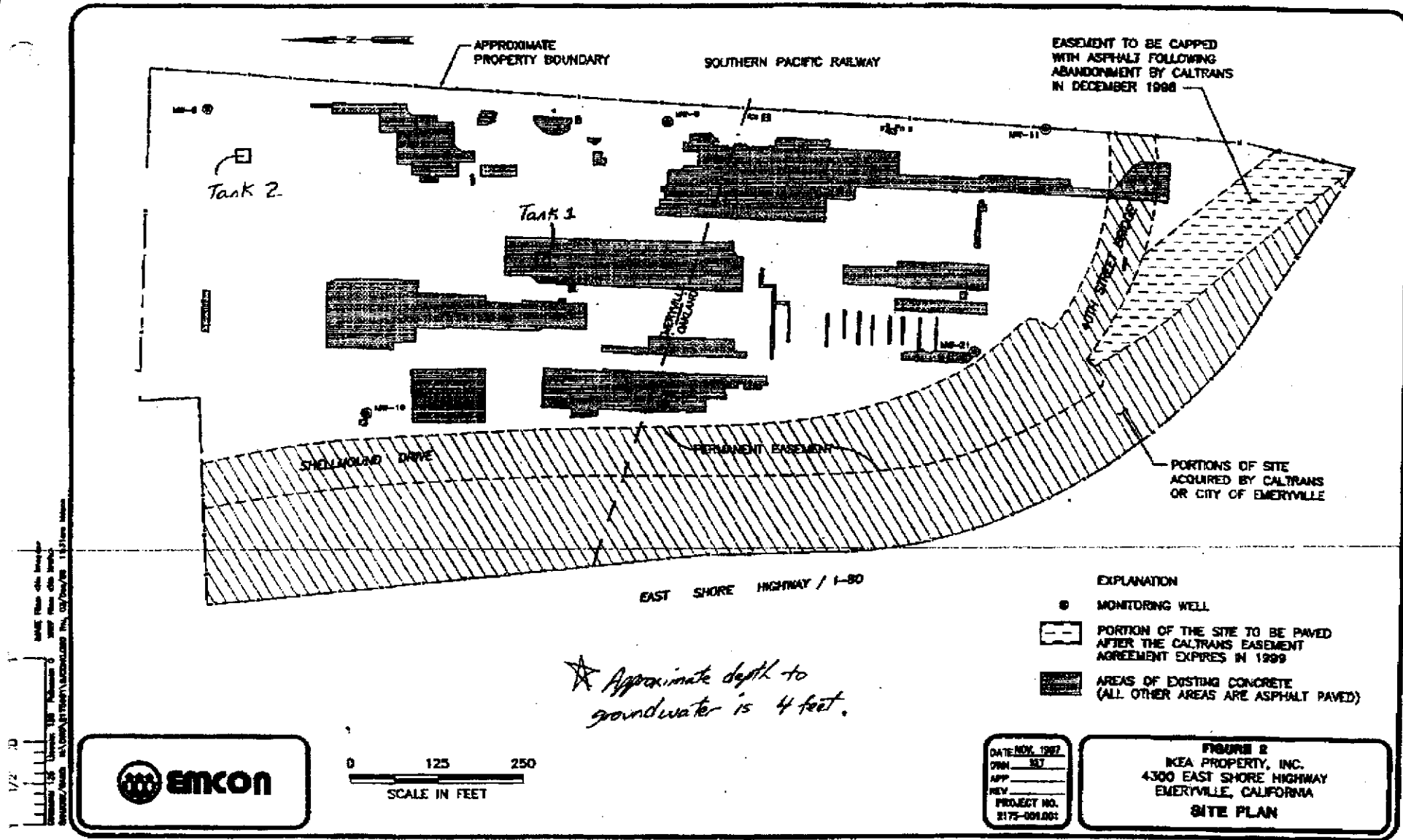


FIGURE 1: TANK LOCATIONS

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: BARBARY STEEL CORPORATION

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. #	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>500</u>

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

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E				
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN	
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 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	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>NONE</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>	

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

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

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNKNOWN</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>7</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>BARBARY CASI STEEL</u>	DATE
---	------

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
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 checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: BARBARY STEEL CORPORATION

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. #	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>500</u>

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

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E				
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN	
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 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	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___			
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>NONE</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>	

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

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>BARBARY CONSI STEEL</u>	DATE
---	------

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

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

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input 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 BARBARY STEEL CORP.		NAME OF OPERATOR BARBARY STEEL CORP		
ADDRESS 4300 East Shore Hwy.		NEAREST CROSS STREET SHELLMOUND DR.	PARCEL # (OPTIONAL)	
CITY NAME Emeryville		STATE CA	ZIP CODE 98106	SITE PHONE # WITH AREA CODE NONE
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* 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		# OF TANKS AT SITE		E. P. A. I. D. # (optional)
<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		2 CAC 00211120

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) EASTER DAN		PHONE # WITH AREA CODE (916) 928-3300		DAYS: NAME (LAST, FIRST) MR. Gopi Chandran		PHONE # WITH AREA CODE (408) 244-7202	
NIGHTS: NAME (LAST, FIRST) EASTER DAN		PHONE # WITH AREA CODE (916) 733-4725		NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME BARBARY Steel Corp.		CARE OF ADDRESS INFORMATION ATTN: BART KALE		
MAILING OR STREET ADDRESS 2404 S.W. Andover		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Seattle		STATE WA	ZIP CODE 98106	PHONE # WITH AREA CODE (206) 933-2238

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER BARBARY Steel Corp.		CARE OF ADDRESS INFORMATION ATTN: BART KALE		
MAILING OR STREET ADDRESS 2404 S.W. Andover		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Seattle		STATE WA	ZIP CODE 98106	PHONE # WITH AREA CODE (206) 933-2238

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 type="checkbox"/> 99 OTHER	

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

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

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

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

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

LOCAL AGENCY USE ONLY

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

ETIC

ENVIRONMENTAL ENGINEERS
CONTRACTOR'S LICENSE NO. 624022

3275 Stevens Creek Blvd. #315
San Jose, CA 95117

408-244-7202
FAX 408-244-7277

**HEALTH AND SAFETY PLAN
FOR UST REMOVAL**

**BARBARY COAST STEEL CORP
4300 EASTSHORE HWY
EMERYVILLE, CA**

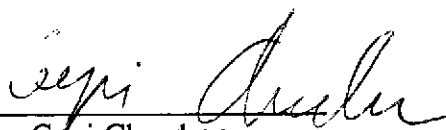
Prepared for
EMCON
MARCH 4, 1999

Prepared by
Environmental Technology International Corporation
(ETIC)
3275 Stevens Creek Blvd.
San Jose, CA 95117

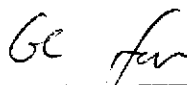
Health and Safety Plan

The material and data in this report were prepared under the supervision and direction of the undersigned.

Environmental Technologies International Corporation



Gopi Chandran
Project Manager



Surendra Lagan
Foreman/Safety Officer
OSHA 40 hr Trained

1. Introduction

1.1 General

This health and safety plan (HSP) was developed to inform personnel of the potential hazards associated with implementing the UST REMOVAL ACTIVITY at the site, and to provide general health and safety guidance.

1.2 Work Scope

Work scope is to remove 2 - USTs (500 gallon, steel) with no product.

1.3 Scope of HSP

This HSP provides standard operating safety procedures for personnel conducting the following field activities associated with the UST removal:

- Inert tank with dry ice, check with LEL
- Supervise tank removal from subsurface
- Supervise loading of tank
- Collect soil sample with backhoe
- General safety of site and working around heavy equipment
- Secure pit area after removal if not backfilled immediately

1.4 Human and Environmental Exposure Pathways

Petroleum hydrocarbons may be encountered in excavated soils. Groundwater is expected to be encountered at shallow depths (less than 10 feet below ground surface).

2.0 Project Safety Authority

The following ETIC personnel are responsible for safety during implementation.

Project Foreman - Surendra Lagan

The project foreman is responsible for disseminating the information contained in this HSP to all ETIC personnel assigned to the Project, and to other personnel that may be present on the site.

- Conducting daily tailgate safety briefings
- Reporting accidents and incidents
- Enforcing safe work practices

3.0 Physical Hazards

All activities within the scope of this remedial action must comply with California and federal OSHA construction safety standards. The following is a list of measures which are required of personnel working at the Site:

Head Protection

Field personnel will be required to wear hard hats while working at the Site.

Foot Protection

Field personnel will be required to wear steel-toed safety shoes, which meet American National Standards Institute standards, while working at the Site.

Hand Protection

Field personnel will be required to wear glove (leather, latex, neoprene) as needed while working at the Site.

Eye Protection

Field personnel will be required to wear eye protection (safety glasses with side shields) as necessary while working at the Site.

Activities that require eye protection are:

- cutting with mechanical devices
- drilling, coring
- welding
- other activities that use electrical tools

Noise Protection

Field personnel will be required to wear hearing protection (ear plugs or muffs) as necessary while working at the Site.

Heavy Equipment Limitations

All vehicles and heavy equipment will obey a speed limit of 10 miles per hour in the Site and immediate vicinity. Seat belts must be worn.

Buried Utilities and Overhead Power Lines

Trenching locations will be examined by site personnel or a locator. Utilities will be protected during trenching activities. Underground Services Alert will be provided notice at least two days before beginning trenching activities. Protection from overhead power lines will be accomplished by maintaining safe distances of at least 10 feet at all times.

Trenching

Field personnel are prohibited from entering into trenches deeper than 5 feet unless a Cal-OSHA excavation permit is obtained, and Cal-OSHA excavation regulations are observed. Barricades and warning lights will be used when trenches are unattended.

Electrical Hazards

Not applicable

4.0 Air Monitoring

Exposure of field personnel to VOCs is not anticipated during construction. Air monitoring will therefor not be required for field activities associated with this job. If VOCs or other hazardous materials are encountered, air monitoring procedures should be exercised.

5.0 Site Access and Work Areas

Unauthorized personnel and visitors will not be allowed access to work areas at the Site and immediate vicinity. Only personnel with specific operational duties should be present in the work areas when the field activities are being conducted. Site control will be established using barricades, cones, temporary fencing, flagging tape, and warning lights as necessary to prevent unauthorized access during work. Barricades or cones will also be used to mark work areas.

6.0 Decontamination

Trenching equipment (provide by OWNER) will be cleaned by dry-brooming and washed if necessary before they are removed from the work areas. The exteriors of trucks used to transport materials from work areas shall be dry-broomed by the subcontractor before they depart the Site and immediate vicinity onto the public-right of way. Solid waste generated during the project shall be disposed off site by OWNER.

7.0 General Safe Work Practices

- a. Personnel on site must use the "buddy" system when wearing respirators or working in trenches or pits. Emergency communications will be prearranged in case unexpected situations arise. Visual contact must be maintained between "pairs" on site, and each individual should remain close enough to assist the other in an emergency.
- b. Personnel will be cautioned to inform each other of subjective symptoms of chemical exposure, such as headache, dizziness, nausea, and irritation of the respiratory tract.
- c. On-site personnel will be thoroughly briefed about the anticipated hazards, equipment requirements, safety practices, emergency procedures and communications methods, initial and in briefings.
- d. All field personnel will, whenever possible, locate themselves so that they work upwind from the areas where trenching activities are being performed.
- e. Field personnel are prohibited from entering trenches deeper than 5 feet unless the confined-space provisions of Title 8 CCR are addressed. Open trenches that are unattended will be guarded with or covered with trench plates, barricades and warning signs.

8.0 Heavy Equipment Safety Practices

- a. All employees shall be clear of equipment before starting. Equipment operators shall perform complete walk-around inspection before starting equipment.
- b. All engines shall be shut down prior to refueling.
- c. No adjustments, cleaning, or repairs shall be made to equipment while the equipment is running. All exposed gears, sprockets, chain drives, and belt and pulley drives shall have guards replaced directly following repairs, lubrication, cleaning, or similar operations.
- d. Only trained employees are permitted to operate equipment.
- e. No equipment shall be left with the engine running on an inclined surface.
- f. All four wheels will be kept on the ground during loading.
- g. Material piles shall only be approached at a speed necessary to fill the bucket.
- h. The bucket or blade shall be grounded when equipment is to be left unattended, even if for a short time.
- i. No eating, reading, or daydreaming while engaged in the operation of heavy equipment.

Equipment shall not be operated if the operator is physically unfit to do so.

j. Hand signals shall only be recognized by the operator from the person supervising the lift or the unloading. Operating signals must follow the approved standard.

k. Clearances and other environmental conditions shall be checked when working near electrical wires, guy lines, or structures. Avoid contact of boom or cables with lines, electrical wires, and structures. At no time will equipment booms operate within 10 feet of high voltage overhead power lines.

l. Operators will inspect equipment daily to ensure that it is in good working order, and all safety equipment is operational. This includes brakes, horn, alarms, etc..

m. Gasoline shall not be stored on the equipment.

n. All equipment shall be kept clean and orderly. Cabs shall be routinely inspected for cleanliness by the operator and the supervisor.

o. Load limits of the equipment shall be strictly observed.

p. The operator will be the only person allowed on the equipment. NO PASSENGERS.

9.0 Safe Workplace Condition

a. A multipurpose (A, B, C) portable fire extinguisher and other emergency response equipment must be located in the immediate vicinity of the work areas and in the remediation compound.

b. Field equipment must be kept in good working condition.

c. First-aid supplies must be available in the work areas at the site and immediate vicinity.

d. Cellular telephones must be provided by the Subcontractor (ETIC) their personnel to facilitate communication in an emergency.

9 Emergency Procedures

Illnesses, injuries, or accidents occurring during the field activities must be reported to the project safety coordinator or project engineer, and attended to immediately.

A first-aid kit will be available for treatment of minor injuries such as cuts or bruises that may result from an accident. In an emergency or hazardous situation involving explosions, fires, or major physical injuries, the individual who observes this condition will immediately give a verbal alarm. Upon hearing the alarm, field personnel will safely de-energize nonessential equipment and evacuate to a suitable upwind location if necessary. The injured personnel must be attended to immediately.

DIRECTIONS TO NEAREST HOSPITAL

IN EMERGENCY SITUATIONS, CALL 911

JOB ADDRESS: 4300 EASTSHORE HWY, EMERYVILLE, CA

Hospital: Alta Bates Medical Center,

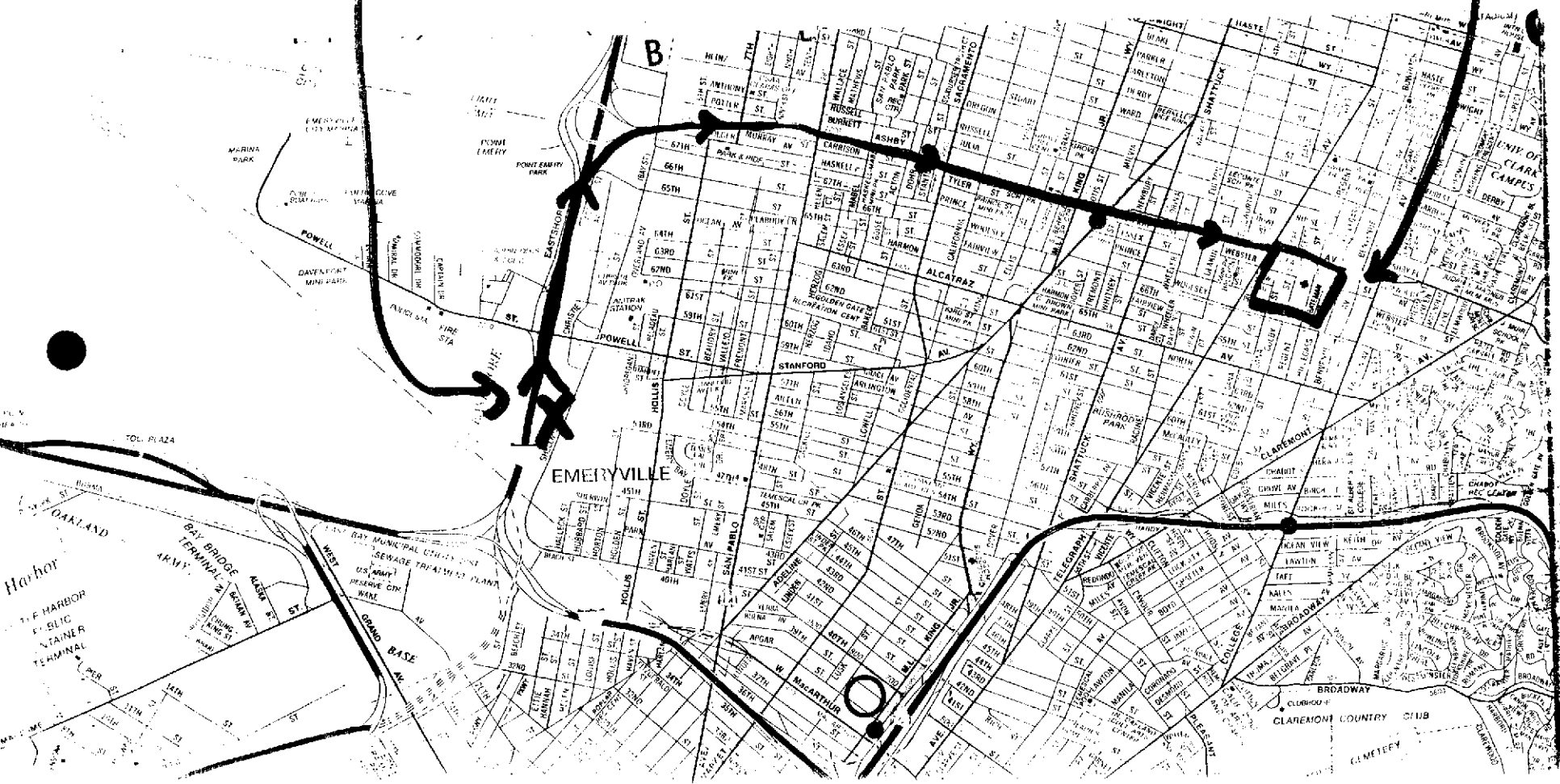
Take Hwy 80 North, exit on Ashby Ave (heading east)

Go past Telegraph Ave and Alta Bates is on right hand side (close to Bateman St).

**CALL 911
FIRST**

**HOSPITAL
ALTA BATE**

**Job
SITE**



ETIC

ENVIRONMENTAL ENGINEERS
CONTRACTOR'S LICENSE NO. 624022

3275 Stevens Creek Blvd. #315
San Jose, CA 95117

408-244-7202
FAX 408-244-7277

March 4, 1999

Susan Hugo
Alameda County Health Care Services Agency
Environmental Health Services
1131 harbor Bay Parkway, RM 250
Alameda, CA 94502

RE: UST Removal Application

ETIC has been retained by EMCON to supervise the removal of two 500 gallon tanks at 4300 Eastshore Hwy, Emeryville.

Mr. Dan Easter of EMCON is the project contact for the tank owner. He can be reached at (916) 928-3300.

Please inform us when the permit is approved so we can schedule the field work.

Sincerely,



Gopi Chandran
Project Manager

928-3300
EMCON

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

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business BARBARY STEEL CORP
 Business Owner or Contact Person (PRINT) BART KALE
2. Site Address 4300 EAST SHORE HWY
 City EMERYVILLE, CA Zip _____ Phone - NONE -
3. Mailing Address 2424 S.W. ANDOVER
 City SEATTLE, WA Zip 98106 Phone (206) 933-2238
4. Property Owner BARBARY STEEL CORP, ATTN: BART KALE
 Business Name (if applicable) BARBARY STEEL CORP.
 Address 2424 S.W. ANDOVER
 City, State SEATTLE WA Zip 98106
5. Generator name under which tank will be manifested
BARBARY STEEL CORP, 2424 S.W. ANDOVER, SEATTLE, WA 98106
 EPA ID# under which tank will be manifested CAC 002111130

rev. 11/01/95
ust closure plan

5. Contractor ETIC ENGINEERING
 Address 3275 STEVENS CREEK BLVD #315
 City SAN JOSE Phone (408) 244-7202
 License Type A, HAZ ID# 624022

7. Consultant (if applicable) EMCON
 Address 1433 NORTH MARKET BLVD.
 City, State SACRAMENTO, CA 95834 Phone (916) 928-3300

8. Main Contact Person for Investigation (if applicable)
 Name DAN EASTER 1/0 EMCON Title PROJECT MANAGER
 Company EMCON
 Phone (916) 928-3300

9. Number of underground tanks being closed with this plan 2 - 500 gallon
 Length of piping being removed under this plan - NONE
 Total number of underground tanks at this facility (**confirmed with owner or operator) 2

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

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

a) Product/Residual Sludge/Rinsate Transporter CAD 063547996
 Name ALLWASTE EPA I.D. No. _____
 Hauler License No. 0381 License Exp. Date 4/30/99
 Address 12475 LLAGAS AVE
 City SAN MARTIN State CA zip 95046

TEL:
(408)
683-0447

b) Product/Residual Sludge/Rinsate Disposal Site
 Name ERICKSON (ECI) EPA ID# CAD 009H66392
 Address 255 PARR BLVD
 City Richmond State CA zip 94801

TEL:
(510)
970-7462

c) Tank and Piping Transporter

Name SAME AS ABOVE EPA I.D. No. _____

Hauler License No. (ECI) License Exp. Date _____

Address _____

City _____ State _____ Zip _____

d) Tank and Piping Disposal Site

Name SAME AS ABOVE EPA I.D. No. _____

Address (ERICKSON)/ECI

City _____ State _____ Zip _____

11. Sample Collector

Name DAN EASTER

Company EMCON

Address 1433 ~~XXXXXX~~ North Market Blvd.

City Sacramento State CA Zip 95334 Phone (916) 988-3300

12. Laboratory

Name COLUMBIA ANALYTICAL SERVICES

Address 3334 VICTOR COURT

City SANTA CLARA State CA Zip 95054

State Certification No. 1426

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

If yes, describe. _____

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

DRY ICE PURGING

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)		
1,500	Unknown	Soil, water	1 Sample
2,500	unknown	soil, water	1 Sample Location at discretion of regulator

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (estimated)	Sampling Plan
5 cu-yds	1 Discrete Sample (as required by disposal facility)

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

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

If yes, explain reasoning _____

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

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

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

As provided by Columbia Analytical

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
Diesel	Discrete Sample collected from batch of soil collected @ the 11' depth on backend of back-hoe	EPA 18015M 8020 (TPHd/BTEX)	0.001ug/Kg.

18. Submit Worker's Compensation Certificate copy **ETIC COVERED BY**
 Name of Insurer: **STATE COMPENSATION INSURANCE FUND**

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

20. Enclose Deposit (See Instructions) **BY EMCON**

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.
TO BE SUBMITTED BY EMCON.

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.
TO BE SUBMITTED BY EMCON.

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

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 ETIC ENGINEERING

Name of Individual GOPAL CHANDRAN (PRESIDENT)

Signature Gopi Chandran Date 3/3/99

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business BARBARY STEEL Inc.

Name of Individual BART KALE

Signature _____ Date _____

rev. 11/01/96
ust closure plan

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: BARBARY STEEL CORPORATION

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. #	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u>	D. TANK CAPACITY IN GALLONS: <u>500</u>

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

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

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
	<input checked="" type="checkbox"/> 2 PRESSURE		<input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH
	<input checked="" type="checkbox"/> 1 SINGLE WALL		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 5 ALUMINUM	A U 6 CONCRETE	A U 4 FIBERGLASS PIPE
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 8 100% METHANOL COMPATIBLE W/FRP
		<input checked="" type="checkbox"/> 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING
			<input checked="" type="checkbox"/> 99 OTHER <u>NONE</u>

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>BARBARY CAST STEEL</u>	DATE
---	------

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
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 checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **BARBARY STEEL CORPORATION**

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.#	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN	D. TANK CAPACITY IN GALLONS: 500

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

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

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE			
A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY
			A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH
			A U 95 UNKNOWN
			A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 8 100% METHANOL COMPATIBLE W/FRP
			A U 95 UNKNOWN
			A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING
			<input checked="" type="checkbox"/> 99 OTHER NONE

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) BARBARY COAST STEEL	DATE
---	------

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
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 A



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input 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 BARBARY STEEL CORP.		NAME OF OPERATOR BARBARY STEEL CORP		
ADDRESS 4300 East Shore Hwy.		NEAREST CROSS STREET SHELLMOUND DR.	PARCEL # (OPTIONAL)	
CITY NAME Emeryville		STATE CA	ZIP CODE 98106	SITE PHONE # WITH AREA CODE NONE
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* 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 2	E. P. A. I. D. # (optional) CAC 00211120

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) EASTER DAN	PHONE # WITH AREA CODE (916) 928-3300	DAYS: NAME (LAST, FIRST) Ms. Gopi Chandran	PHONE # WITH AREA CODE (408) 244-7202
NIGHTS: NAME (LAST, FIRST) EASTER DAN	PHONE # WITH AREA CODE (916) 733-4725	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME BARBARY Steel Corp.		CARE OF ADDRESS INFORMATION ATTN: BART KALE		
MAILING OR STREET ADDRESS 2424 S.W. Andover		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME Seattle		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
		<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
		STATE WA	ZIP CODE 98106	PHONE # WITH AREA CODE (206) 933-2238

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER BARBARY Steel Corp.		CARE OF ADDRESS INFORMATION ATTN: BART KALE		
MAILING OR STREET ADDRESS 2424 S.W. Andover		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME Seattle		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
		<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
		STATE WA	ZIP CODE 98106	PHONE # WITH AREA CODE (206) 933-2238

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 type="checkbox"/> 99 OTHER	

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

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

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

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

LOCAL AGENCY USE ONLY

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

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

white - env. health
yellow - facility
pink - files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # 4523 Site Name IKEA - (Formerly Barbary Coast Sta) Today's Date 3/12/99

Site Address 4300 EAST SHORE HIGHWAY

City EMERYVILLE Zip 94608 Phone _____

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

Inspection Categories:

I. Haz. Mat/Waste GENERATOR/TRANSPORTER

II. Hazardous Materials Business Plan, Acutely Hazardous Materials *Handled by ERICKSON Tank manifest # 98464238*

III. Under ground Storage Tanks

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

Comments:

On site for the removal of 2 USTs uncovered during construction activities at the site. DTSC - lead agency for clean-up; have an approved RAP.

George Warren (Emeryville Fire) at site

Tank #1 - steel tank had been removed from its location - very shallow; soil sample & water sample previously collected (when tank was discovered at site). Tank filled w/ soil/dirt. Tank pit allowed to be backfilled with clean fill after some sheen has been removed. (Lead sample detected 14,100 ppb of TPH motor oil).

Tank #2 - steel tank filled w/ water/diesel mixture based on analytical results of sample collected inside tank.

LEL=6% Soil around tank pit removed; 2 soil samples to be collected (east & west) & groundwater will be pumped out (heavy sheen present). After groundwater recharges, grab water sample will be collected.

PCBs, Pb will be included as target analytes.

Approval from County prior to backfilling tank pit #2.

Contact _____
Title _____
Signature _____

Inspector _____
Signature Susan Z. Hays

II, III





STID 4523 IKEA
Junk #1 3/12/99



STID 4523 3/12/99
Junk pit #1



3/12/99 STID 4523
Junk #2



3/12/99 STID 4523
Junk pit #2

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

SUSAN L. HUGG
 STD 4523 A

PCB's / Pb

Job # 2
 LGL - C 10 %
 O2 = L13 10

ACCEPTED

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

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

One copy of the approved plans must be on the job and available to all contractors and craftsmen involved with the removal.
 Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Division prior to determining 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:

Susan F. Hugg
 3/10/99

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business IKEA PROPERTY, INC.
 Business Owner or Contact Person (PRINT) CHARLES KELLER
 2. Site Address 4300 EAST SHORE HIGHWAY
 City EMERYVILLE Zip 94608 Phone (510) 655-9782
 3. Mailing Address 496 WEST GERMANTOWN PIKE
 City PLYMOUTH MEETING, PA Zip 19462 Phone (610) 834-0180
 4. Property Owner IKEA PROPERTY, INC.
 Business Name (if applicable) _____
 Address 496 WEST GERMANTOWN PIKE
 City, State PLYMOUTH MEETING, PA Zip 19462
 5. Generator name under which tank will be manifested
IKEA PROPERTY, INC.
- EPA ID# under which tank will be manifested C A C 0 0 2 1 1 1 2 0

6. Contractor ETIC ENGINEERING
Address 3275 STEVENS CREEK BOULEVARD, #315
City SAN JOSE Phone (408) 244-7202
License Type A HAZ. ID# 624022 up. 7/31/99

7. Consultant (if applicable) EMCON
Address 1433 NORTH MARKET BOULEVARD, SUITE 1
City, State SACRAMENTO, CA 95834 Phone (916) 928-3300

8. Main Contact Person for Investigation (if applicable)
Name DAN EASTER Title PROJECT MANAGER
Company EMCON
Phone (916) 928-3300

9. Number of underground tanks being closed with this plan 2
Length of piping being removed under this plan APPROX. 75 FEET
Total number of underground tanks at this facility (**confirmed with owner or operator) 2

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

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

a) Product/Residual Sludge/Rinsate Transporter
Name ALLWASTE EPA I.D. No. CAD063547996
Hauler License No. 0381 License Exp. Date 4-30-99
Address 12475 LLAGAS AVENUE (408) 683-0447
City SAN MARTIN State CA Zip 95046

b) Product/Residual Sludge/Rinsate Disposal Site
Name ERICKSON (ECI) EPA ID# CAD009466392
Address 255 PARR BOULEVARD (510) 970-7462
City RICHMOND State CA Zip 94801

c) Tank and Piping Transporter

Name ERICKSON (ECI) EPA I.D. No. CAD009466392
Hauler License No. _____ License Exp. Date _____
Address 255 PARR BOULEVARD (510) 970-7462
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name ERICKSON (ECI) EPA I.D. No. CAD009466392
Address 255 PARR BOULEVARD (510) 970-7462
City RICHMOND State CA Zip 94801

11. Sample Collector

Name DAN EASTER
Company EMCON
Address 1433 NORTH MARKET BOULEVARD, SUITE 1
City SACRAMENTO State CA Zip 95834 Phone (916) 928-3300

12. Laboratory

Name COLUMBIA ANALYTICAL SERVICES
Address 3334 VICTOR COURT
City SANTA CLARA State CA Zip 95054
State Certification No. 1426

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

If yes, describe. _____

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

DRY ICE PURGING

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)		
TANK 1 500 GALLON	UNKNOWN	SOIL, WATER (IF PRESENT)	BENEATH SOUTH END OF TANK, APPROX. 3 FEET BGS.
TANK 2 500 GALLON	DIESEL	SOIL, WATER (IF PRESENT)	SOUTH EDGE OF TANK

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)

STOCKPILED SOIL WILL BE DISPOSED OF IN ACCORDANCE WITH THE SOIL MANAGEMENT PLAN, DATED JANUARY 8, 1999 AND APPROVED BY THE DTSC ON JANUARY 14, 1999.

Sampling Plan

SEE SOIL MANAGEMENT PLAN

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

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

If yes, explain reasoning _____

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

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

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

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
<u>TANK 1</u>			
VOC'S	5030	8010	
PCB'S	3550C	8082	
PNA'S	3550	8270C	
HYDROCARBONS	LUFT	8015	
GAS, BTEX, MTBE	5030	CA/LUFT, 8020	
METALS: Cd, Cr, Pb, Ni, Zn	3050 BM, 3005	6010 A	
<u>TANK 2</u>			
GAS, BTEX, MTBE	5030	CA/LUFT, 8020	
PNA'S	3550	8270C	
TPHD (HYDROCARBONS)	LUFT	8015	

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE COMPENSATION INSURANCE FUND

19. Submit Plot Plan ***** (See Instructions) *****
FIGURE 1

20. Enclose Deposit (See Instructions)
CHECK #05118 (EMCON)

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)
ATTACHED

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 ETIC ENGINEERING

Name of Individual GOPI CHANDRAN (PRESIDENT)

Signature _____

Date _____

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business IKFA PROPERTY, INC.

Name of Individual MICHAEL McDONALD

Signature *MM*

Date 8 MARCH 99

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.

SITE INFORMATION:

Site ID Number
(if known)

IKEA PROPERTY, INC.

Name of Site

4300 EAST SHORE HIGHWAY

Street Address

EMERYVILLE, CA 94608

City, State & Zip Code

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

DAN EASTER

Name

1433 NORTH MARKET BOULEVARD, SUITE 1

Street Address

SACRAMENTO, CA 95834

City, State & Zip Code

Signature of Payor

Date

EMCON

EMCON

Name of Payor
(PLEASE PRINT CLEARLY)

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



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

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

DBA OR FACILITY NAME: **IKEA PROPERTY, INC.** NAME OF OPERATOR: **IKEA PROPERTY, INC.**

ADDRESS: **4300 EAST SHORE HIGHWAY** NEAREST CROSS STREET: **SHELLMOUND** PARCEL # (OPTIONAL): _____

CITY NAME: **EMERYVILLE** STATE: **CA** ZIP CODE: **94608** SITE PHONE # WITH AREA CODE: **(510) 655-9782**

BOX TO INDICATE CORPORATION INDIVIDUAL PARTNERSHIP LOCAL AGENCY/DISTRICTS COUNTY AGENCY* STATE AGENCY* FEDERAL AGENCY*

* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST

TYPE OF BUSINESS: 1 GAS STATION 2 DISTRIBUTOR 3 FARM 4 PROCESSOR 5 OTHER IF INDIAN REBBERMATION OF TRUST LANDS # OF TANKS AT SITE: **2** E. P. A. / I. D. # (optional): **CAC002111120**

EMERGENCY CONTACT PERSON (PRIMARY) DAYS: NAME (LAST, FIRST): **EASTER, DAN (EMCON)** PHONE # WITH AREA CODE: **(916) 928-3300**

EMERGENCY CONTACT PERSON (SECONDARY) - optional DAYS: NAME (LAST, FIRST): **HALDERMAN, GREG (DPR CONST)** PHONE # WITH AREA CODE: **(510) 655-9782**

NIGHTS: NAME (LAST, FIRST): **EASTER, DAN (EMCON)** PHONE # WITH AREA CODE: **(916) 928-3300** NIGHTS: NAME (LAST, FIRST): _____ PHONE # WITH AREA CODE: _____

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME: **IKEA PROPERTY, INC.** CARE OF ADDRESS INFORMATION: **CHARLES KELLER**

MAILING OR STREET ADDRESS: **496 WEST GERMANTOWN PIKE** box to include INDIVIDUAL LOCAL AGENCY STATE AGENCY

CITY NAME: **PLYMOUTH MEETING** STATE: **PA** ZIP CODE: **19462** PHONE # WITH AREA CODE: **(610) 834-0180**

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER: **IKEA PROPERTY, INC.** CARE OF ADDRESS INFORMATION: _____

MAILING OR STREET ADDRESS: **496 WEST GERMANTOWN PIKE** box to include INDIVIDUAL LOCAL AGENCY STATE AGENCY

CITY NAME: **PLYMOUTH MEETING** STATE: **PA** ZIP CODE: **19462** PHONE # WITH AREA CODE: **610-834-0180**

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-8669 if questions arise.

TY (TK) HQ **44- _____** N/A

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

box to include 1 SELF-INSURED 2 GUARANTEE 3 INSURANCE 4 SURETY BOND 5 LETTER OF CREDIT 6 EXEMPTION 7 STATE FUND 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER 9 STATE FUND & CERTIFICATE OF DEPOSIT 10 LOCAL GOVT. MECHANISM 11 OTHER

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

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE): **MICHAEL McDONALD** TANK OWNER'S TITLE: **PRESIDENT** DATE MONTH/DAY/YEAR: **MARCH 8/1999**

LOCAL AGENCY USE ONLY

COUNTY # [] JURISDICTION # [] FACILITY # []

LOCATION CODE - OPTIONAL: _____ CENSUS TRACT # - OPTIONAL: _____ SUPERVISOR - DISTRICT CODES - 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 checked="" type="checkbox"/> 1 NEW PERMIT <input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT <input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION <input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE <input checked="" type="checkbox"/> 8 TANK REMOVED
DBA OR FACILITY NAME WHERE TANK IS INSTALLED:				

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# NA	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN	D. TANK CAPACITY IN GALLONS: APPROX. 500 GALLONS

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 99 EMPTY <input checked="" type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 12 REGULAR UNLEADED <input type="checkbox"/> 13 PREMIUM UNLEADED <input type="checkbox"/> 14 MIDGRADE UNLEADED <input type="checkbox"/> 2 LEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 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. I.:			

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 checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM <input type="checkbox"/> 99 UNKNOWN	<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 ALKYL LINED <input type="checkbox"/> 3 EPOXY LINED <input type="checkbox"/> 4 PHENOLIC LINED <input type="checkbox"/> 5 GLASS LINED <input type="checkbox"/> 6 UNLINED <input checked="" type="checkbox"/> 99 UNKNOWN <input type="checkbox"/> 99 OTHER	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. EXTERIOR CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 2 COATING <input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 5 CATHODIC PROTECTION <input type="checkbox"/> 91 NONE <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER			
E. SPILL AND OVERFILL, ETC. SPILL CONTAINMENT INSTALLED (YEAR) NONE OVERFILL PREVENTION EQUIPMENT (INSTALLED YEAR) NONE DROPTUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___			

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE					
A. SYSTEM TYPE	A U 1 SUCTION	A <input checked="" type="checkbox"/> 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A <input checked="" type="checkbox"/> 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 UNLINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A <input checked="" type="checkbox"/> 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 GALVANIZED STEEL	A U 7 CONCRETE	A U 8 STEEL W/ COATING	A U 9 100% METHANOL COMPATIBLE W/FRP	A U 10 CATHODIC PROTECTION
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN <input checked="" type="checkbox"/> 99 OTHER NONE

V. TANK LEAK DETECTION					
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOUR 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 GFR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input checked="" 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) UNKNOWN	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0.5 GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES ___ NO <input checked="" type="checkbox"/>

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <i>Michael McDonald</i>	DATE MARCH 8, 1999
--	------------------------------

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.

FORM B (8-05) FOR004B-R7



Facsimile Transmittal

IKEA Property, Inc.

To: Dan Easter - EMCON

Fax No. 916-928-3341

From: Charles E. Keller

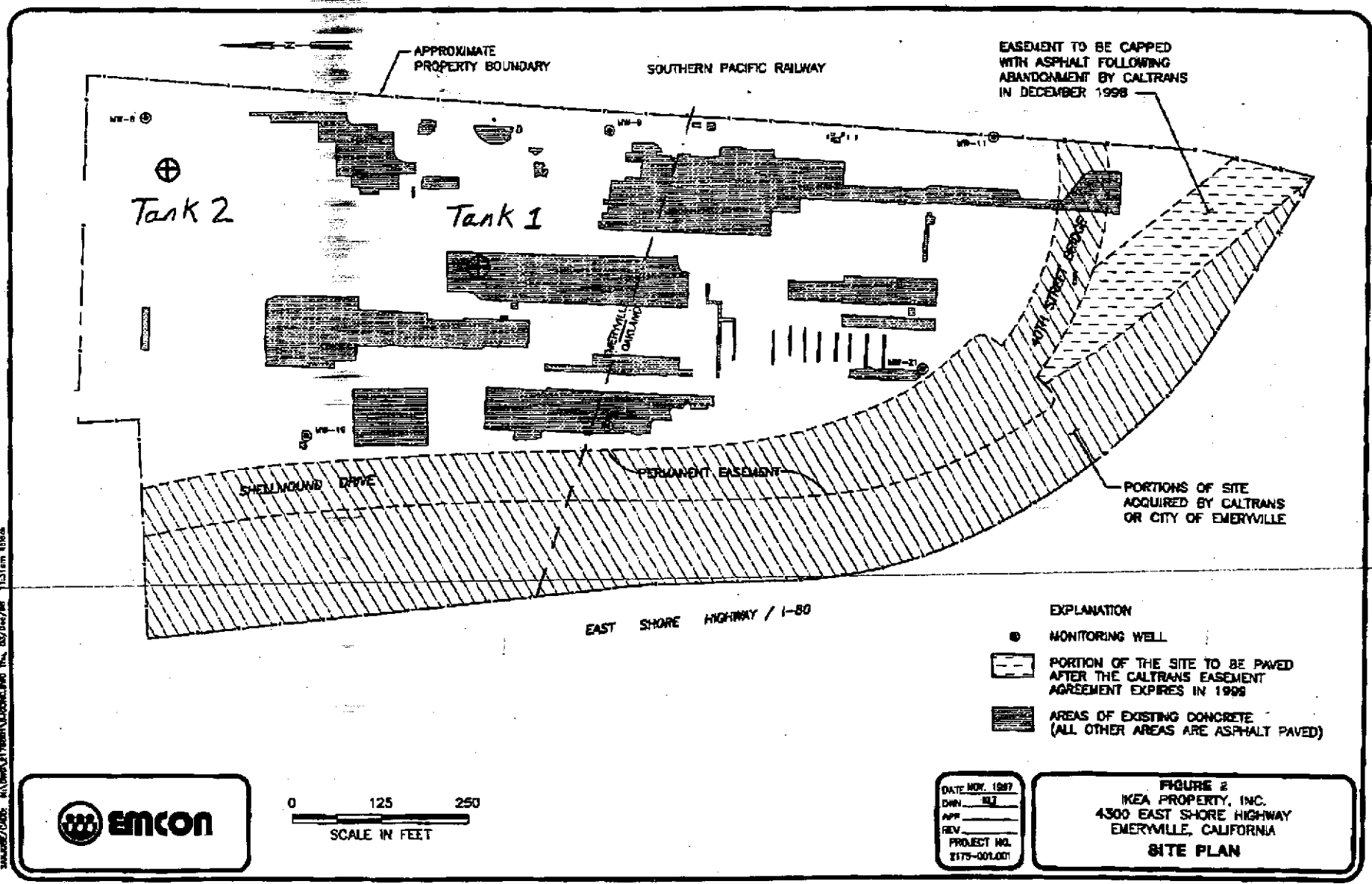
Date: 8-Mar-99

Original to follow: yes no

Comments: Three executed signature pages of both Alameda County closure plan and the State permit application.

Number of pages, including cover sheet 4. If you have any problems with this transmission, please call sender at 610-834-0180. Our Fax Number is 610-834-0872.

496 West Germantown Pike, Plymouth Meeting, PA 19462





EMCON

1433 North Market Boulevard
Sacramento, California 95834

PHONE: 916/928-3300

FAX: 916/928-3341

TELEFAX TRANSMITTAL

DATE: 3-10-99 RE: Emerville - IKEA
 TO: Susan Higo
 FAX #: 510-337-9335
 FROM: Dan Easter

NOTE: Unless otherwise indicated or obvious from the nature of the transmittal, the information contained in this facsimile message is confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us at the telephone number listed above.

COMMENTS:

Site map for Emerville is attached
I'll fax the contractor's signature page at about
noon.
Thank you for your help.

Please check one of the boxes below:

Original will follow by: Regular Mail Other _____

Original will not follow: DI

ANY QUESTIONS REGARDING TRANSMISSION, PLEASE CALL (916) 928-3300

NUMBER OF PAGES 2 (PLUS COVER SHEET)

SAC Document 3-95/1b:1

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 ETIC ENGINEERING

Name of Individual GOPH CHAMBERLAIN (PRESIDENT)

Signature *Goph Chamberlain* Date 3/8/99

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle One)

Name of Business TEEA PROPERTY, INC.

Name of Individual MICHAEL MCDONALD

Signature *MM* Date 8 MARCH 99

03/10/99
11:24 AM

510 937 9335: # 2 / 2

EMCON SACRAMENTO

3-10-99 12:41PM

SENT BY:EMCON

4082447277: # 2 / 2

EMCON SACRAMENTO

3-10-99 10:08AM

SENT BY:EMCON

510 937 9335: # 2 / 2

EMCON SACRAMENTO

3-10-99 12:41PM

SENT BY:EMCON



EMCON

1433 North Market Boulevard
Sacramento, California 95834

PHONE: 916/928-3300

FAX: 916/928-3341

TELEFAX TRANSMITTAL

DATE: 3-10-99 RE: Emeryville - IKEA
 TO: Susan H790
 FAX #: 510-337-9335
 FROM: Dan Easter

NOTE: Unless otherwise indicated or obvious from the nature of the transmittal, the information contained in this facsimile message is confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us at the telephone number listed above.

COMMENTS:

The contractor's signature page is attached to complete your file.

Please check one of the boxes below:

Original will follow by: Regular Mail Other _____

Original will not follow:

ANY QUESTIONS REGARDING TRANSMISSION, PLEASE CALL (916) 928-3300

NUMBER OF PAGES 2 (PLUS COVER SHEET)

SAC Document 3-99Mbr1

TRC ENVIRONMENTAL SOLUTIONS, INC.

2815 Mitchell Drive, Suite 103, Walnut Creek, California 94598

TELECOPY TRANSMITTAL

S. Hugo
Need for
2/13/96
9:00 AM

DATE: February 8, 1996

PROJECT NO.: 94-941

MESSAGE TO: Mrs. Juliette Blake

COMPANY - AFFILIATION: Alameda County Public Health Department

NO. OF PAGES, INCLUDING COVER SHEET: 1

TELECOPY NO.: (510) 337-9335 VERIFICATION NO.: (510) 567-6700

DESCRIPTION: _____

MESSAGE FROM: Mohammad Bazargani

TELECOPY NO.: (510) 935-5412 VERIFICATION NO.: (510) 935-3294

MESSAGE (IF ANY): _____

5:00 PM 1696
Need to review files on Barbary Coast Steel Corporation and Judson Steel Corporation located at 4300 East Shore Highway in Emeryville. I need to review these files as soon as possible (i.e., on Tuesday, February 13, 1996). I appreciate your assistance on this project. If you have any questions, please call.

COPIES TO:

<u>NAME</u>	<u>TELECOPY NO.</u>	<u>VERIFICATION NO.</u>	<u>VERIFIED</u>
_____	()	()	_____
_____	()	()	_____
_____	()	()	_____
_____	()	()	_____
_____	()	()	_____
_____	()	()	_____
_____	()	()	_____
_____	()	()	_____
_____	()	()	_____

TIME SENT: _____ VERIFICATION TIME: _____ VERIFIED BY: _____

9/25/95 A-Gen Form

The information contained in this facsimile message may be confidential, proprietary and/or legally privileged information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any copying, dissemination or distribution of confidential, proprietary or privileged information is strictly prohibited. If you have received this communication in error, please immediately notify the sender by telephone, and we will arrange for the return of this facsimile. Thank you.

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

REGION 2
700 HEINZ AVE., SUITE 200
BERKELEY, CA 94710-2737
(510) 540-3724



January 22, 1996

Mr. Juan Arreguin
City of Emeryville
Department of Public Works
2200 Powell Street
Emeryville, California 94608

Dear Mr. Arreguin:

ANALYTICAL REPORT FOR SHELLMOUND STREET EXTENSION, DECEMBER 1995, SHELLMOUND VENTURE PROPERTIES AND BARBARY COAST SITE, EMERYVILLE

The Department of Toxic Substances Control (DTSC) received the above mentioned report prepared by ENCAPCO on behalf of the City of Emeryville. The report presents analytical data and production specifications for recycling of metals and hydrocarbon impacted soil excavated from the Shellmound Ventures and Barbary Coast Sites. The soil was excavated to install underground utility lines along the new Shellmound Street extension. The City of Emeryville proposes to recycle the excavated soil using an asphalt emulsion to encapsulate the contaminants as road base material under the two incomplete lanes of the new roadway. DTSC has reviewed the report and has the following comments/concerns:

1. It is DTSC's understanding that some of the stockpiled soil may not be useable in the proposed process. A stockpile management plan must be submitted and approved prior to approval of the process. The plan should include, but not be limited to, how soils will be managed in stockpiles, the criteria that will be used to segregate soils, location of the stockpile area(s), stockpile site preparation, soil disposal, transportation and manifesting.
2. Section 3, Existing EPW Analytical Data: The EPW supplied test results and ENCAPCO baseline testing are presented in this section as laboratory data sheets. An explanation of where these samples were collected from, sample collection method(s), rationale for analyses, and a brief summary of analytical results need to be included.
3. Section 4, Production Specification: This section needs to include the location of the processing site, the steps necessary to prepare the site, pre- and post-soil sampling of the area and other steps to ensure complete site restoration, and the location of the treated soil mixture pile (including a separate soil stockpile management plan).

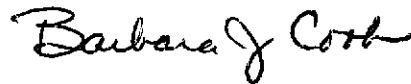
Mr. Juan Arreguin
January 22, 1996
Page Two

4. Section 4.6, Quality Control in the Field: The plan needs to specify the frequency (including rationale) of laboratory analysis for quality control. A minimum number of quality control sample analyses should also be included.

The Updated and Revised Soil Recycling Health and Safety program is under review by DTSC's Industrial Hygiene Section. Comments, if any, will be sent under separate cover.

If you have any questions regarding this letter, please contact Lynn Nakashima at (510) 540-3839.

Sincerely,



Barbara J. Cook, P.E., Chief
Site Mitigation Branch

cc: Mr. Sum Arigala
Regional Water Quality Control Board
2101 Webster Street, Suite 500
Oakland, California 94612

Ms. Susan Hugo
Alameda County Health Agency
Department of Environmental Health
1131 Harbor Bay Parkway
Alameda, California 94502

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

EMERGENCY YES NO HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? YES NO

FOR LOCAL AGENCY USE ONLY
 THEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.

REPORT DATE: 1 M 1 M 1 D 4 D 9 Y 5 V

CASE #

SIGNED: *[Signature]* DATE: 09/17/95

REPORTED BY: NAME OF INDIVIDUAL FILING REPORT
City of Emeryville

REPRESENTING: LOCAL AGENCY OWNER/OPERATOR REGIONAL BOARD OTHER

PHONE: **510 596-4333**

COMPANY OR AGENCY NAME

SIGNATURE: *[Signature]* DATE: **Nov. 17-95**

ADDRESS: **2200 Powell Street, 12th Floor, Emeryville, CA 94608**

RESPONSIBLE PARTY: NAME: **City of Emeryville** UNKNOWN

CONTACT PERSON: **Mr. Juan Arreguin** PHONE: **(510) 596-4333**

ADDRESS: **2200 Powell Street, 12th Floor, City of Emeryville, CA 94608**

SITE LOCATION: FACILITY NAME (IF APPLICABLE): **Shellmound/Former Barbay Coast**

OPERATOR: **City of Emeryville** PHONE: **(510) 596-4333**

ADDRESS: **City of Emeryville, CA Alameda**

CROSS STREET: **Christie Avenue**

IMPLEMENTING AGENCIES: LOCAL AGENCY: **Alameda County Health Care Services**

CONTACT PERSON: **Ms. Hugo** PHONE: **(510) 567-6700**

SUBSTANCES INVOLVED: (1) **Waste Oil/Petroleum Hydrocarbons**

QUANTITY LOST (GALLONS): UNKNOWN

DISCOVERY/ABATEMENT: DATE DISCOVERED: 1 M 0 M 2 D 7 D 9 Y 5 V

HOW DISCOVERED: INVENTORY CONTROL SUBSURFACE MONITORING TANK TEST TANK REMOVAL OTHER: **Excavation**

DATE DISCHARGE BEGAN: UNKNOWN

HAS DISCHARGE BEEN STOPPED? YES NO

METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY): REMOVE CONTENTS CLOSE TANK & REMOVE REPAIR PIPING REPAIR TANK CLOSE TANK & FILL IN PLACE CHANGE PROCEDURE REPLACE TANK OTHER

SOURCE/CAUSE: TANK LEAK PIPING LEAK UNKNOWN OTHER

CAUSE(S): OVERFILL CORROSION RUPTURE/FAILURE UNKNOWN SPILL OTHER

CASE TYPE: CHECK ONE ONLY UNDETERMINED SOIL ONLY GROUNDWATER DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS: CHECK ONE ONLY NO ACTION TAKEN LEAK BEING CONFIRMED REMEDIATION PLAN PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED PRELIMINARY SITE ASSESSMENT UNDERWAY CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) POLLUTION CHARACTERIZATION POST CLEANUP MONITORING IN PROGRESS CLEANUP UNDERWAY

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

COMMENTS:

TOP CASE R0431

NOV 17 1995

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: City of Emeryville - Shelburne St. Barbary Court Deal

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>Tank-solvent</u>	B. MANUFACTURED BY: <u>unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>2,500-gallon</u>

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

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

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

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Juan C. Arreguin Juan C. Arreguin</u>	DATE <u>Nov. 2, 1995</u>
---	--------------------------

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

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

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name City of Emeryville Today's Date 11/3/98
 Site Address Shellmound / former Barbary Coast
 City Emeryville Zip 94608 Phone _____

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

Inspection Categories:

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

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

Comments:

George Warren - Emeryville Fire Dept. on site
One - UST (approx 2,000 gal) Steel tank
removed. (23 ft length X 3.5 ft diameter)
West end LEL = 7% O₂ = 3%
East end LEL = 10% O₂ = 7%
Tank = contained ^{WASTE OIL} solvent. Analytical
results of liq. sample collected fr. the tank
provided by R. Gonas. pH = 1.7 results of
sample w/ preservative, retested pH = 9.0.
(see Larry of SOS).
Erickson Tank's hauler # 6022437Xp6/96
Tank's manifest = 95592535
Tank is located at the former Barbary Coast
Street; City of Emeryville building road.
The tank appeared to be intact
w/ corrosion
2 Soil samples collected, one from
each end of the tank. No groundwater
present in the excavation.
Site overseen by PTSC (Ted Park).

All soils generated during tank's removal
must be characterized & disposed appropriately

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Sids. 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. MAT'L'S

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

Rev 6/88

Contact: Ellis Ishava Inspector: _____
 Title: ENVIRONMENTAL ENGINEER Signature: _____
 Signature: [Signature] Signature: Arman L Hugo

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

SUSAN L. HUGO

Project Specialist



ACCEPTED

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

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

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

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

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

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

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

Contact Specialist:

Please note change made on page 1, 2 & 5.

*Susan L. Hugo
11/13/95*

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business City of Emeryville
Business Owner or Contact Person (PRINT) City of Emeryville - Juan Arr Eguin
2. Site Address Shellmound Street (Barbory Cost Deal)
City Emeryville Zip 94608 Phone (510) 596-4333
3. Mailing Address 2200 Powell Street, 12th Floor
City Emeryville Zip 94608 Phone (510) 596-4333
4. Property Owner City of Emeryville
Business Name (if applicable) City of Emeryville
Address 2200 Powell Street, 12th Floor
City, State Emeryville Zip 94608
5. Generator name under which tank will be manifested
City of Emeryville

EPA ID# under which tank will be manifested CA 200004681
to be provided at the site

6. Contractor Performance Excavators Inc.
Address 3060 Kerner Blvd., Suite A
City San Rafael, CA 94901 Phone (415) 257-4640
License Type* A-HAZ ID# 667433

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

7. Consultant (if applicable) Jonas & Associates Inc.
Address 2815 Mitchell Drive, Suite 209
City, State Walnut Creek, CA 94598 Phone (510) 933-5360

8. Main Contact Person for Investigation (if applicable)
Name MARK WARNER Title PROJECT MANAGER
Company PERFORMANCE EXCAVATORS
Phone (415) 257-4640

9. Number of underground tanks being closed with this plan 1 ✓
Length of piping being removed under this plan Unknown
Total number of underground tanks at this facility (**confirmed with owner or operator) Unknown (assumed to be 1)

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 System Operation Services (SOS) EPA I.D. No. _____ ✓
Hauler License No. _____ License Exp. Date A Eng. W/Hazmat
Address 2140 Shattuck Avenue 11th Floor
City Berkeley State CA Zip 94704

Must have hazardous waste transporter license

b) Product/Residual Sludge/Rinsate Disposal Site
Name SOS EPA ID# _____
Address Will be treated and reused for dust control (per Emeryville's Request).
City _____ State _____ Zip _____

→ *must be disposed as hazardous waste*

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

Inert tank with 1.5 pounds of solid carbon dioxide (dry ice) for each 100 gallons of tank volume.

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

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

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)		
2,500-gallon	Waste Oil/Solvent (Assumed)	Two Soil Samples One Stockpile Sample One Groundwater Sample	Beneath the tank at a maximum of 2 feet below soi/backfill interface.

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)
50 yards

Sampling Plan

will collect soil samples from four locations of the stockpile. Combine the samples into one and analyze the composite samples for TPH-g; TEPH-mo,k,d; VOCs 8240/8260; Base Neutral Acid Extractables: 3510/8270; CAM 17 Metals total and WET.

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

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

If yes, explain reasoning _____

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

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

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

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Phenols	3510/8270 3550/8270 soil	3510/8270 3550/8270	100 ppb <u>soil</u>
Naphthalene	3510/8270 " "	3510/8270 " "	100 ppb <u>water</u>
Acetone	5030	8240/8260	10 ppb 4 ppb
Methyl Ethyl Ketone		8240/8260	5 ppb 2 ppb
1,2-DCA		8240/8260	5 ppb 2 ppb
Ethylbenzene		8240/8260	5 ppb 2 ppb
Toluene		8240/8260	5 ppb 2 ppb
Vinyl Chloride		8240/8260	5 ppb
Xylenes		8240/8260	500 ppb
Metals	3005 or 3010 water	CAMP 17 Metals 3010A M/6010/7000 Series	
TEPH-mo,k,d	GCFID 3550 + 3510 water	8015 M	1 ppm (soil)
TPH-g	GCFID 5030	/8015M	1 ppm (soil)
<u>pH</u>			

18. Submit Worker's Compensation Certificate copy

Name of Insurer California Comp & Fire

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

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business Performance Excavators

Name of Individual Mark Warner

Signature [Signature] Date 11/2/95

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business City of Emeryville

Name of Individual Juan C. Arreguin

Signature [Signature] Date Nov. 2, 1995

Jonas & Associates Inc.

**FIELD WORK
HEALTH & SAFETY PLAN**

**CITY OF EMERYVILLE
UST Tank Removal
Emeryville, California**

November 2, 1995

Jonas & Associates Inc.

**FIELD WORK
HEALTH & SAFETY PLAN
CITY OF EMERYVILLE
UST Tank Removal
Emeryville, California**

November 2, 1995

**Prepared by:
Jonas and Associates Inc.
Walnut Creek, California
(510) 933-5360**

FIELD WORK
HEALTH & SAFETY PLAN

Jonas & Associates Inc.

CITY OF EMERYVILLE
UST Tank Removal
Emeryville, California

TABLE OF CONTENTS

TABLE OF CONTENTS	i
LIST OF TABLES	i
LIST OF FIGURES	ii
EMERGENCY RESPONSE CONTACTS AND TELEPHONE NUMBERS	iii
PREFACE	v
1.0 INTRODUCTION	Page 1
2.0 KEY PERSONNEL AND RESPONSIBILITIES	Page 1
3.0 WORK RULES AND POLICIES	Page 2
4.0 PROJECT DESCRIPTION	Page 3
4.1 Site Background	Page 3
4.2 UST Removal Procedures	Page 3
5.0 JOB HAZARD ANALYSIS	Page 6
5.1 Physical Hazards	Page 6
5.2 Chemical Hazards	Page 6
6.0 PERSONAL PROTECTIVE EQUIPMENT	Page 8
7.0 WORK ZONES AND SITE SECURITY	Page 8
7.1 Exclusion Zone	Page 8
7.2 Decontamination Area	Page 10
7.3 Support Area	Page 10
7.4 Site Security	Page 10
8.0 EMERGENCY RESPONSE PROCEDURES	Page 10
8.1 Planning	Page 10
8.2 Emergency Procedures	Page 10
8.3 First Aid	Page 10
9.0 DECONTAMINATION PROCEDURES	Page 12
9.1 Personal Decontamination	Page 12
9.2 Equipment Decontamination	Page 12

LIST OF TABLES

	<u>Page</u>
Table 5-1: Potential Physical Hazards	9
Table 5-2: Possible Chemical Hazards	9
Table 5-3: Field Monitoring Equipment	10

LIST OF FIGURES

	<u>Page</u>
Figure: Hospital Route.	iii
Figure 1: Regional Locations, Paco Pumps	4
Figure 2: Existing and Proposed Monitoring Wells	6

EMERGENCY RESPONSE CONTACTS AND TELEPHONE NUMBERS

LOCAL EMERGENCY CONTACTS

Ambulance	911
Police	911
Fire	911

Hospital: HIGHLAND HOSPITAL (510) 437-4800

Location: 1411 East 31th Street
Oakland, California 94602

Directions: Take Shellmount Street north to Stanford Avenue. Turn, Left and take Highway 80 South to 580 east. Exit Beaumont west, the hospital will be on your right hand side (see map next page).

HAZARDOUS MATERIALS INFORMATION

EHA-INFO	(800) 342-4636
Toxline	(301) 496-1131
CHEMTREC (24-hour, emergency only)	(800) 424-9300
ORNL, Toxicology Information Response Center	(615) 576-1743
National Response Center	(800) 424-8802
Poison Control Center	(800) 682-9211

J&A CONTACTS

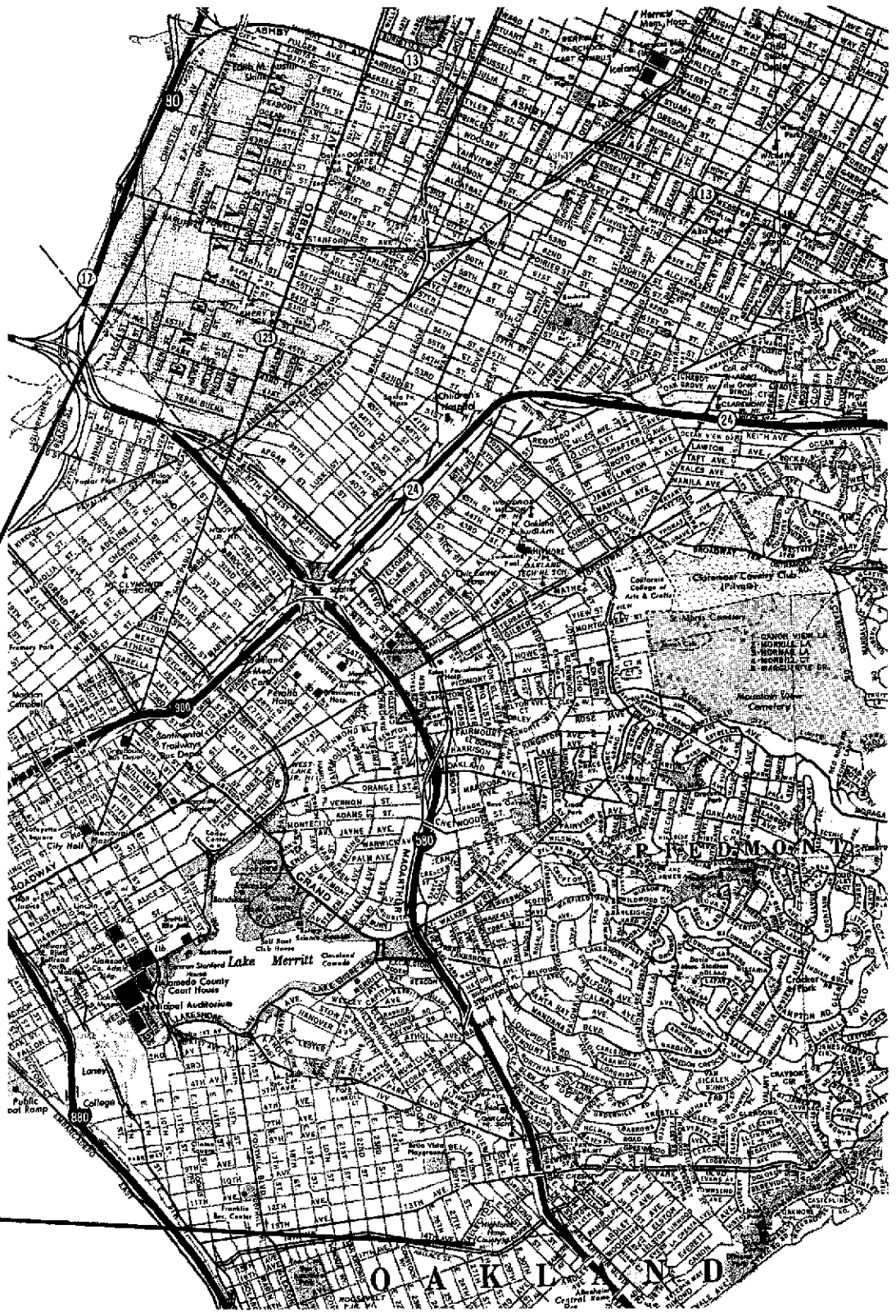
Romena Jonas, Project Manager	(510) 933-5360
Mark Jonas, Vice President	(510) 933-5360
Ellis Ishaya, Health and Safety Officer	(510) 933-5360

STANDARD PROCEDURES FOR REPORTING EMERGENCIES

When calling for assistance in an emergency situation, the following information should be provided:

- » NAME OF PERSON MAKING CALL.
- » TELEPHONE NUMBER AND LOCATION OF PERSON MAKING CALL.
- » NAME OF PERSON(S) EXPOSED OR INJURED AND LOCATION.
- » NATURE OF EMERGENCY.
- » ACTIONS ALREADY TAKEN.

Never hang up first when calling for emergency assistance. Wait for the dispatch operator to finish all questions.



**UST
Location**

**Highland
Hospital**



1 Inch = ~ 0.5 Miles

**City Of Emeryville
Shellmount Street
Emeryville, California**

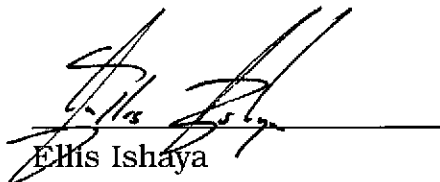
HOSPITAL ROUTE

PREFACE

This Field Work Health & Safety Plan (HSP, Plan) has been written for the exclusive use of Jonas & Associates Inc. (J&A) and its employees. Implementation of this Plan by subcontractors is the sole responsibility of the subcontractor(s) and not the responsibility of Jonas & Associates Inc. Jonas & Associates Inc. claims no responsibility for the use of this Plan by others. The plan is written for currently known site conditions, dates, and personnel.

This HSP has been written to conform with the requirements of the Occupational Safety and Health Administration's (OSHA) Hazardous Waste Operations and Emergency Response Standard (29 CFR 1910.120), and J&A's health and safety policies. Personnel covered by this HSP who cannot or will not comply with these requirements will be excluded from site activities by the J&A Project Manager.

Plan Prepared By:



Ellis Ishaya
Assistant Project Manager
Health & Safety Officer
Jonas & Associates Inc.

Date: *November 2, 1995*

Plan Approved By:



Romena Jonas
Project Manager
President
Jonas & Associates Inc.

Date: *November 2, 1995*

FIELD WORK
HEALTH & SAFETY PLAN

CITY OF EMERYVILLE
UST Tank Removal
Emeryville, California

1.0 INTRODUCTION

This Field Work Health and Safety Plan (HSP, Plan) provides selected health and safety practices for field efforts associated with the underground storage tank removal that is to be performed in Emeryville, California. This HSP is intended as a practical approach to the activities in light of potential occupational and public health hazards. It is expected that site conditions may require modification of health and safety practices. Implementation of recommended modifications of health and safety practices would be at the discretion of the Jonas & Associates Inc. (J&A) Health and Safety Officer (HSO) and/or Project Manager.

The objective of this HSP is to provide a relatively safe working environment for J&A personnel performing the identified field work. The document may also be used by J&A's subcontractors, but specific health and safety procedures associated with their activities and implementation of the HSP is the sole responsibility of the subcontractor(s).

All J&A personnel performing the field work and on-site subcontractors are expected to be familiar with the requirements of this HSP.

2.0 KEY PERSONNEL AND RESPONSIBILITIES

J&A Field Representatives and Duties

Romena Jonas, President and Project Manager for J&A, will act as a field supervisor for J&A personnel. Her duties include: client interaction; scheduling of tasks; subcontractor coordination; and the opportunity for each on-site employee to become familiar with this site/activity-specific HSP.

Ellis Ishaya, Health & Safety Officer and Assistant Project Manager for J&A, will act as a representative of the Project Manager. His tasks include supporting the required field work and acting as the field supervisor for J&A personnel when the Project Manager is off-site.

Health & Safety Officer and Duties

Ellis Ishaya will act as the Health & Safety Officer (HSO) for this project. As HSO, the duties of Mr. Ishaya include maintaining health and safety records, scheduling safety training and retraining courses, and reviewing and approving site safety requirements, as well as being responsible for day-to-day health and safety activities at the site. These activities include: checking that personal protective equipment is available, maintaining safety supplies, supervising decontamination operations, performing air quality measurements, and determining when site conditions require increasing the level of protection. The necessary on-site health and safety activities can also be performed by the Project Manager.

Client Representative

Mr. Jauan Arrequin
City of Emeryville
Public Works Department
2200 Powell Street, 12th Floor
Emeryville, California 94608
(510) 596-4333
(510) 658-8095 fax

3.0 WORK RULES AND POLICIES

During field activities, J&A personnel shall conform to the following requirements:

- » J&A personnel assigned to specified field work at the site shall become familiar with the requirements in the HSP and attend the safety orientation meeting prior to commencing work.
- » No one will be permitted to work in the exclusion area if he/she is intoxicated on alcohol or drugs.
- » Smoking, eating, drinking, along with chewing gum or tobacco shall not be permitted in the exclusion area.
- » J&A personnel will notify the Project Manager of their on-site activities.
- » Wearing of contact lenses and beards by individuals assigned to tasks that require respirators will be prohibited.
- » No one will be permitted to work in the exclusion area without personal protective equipment, if it is necessary.

- » Exclusion areas will be defined by barriers and/or warning tape.
- » An organic vapor analyzer shall be used to monitor potential exposure to organic vapors. Measurements are limited by the intrinsic design of the organic vapor analyzer and detection limits.
- » For each four hours of work will be a fifteen minute break.

4.0 PROJECT DESCRIPTION

Site Name: City of Emeryville UST Removal
Shellmount Street
Emeryville, California

Project Number: PFX-211

Site Location: Shellmount Street
Emeryville, California
(See Figure 1)

4.1 Site Background

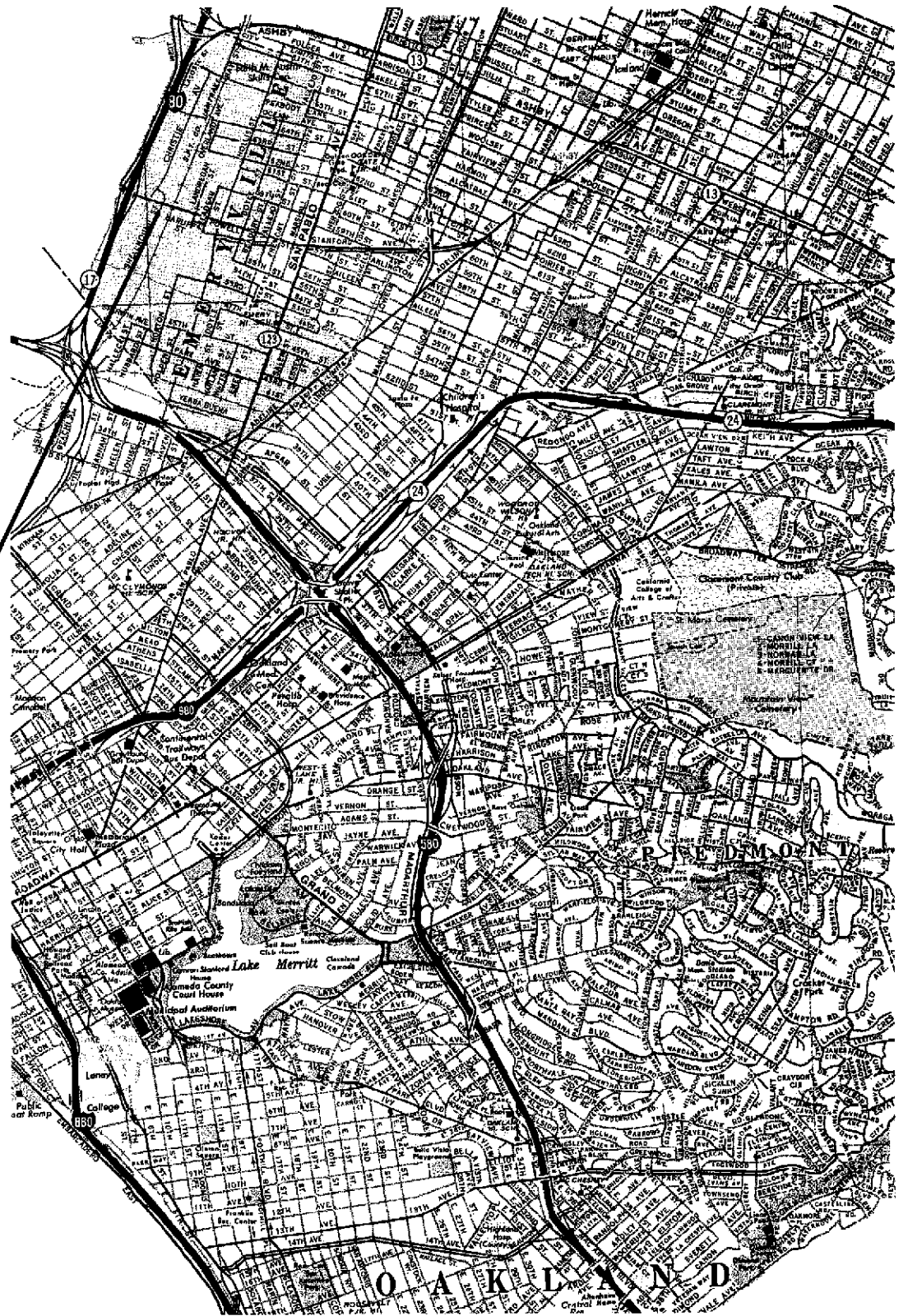
On October 30, 1995, during construction/excavation activities at the subject site, an underground storage tank was found. The approximate size of the tank is 2500 gallons. The content of the tank was sampled and analyzed for the following parameters: Volatile Organic Compounds (EPA 8240/8260), pH (EPA 9040/9045), PCB's (EPA 3510/8080), Water Base Neutral Acid Extractables (EPA 3510/8270), and CAM 17 Metals (EPA 3010A M/6010/7470). From the results of these analyses, it is assumed that the tank was used for Waste Oil/Solvent containment.

4.2 UST Removal Procedures

All procedures must meet the requirements of the Alameda County Inspector and the City of Emeryville Fire Department, who will be present during the tank closure process. The following procedures will be used for tank removal:

- a. Plug and excavate all piping (except vent pipe) and monitoring systems associated with the tanks.
- b. Excavate soil for tank removal and sampling.

UST
Location



1 Inch = ~ 0.5 Miles

**City Of Emeryville
Shellmount Street
Emeryville, California**

Figure 1 | Site Location

- c. Place all overlay asphalt, dirt, and pea gravel removed during tank excavation on plastic sheets. Collect one sample for approximately every 50 yards of excavated soil and analyze for the required permit analyses. Based on lab results, manifest and dispose of soil.
- d. Inert each tank with 1.5 pounds of solid carbon dioxide (dry ice) for each 100 gallons of tank volume. An explosion-proof combustible gas meter will be used to verify tank inertness. The gas meter will be calibrated on site. One (1) hour will be allowed for oxygen displacement. LEL will be 10 percent or less prior to tank removal.
- e. Triple rinse the storage tanks with rinsate not to exceed 5 percent of total tank capacity.
- f. Perform proper treatment and disposal of wastewater generated.
- g. Remove the storage tanks.
- h. Transport tanks via a licensed hauler to a metal recycling facility for proper disposal; the pressure relief hole will be positioned at the top of the tank. Destruction certificates will be obtained and provided to General Foods to document proper disposal. Tanks will be transported on the same day they are substantially exposed.
- i. Collect soil samples from the excavation pit.
- J. Return the site to the client for backfill and compaction.

5.0 JOB HAZARD ANALYSIS

5.1 Physical Hazards

The following Table 5-1 provide a review of possible physical hazards, monitoring, control measures, and recommended personal protection equipment:

Table 5-1: Potential Physical Hazards

Physical Hazard	Monitoring/ Indicators	Control Measures	Personal Protective Equipment (PPE)
Heat Stress	pulse rate	rest period	cool vest, hat
Heavy Equipment	visual inspection	barricades, voice	hard hat, safety shoes, gloves, vest, safety glasses
Noise	speaking difficult	insulation	ear plugs
Buried Utilities	utility maps, knowledge of facility personnel	turn off lines, USA notification & survey, care during drilling	

5.2 Chemical Hazards

Table 5-2 identifies the chemicals that may be present at the facility:

Table 5-2: Possible Chemical Hazards

Compound	Benzene	Toluene	Ethyl- benzene	Xylenes	Methyl Ethyl Ketone	Acetone
LEL conc.	1.3%	1.2%	1.0%	1.1%	?	2.5%
IDHL Level	3000 ppm	2000 ppm	2000 ppm	1000 ppm	NA	2500 ppm
PEL/TVL TWA	1 ppm	100 ppm	100 ppm	100 ppm	0.2 ppm	250 ppm
PEL/TVL STEL	NA	NA	125 ppm	150 ppm	NA	NA

Table 5-1^{cont}

Carcinogen?	Yes	No	No	No	No	Yes
Absorbed through skin?	Yes	Yes	No	Yes	No	No
Eye irritant?	Yes	No	Yes	Yes	Yes	Yes
Vapor pressure	75 mm	20 mm	10 mm	9 mm	?	180 mm

These chemicals pose a level of risk and may be associated with petroleum hydrocarbon compounds that are known to exist at the site.

6.0 PERSONAL PROTECTIVE EQUIPMENT

Level of Protection: MODIFIED LEVEL D

Respiratory Protection

The following health & safety equipment will be available on site for potential usage: MSA half face respirator with organic vapor cartridges and particulate filters.

Protective Clothing

A supply of protective clothing will be available on site for potential usage. The supply will include poly-laminated Tyvek coveralls, rain jackets and pants (if necessary), nitrile gloves, steel-toed boots, hard hats, eye protection, and ear protection.

Field Monitoring Equipment

The following Table 5-3 identifies the health and safety field monitoring equipment to be used during construction of the proposed monitoring well:

Table 5-3: Field Monitoring Equipment

Instrument	Proposed Use	Action Guidelines
Organic Vapor Analyzer	Monitor organic vapors in exclusion area.	At equal to or greater than TLV, respirator will be required in the work area.

Prior to the drilling rig arriving on-site, an ambient level will be measured to zero the meter. After the drilling rig is on-site then a background level will be measured. The action guidelines are based on the concentration above background. During drilling activities, periodic measurements will be collected and recorded.

7.0 WORK ZONES AND SITE SECURITY

7.1 Exclusion Zone

An exclusion zone shall be established around each sampling point or the point where a monitoring well will be installed. These exclusion areas include: work activities and the swing radius' for heavy equipment and drilling rig. The exclusion zone will be defined by barricades and warning tape. Only authorized personnel will be allowed to enter the exclusion zone.

7.2 Decontamination Area

A decontamination area close to the exclusion zone will be established for personnel and equipment decontamination.

7.3 Support Area

The support area is classified as being non-contaminated, and is the location for storage of materials and supplies required for the project. This area should be accessible by all personnel, without requiring the use of protective clothing or equipment.

7.4 Site Security

Access to the exclusion zone shall be controlled by a barrier system.

8.0 EMERGENCY RESPONSE PROCEDURES

8.1 Planning

Prior to the commencement of operations, emergency response procedures will be communicated with the project team. This shall include the identification of the on-site location of the Health & Safety Plan, including the various emergency response contacts and telephone numbers, and the location of a hospital with an emergency room.

8.2 Emergency Procedures

Employees may respond to low danger emergencies, such as administration of first aid and fighting small fires. Should outside medical or other emergency assistance be required, personnel shall call 911. If the injury or illness appears to be minor, the affected person may be driven to the hospital emergency room.

8.3 First Aid

Qualified personnel shall give first aid and attempt to stabilize any employee needing assistance. Life support techniques such as cardiopulmonary resuscitation (CPR) and treatment of life-threatening problems such as bleeding, airway maintenance, and shock shall be given top priority. Professional medical assistance shall be obtained at the earliest possible opportunity.

Emergency first-aid procedures include:

<u>Exposure</u>	<u>Procedure</u>
Eyes	Flush eyes immediately with fresh water for at least 15 minutes while holding the eyelids open. If injury occurs or irritation persists, transport person to emergency room for medical attention as soon as possible.
Skin	Wash skin thoroughly with soap and water. See a doctor if any unusual signs or symptoms or if any skin irritation occurs. Launder contaminated clothing.
Inhalation	Move exposed person to fresh air. If breathing has stopped, apply artificial respiration, and call 911 immediately.
Ingestion	If swallowed, do not make person vomit. Call Poison Control Center {(800) 682-9211} immediately.

9.0 DECONTAMINATION PROCEDURES

Prior to and after field sampling, necessary equipment shall undergo decontamination. Decontamination rinse water, contaminated refuse (e.g., use tyveks), and any material generated during project will be temporarily stored on-site for proper disposal.

9.1 Personal Decontamination

Personal decontamination shall comply with the following procedures:

- » Wash boots;
- » Remove coveralls prior to leaving the site; and
- » Remove gloves and discard in contaminated clothes receptacle.

9.2 Equipment Decontamination

Non-disposable equipment will be decontaminated according to the following procedures:

- » Dry manual scrub;
- » Manual scrub with clean water and an appropriate soap solution;
- » Clean water rinse;
- » Dilute nitric acid rinse (if necessary);
- » Clean water rinse; and
- » Air dry.

Equipment should be decontaminated prior to its use in the field.

ACORD. CERTIFICATE OF INSURANCE

CL# 02818

ISSUE DATE (MM/DD/YY) 08/15/95

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

PRODUCER
Holtemann, Ord & Smith
P. O. Box 4409
Petaluma CA 94955-4409

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER A California Comp & Fire
- COMPANY LETTER B
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

INSURED
Performance Excavators, Inc.
3060 Kerner Blvd.
San Rafael CA 94901
faxed 415/257-4644

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

CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXP. (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HOUSED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ STATUTORY LIMITS
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	w958123672	08/01/95	08/01/96	EACH ACCIDENT \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE-EACH EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/TYPES OF SPECIAL ITEMS
Job: Cypress "A" Oakland @ 500 Kirkham Street & 1285 Fifth Street


Cancellation: Except for ten days for non-payment of premium.

faxed 510/337-9335
Alameda County Health Agency, Div. of Environ. Dept. of Envir. Health
1131 Harbor Wy Prkwy 2F1
Alameda CA 94502

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

AUTHORIZED REPRESENTATIVE
[Signature]


ISSUING CORPORATION NAME


 State of California
 Department of Industrial Relations
 909 9th Street, Sacramento, CA 95833

bb 7433 **™ CORP**
PERFORMANCE EXCAVATORS INC

A HAZ

03/31/97



REMI

PERFORMANCE OF
REMEDIAL RESPONSE
ACTIVITIES AT UNCONTROLLED
HAZARDOUS WASTE SITES
CERTIFICATE OF TRAINING

This Certifies That

MARK JONAS

Has Successfully Completed

Basic Principles of Hazardous Waste Site Investigation

Seminar Date August 5-9, 1985

Prepared by
CAMP DRESSER & McKEE INC.
Roy F. Weston, Inc.
Woodward-Clyde Consultants
Clement Associates, Inc.
ICF Incorporated
C.C. Johnson & Associates, Inc.


Gary A. Dunbar
REM-II Project Manager

Certificate of Completion

for

Field Safety Training

Awarded To

Romana Jonas, Formerly Known as:

Gladeas Abdypoor

this 2nd day of June, 1985

Phoenix Safety Associates, LTD.

[Signature]
President

[Signature]
Instructor

ONSITE ENVIRONMENTAL

This is to certify that

Ellis Islay
552-83-5165

has successfully completed training in Onsite's 40 Hour "Hazardous" training program and is in compliance with 29 CFR 1910.120(e). This also stands for completion of the following training:

*Confined Spaces
Lockout/Tagout*

*Hearing Conservation
Electrical Safety*

*At
Santa Clara, CA
On
Feb. 25, 1994*

*Feb. 25, 1995
Expiration Date*


Louis M. Sheffield, Instructor





No. B1494

**Environmental
Health
Consultants
Givo Youmani**

has successfully completed a 40-hour course in health and safety
for hazardous waste operations
November 4, 5, 11, 12, 1994 Burlingame, CA

Course Date and Location:

James A. Fanelle, CIH
Instructor Signature

G. Youmani
Instructor Signature

**MEDICAL EMERGENCY
RESPONSE TRAINING**

Givo Youmani

Has Successfully Completed

10 hr CPR/FIRST AID 1A

11-11-94

Date of Issue

Instructor

11-11-95

Date of Expiration

G. Youmani
Card Holder



No. B1493

**Environmental
Health
Consultants
Sarges Youmani**

has successfully completed a 40-hour course in health and safety
for hazardous waste operations
November 4, 5, 11, 12, 1994 Burlingame, CA

Course Date and Location:

James A. Fanelle, CIH
Instructor Signature

G. Youmani
Instructor Signature

R1981



Environmental Health Consultants

Certificate of Completion

Romena Jonas

has successfully completed an eight hour refresher course in health and safety for hazardous waste site operations as required by 29 CFR 1910.120 (e) 8.

May 19, 1995

Burlingame, California

Course Date and Location



Rene S. Fanelli, CIH
Instructor

Instructor

R1982



Environmental Health Consultants

Certificate of Completion

Mark Jonas

has successfully completed an eight hour refresher course in health and safety for hazardous waste site operations as required by 29 CFR 1910.120 (e) 8.

May 19, 1995

Burlingame, California

Course Date and Location



Eugene S. Fanelli, CIH
Instructor

Instructor

S1306



Environmental Health Consultants

Certificate of Completion

Ellis Ishaya

has successfully completed an eight hour course for supervision of hazardous waste site operations as required by 29 CFR 1910. 120 (e) 4.

January 26, 1995

Burlingame, California

Course Date and Location



Eve S. Fanelli, CIH

Instructor

Instructor

Certification

May it be known by all who read this that

GREG RAINBY

has met and surpassed all of the requirements of

8 HOUR REFRESHER TRAINING OSHA STANDARD, 29CFR 1910.120
HAZARDOUS WASTE OPERATIONS

Presented this 20 day of DECEMBER, 1994.

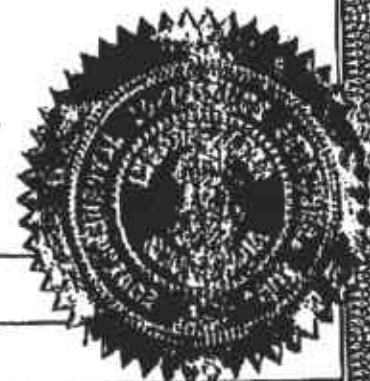
ENVIRONMENTAL COMPLIANCE SERVICES

ORGANIZATION

SIGNED



CONTROL # 122094-3576-8-C



Certification

May it be known by all who read this that

ALEC GIDDINGS

has met and surpassed all of the requirements of

8 HOUR REFRESHER TRAINING OSHA STANDARD, 29CFR 1910.120
HAZARDOUS WASTE OPERATIONS

Presented this 20 day of DECEMBER, 1994.

ENVIRONMENTAL COMPLIANCE SERVICES

ORGANIZATION

SIGNED



CONTROL # 122094-3930-8-F



Certification

May it be known by all who read this that

CLIFF HOSKIST

has met and surpassed all of the requirements of

8 HOUR REFRESHER TRAINING OSHA STANDARD, 29CFR 1910.120
HAZARDOUS WASTE OPERATIONS

Presented this 20 day of DECEMBER, 1994.

ENVIRONMENTAL COMPLIANCE SERVICES

ORGANIZATION

SIGNED



CONTROL # 122094-0777-8-J



Certificate of Award



THIS CERTIFIES THAT

1885S

Greg Rainey

successfully completed the **B Hour Supervisory** requirements
listed under **OSHA Regulation 29 CFR 1910.120**

HAZARDOUS WASTE OPERATIONS AND EMERGENCY RESPONSE

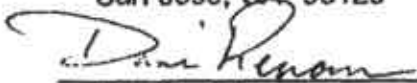
this thirtieth day of March 1994



Geo Line

Provided by:
Geo Line

425 Stockton Avenue
San Jose, CA 95126



Danl Renan
Course Instructor

Certification

May it be known by all who read this that

RAFAEL G. ALVAREZ

has met and surpassed all of the requirements of

8 HOUR REFRESHER TRAINING OSHA STANDARD, 29CFR 1910.120
HAZARDOUS WASTE OPERATIONS

Presented this 20 day of DECEMBER, 1994.

ENVIRONMENTAL COMPLIANCE SERVICES

ORGANIZATION

SIGNED



CONTROL # 122094-0173-8-H



CERTIFICATE OF ACHIEVEMENT

This certifies that

GREG RAINEY

*has successfully completed a
Lead Awareness Course*

Meeting all the Requirements Set forth in CFR 1926.62 Paragraph L



Signature

December 20, 1994

Date

Environmental Compliance Services, Inc.
3678 Omec Circle • Rancho Cordova, CA. 95742



CERTIFICATE OF ACHIEVEMENT

This certifies that

CLIFF BUSEKIST

*has successfully completed a
Lead Awareness Course*

Meeting all the Requirements Set forth in CFR 1926.62 Paragraph L

Ch. H. H.

Signature

December 20, 1994

Date

Environmental Compliance Services, Inc.
3678 Omec Circle • Rancho Cordova, CA. 95742

CERTIFICATE OF ACHIEVEMENT

This certifies that

ALEC GIDDINGS

*has successfully completed a
Lead Awareness Course*

Meeting all the Requirements Set forth in CFR 1926.62 Paragraph L

Ch. H. Hill

Signature

December 20, 1994

Date

Environmental Compliance Services, Inc.
3678 Omec Circle • Rancho Cordova, CA. 95742





PERFORMANCE EXCAVATORS

FAX TRANSMITTAL

FROM: PERFORMANCE EXCAVATORS, INC.

SENT BY:

Mary Lou

OUR FAX NUMBER IS (415) 257-4644
OUR TELEPHONE NUMBER IS (415) 257-4640

TO:	<i>Jonas & Assoc.</i>
ATTENTION:	<i>Romana</i>
FAX NUMBER:	<i>510-933-5362</i>
TELEPHONE NUMBER:	
TODAY'S DATE:	<i>8-16-95</i>
TIME:	<i>2:45 PM</i>
NUMBER OF PAGES (Including Cover Sheet):	<i>10</i>

MESSAGE:	<i>a long 10 minutes!</i>
	<i>I am faxing only the <u>8</u> hour refresher course.</i>
	<i>Please call if you have questions!</i>

CERTIFICATE OF ACHIEVEMENT

This certifies that

RAFAEL C. ALVAREZ

*has successfully completed a
Lead Awareness Course*

Meeting all the Requirements Set forth in CFR 1926.62 Paragraph L



Signature

December 20, 1994

Date

Environmental Compliance Services, Inc
3678 Once Circle-Rancho Cordova, CA. 95742

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN FRANCISCO BAY REGION

2101 WEBSTER STREET, Suite 500
OAKLAND, CA 94612
Tel: (510) 286-1255
FAX: (510) 286-1380



STD 1696

Mr. Ted Park
DTSC, Region 2
700 Heinz Avenue, Suite 200
Berkeley, CA 94710

September 15, 1995
File No.: 2223.09(SA)
NBT Case File

Subject: Barbary Coast Steel, Emeryville, Alameda County

Dear Mr. Park:

Regional Board Staff reviewed your letter, dated August 17, 1995, and the report *Soil Cleanup Levels For High-Boiling-Point Petroleum Hydrocarbons*, dated August 1995 regarding the subject site. Board Staff met with you and Mr. David Wright, on April 17, 1995, to discuss the management of petroleum hydrocarbon impacted soils on the subject site. At the meeting, Board Staff were requested to evaluate the potential threat to water quality in the event that the petroleum hydrocarbon impacted soils at the site were capped in place and managed. Board Staff have subsequently reviewed several reports, prepared by Emcon Associates, regarding the subject site.

The soils at the subject site is polluted with high boiling petroleum hydrocarbons known as bunker C fuel oil at concentrations up to 17000 ppm. However, the soil samples do not indicate the presence of VOCs or PAHs, and there appears to be no groundwater pollution associated with the bunker C fuel oil. There are limited zones of petroleum hydrocarbon pollution in soil and groundwater, associated with the former USTs. The minimum time for the petroleum hydrocarbons on site to reach the San Francisco Bay was estimated to be $1.39E + 05$ years. Based on the relatively non-toxic and non-mobile nature of the petroleum hydrocarbons a health based soil cleanup level of 26,260 ppm has been proposed.

I understand the entire site will be capped prior to future redevelopment at the site. Based on the information presented in the reports, we concur that the soils polluted with the bunker C fuel oil can be managed. by capping them in place, without posing a threat to the groundwater and the San Francisco Bay. Board Staff recommend the following:

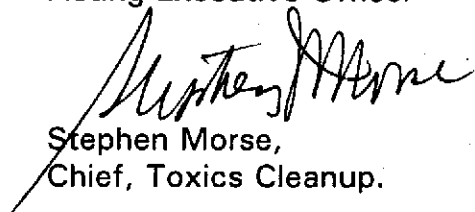
1. An overall site wide risk management plan should be developed and implemented that includes a groundwater monitoring plan, contingency options, management measures such as deed notifications/ restrictions, Site operation and maintenance, health and safety plans, utility worker notifications etc.

Barbary Coast Steel
Emeryville, Alameda County

2. Evaluate the feasibility of implementing a passive bioremediation program at the site, and if applicable, include such a program in the overall site wide risk management plan.
3. Removal of any soil pollution sources in the vicinity of the former UST areas.
4. Closure of all potential vertical conduits such as the process water supply well.
5. Constituents detected in groundwater samples from MW-15 do not appear to be present else where on site. Analyze and compare the constituents detected in groundwater samples from MW-5 with those of MW-15. Similarities in the analytes indicate potential migration of groundwater pollutants, and should be accounted for in the contingency options.

Please contact Sumadhu Arigala at (510) -286-0434, if you have any questions regarding this letter.

Sincerely,
Lawrence P. Kolb,
Acting Executive Officer


Stephen Morse,
Chief, Toxics Cleanup.

CC: Susan Hugo, ACDEH
1131 Harbor Bay Pkwy, 2nd Floor
Alameda, CA 94502-6577

Mark Smolley
Emcon Associates
1921 Ringwood Avenue
San Jose, CA 95131-1721

ENVIRONMENTAL
PROTECTION
09 19 2:06 PM '95

**Alameda County Department of Environmental Health
Hazardous Materials Division**

80 Swan Way, Rm. 200, Oakland, CA 94621
Ph: 510-271-4320

BILLING FOR SERVICES

SHD# 1696

A. Site Name BARBARY COAST STEEL CORP Phone _____
 Site Address 4300 EASTSHORE HIGHWAY EMERYVILLE 94608
(If no address, description of area) Number Street City Zip
 Prior Business Name _____ Prior Owner's Name _____

B. Service Requestor Dennis Byrne, Jette Trutanich, Srates & Blum
Contact Person Company Name Phone
 Billing Address 250 Montgomery St, Suite 900 S.F. CA 94104
Number Street City Zip

Category of Service		#Hours	x \$	/Hr	\$
<input checked="" type="checkbox"/> Site Search		1.0	x \$	90. ⁰⁰	\$ 90. ⁰⁰
<input type="checkbox"/> File Search			x \$	/Copy	\$ _____
<input type="checkbox"/> Other			x \$		\$ _____
Other					\$ _____
TOTAL CHARGE:					\$ <u>90.⁰⁰</u>

REMARKS: Site Search

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

Service Requestor Dennis Byrne [Signature] Date 12/5/94
printed name signature
 HazMat Specialist SUSAN L. HUGO [Signature] Date 12/5/94
printed name signature

LOP - RECORD CHANGE REQUEST FORM

printed:
12/02/93

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

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 12034
 StID : 1696
 SITE NAME: Barbary Coast Steel DATE REPORTED : 10/04/90
 ADDRESS : 4300 -0 Eastshore Hwy DATE CONFIRMED: 10/04/90
 CITY/ZIP : Emeryville 94608 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: S CONTRACT STATUS: 3 EMERGENCY RESP: -0-
 RP SEARCH: S DATE COMPLETED: 04/01/93
 PRELIMINARY ASMNT: U DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REM INVESTIGATION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REMEDIAL ACTION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 POST REMED ACT MON:- DATE UNDERWAY: -0- DATE COMPLETED: -0-

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 04/01/93
 LUFT FIELD MANUAL CONSID: 2HSCA
 CASE CLOSED: - DATE CASE CLOSED: -0-
 DATE EXCAVATION STARTED : -0- REMEDIAL ACTIONS TAKEN: -0-

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Mr. Bart Kale
 COMPANY NAME: Salmon Bay Steel
 ADDRESS: 2424 S. West Anover St.
 CITY/STATE: Seattle, Washington 98106

*New RP contact
& address.*

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only			Case Progress Changes	
ANNPMS _____	LOP _____	DATE _____	LOP _____	DATE _____

*Lori,
 Here's the new information
 for this site. We have
 a new RP contact person
 and new address. Currently,
 the site is vacant. Barbary
 Coast Steel is owned by
 Salmon Bay Steel.*

*Susan
 12/2/93*

2/26/88
STID 1696

DATE: 3/30/93
TO : Local Oversight Program
FROM: SUSAN
SUBJ: Transfer of Eligible Local Oversight Case

Site name: Barbary Coast Steel
Address: 4300 East shore Highway city Emeryville 94608
10/4/90 reported

TO BE ELLIGIBLE FOR LOP A CASE MUST MEET 3 QUALIFICATIONS:

- 1. Number of Tanks: 6 removed? Y N Date of removal _____
- 2. Samples received? Y N Contamination level: 9870 ppm TPH d soil
(ppm and type of test)

Contamination should be over 100 ppm TPH to qualify for LOP

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

DepRef remaining \$ _____ Closed with Candace/Leslie? Y N
(If no explain why?)

IF YOUR SITE MEETS ALL OF THE ABOVE QUALIFICATIONS YOU SHOULD DO THE FOLLOWING TO TRANSFER THE SITE:

- 1. YOU MUST CLOSE THE DEPOSIT REFUND CASE AT THIS TIME. YOU MUST ACCOUNT FOR ALL TIME YOU HAVE SPENT ON THE CASE AND TURN IN THE 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 THE ADDITION OF MANAGEMENT AND CLERICAL TIME. DO NOT ATTEMPT TO CONTINUE TO OVERSEE THE SITE SIMPLY BECAUSE THERE ARE FUNDS REMAINING!
- 2. COMPLETE THE A AND B PERMIT APPLICATION FORMS AND GIVE TO CONNIE/ELAINE
- 3. GIVE THE ENTIRE CASE TO THE PROPER LOP STAFF UPSTAIRS FOR THEM TO DO THE REST OF THE TRANSFER AND YOU ARE DONE!

Report:
(T3) - 10,000 G (diesel)
(T6) 1 - 12,000 G diesel tank } manifest ✓
T2 - 1,200 G gasoline
T1 - 1,200 G diesel
(T4) - 2,000 G diesel tank
(T5) 1 - 2,000 G gasoline

DATE:

TO : Local Oversight Program

FROM: *Erlich*

SUBJ: Transfer of Eligible Oversight Case

Site name: Barbary Coast? Chem; PIE?

Address: 4300 ~~Shellmound~~ Eastshore Highway City Emery zip 94608

Closure plan attached? Y N DepRef remaining \$ 94608

DepRef Project # 113 STID #(if any) 1696

Number of Tanks: ? removed? Y N Date of removal ?

Leak Report filed? Y N Date of Discovery _____

Samples received? Y N Contamination: Petrohydrocarbon, heavy metal in soil + water.

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

Monitoring wells on site ? Monitoring schedule? Y N

Briefly describe the following:

Preliminary Assessment _____

Remedial Action _____

Post Remedial Action Monitoring _____

Enforcement Action _____

Comments:

Fuel leaks have occurred at many various sites. The extent of contamination has not been determined. No on site sources are suspected.

Ground water has also been impacted
Heavy metals have been detected in soil

MW's have been proposed

FAX TRANSMITTAL

CALTRANS - DISTRICT 4

ENVIRONMENTAL ENGINEERING BRANCH
111 GRAND AVENUE - 14TH FLOOR
OAKLAND, CA 94623-0660

Date: 4/15/93

Total Pages: 5

To: Susan Hugo

Tel. No.: (570) 271-4320

Fax No.: 563-4757

From: Jim Ross

Tel. No.: (510) 285-5629

Fax No.: (510) 286-5642

Message: Copies of memo regarding
Barbara Cost & others

Mailing Address:

Caltrans - District 4
P.O. Box 23660
Oakland, CA 94623-0660

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

REGION 2
700 HEINZ AVE., SUITE 200
EV, CA 94710-2737

AC
File



November 9, 1992

Dianne Steinhauser, Chief
District 4
Environmental Engineering Branch
Department of Transportation
P.O. Box 23660
Oakland, California 94623-0660

RECEIVED

NOV 11 1992

Environmental Analysis
Branch C

Dear Dianne:

ALA-880 AND ALA-80, OAKLAND/EMERYVILLE, CALIFORNIA

The Department of Toxic Substances Control has reviewed your draft minutes of August 25, 1992 meeting with us.

For your project, we do not have any problem for you to negotiate with the property owners. However, in handling the contaminated soil, it is required you submit to our office for review and approval a Site Workplan which should include, but not be limited to, the methods and procedures for grading, excavating, trenching, stockpiling and managing contaminated soils during the site development. The Site Workplan should also include a Health & Safety Plan.

Since the last meeting with you on August 25, 1992, we have sent a copy of the draft Consent Order to Barbary Coast Steel Corporation for cleaning up releases of hazardous substances at the site, which will include your project area. This Order will be finalized and issued shortly.

If you have any questions, please call Ted Park at (510) 540-3845.

Sincerely,

Barbara J. Cook, P.E., Chief
Site Mitigation Branch



Memorandum

BARBARA J. COOK
Senior Waste Management Engineer
Region 2, Toxic Substances Control Division
California Department of Health Services
700 Heinz Street, Second Floor
Berkeley, CA 94710

Date: September 23, 1992

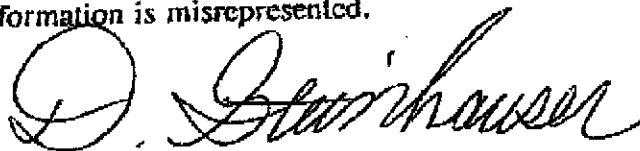
Attn: Ted Park

From: DEPARTMENT OF TRANSPORTATION—District 4
Environmental Engineering Branch

Subject: MEETING OF AUGUST 25, 1992

Attached are DRAFT minutes from our coordination meeting with you August 25, 1992.

Please let us know if any information is misrepresented.



DIANNE STEINHAUSER, Chief
Environmental Engineering Branch

DS:nb

cc: GWinters/JTurney-HQ OHWM
Itamura/FNeiss
SAgarwal/JRoss/ACHow

M e m o r a n d u m**ATTENDEES**

Date: September 15, 1992

File No.:

DRAFT
SUBJECT TO REVISIONFrom: DEPARTMENT OF TRANSPORTATION—District 4
Environmental Engineering BranchSubject: MINUTES OF AUGUST 25, 1992 MEETING WITH DEPARTMENT OF TOXIC SUBSTANCES
CONTROL (DTSC)

A meeting was held August 25, 1992 at the DTSC offices in Emeryville to discuss the remediation of Caltrans property in Emeryville and the change in scope of Caltrans efforts to treat lead-contaminated soil at the Oyster Point Interchange in South San Francisco.

See sign-up for list of attendees.

Ala-880, Ala-80-Emeryville

Caltrans explained the scope and design of the project. It is Caltrans' intent to minimize contact with groundwater. There are two primary needs for excavation; one, to build necessary embankments and two, to relocate an EBMUD sewer line 24 to 30 feet deep. Caltrans is pursuing an easement on the private properties for the purposes of rebuilding Ala-880, the Cypress Freeway, and constructing an HOV lane on I-80.

Caltrans proposed that they be permitted to move excavated material from their easement onto the private owner's remaining parcel, for the private owner to handle or treat.

Barbara Cook stated that she had no problem with Caltrans putting the material on the property next door. She emphasized DTSC must be involved in the treatment of the excavated material.

Regarding the EBMUD sewer line, Barbara Cook stated that if its contaminated material, she cannot let it be put back in the trench. The area may have to be re-excavated someday. To put the material back in, EBMUD would have to agree to a deed restriction not to access the trench again. EBMUD material can be placed on adjacent property. It's DTSC policy not to let it back in.

The group discussed adjacent contaminated properties including Myer's Drum. DTSC inquired about contamination in Temescal Creek. Jim Ross commented that the culvert was repaired two years ago. We only found aged heavy hydrocarbons in the culvert sediments. Culvert has weepholes, water will move in and out of the culvert.

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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

November 2, 1992

Dear Sir:

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

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

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

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

Sincerely,

Thomas F. Peacock, Supervising HMS
Hazardous Material Division

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Division Inspection Form

FILE
LOP

Site ID# _____ Site Name Judson Steel Today's Date 8/25/92
 Site Address Shelbourn EPA ID# _____
 City Emeryville Zip 94608 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? _____

Inspection Categories:

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

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

I.A. GENERATOR (Title 22)

	1. Waste ID	* 66471	
	2. EPA ID	66472	
	3. > 90 days	66508	
	4. Label dates	66508	
	5. Biennial	66493	
Manifest	6. Records	66492	
	7. Correct	66484	
	8. Copy sent	66492	
	9. Exception	66484	
	10. Copies Rec'd	66492	
Misc.	11. Treatment	66371	
	12. On-site Disp. (H.S.&C.)	26189.5	
	13. Ex Haz. Waste	66570	
Prevention	14. Communications	67121	
	15. Aisle Space	67124	
	16. Local Authority	67126	
	17. Maintenance	67120	
	18. Training	67105	
Cont'n. gency	19. Prepared	67140	
	20. Name List	67141	
	21. Copies	67141	
	22. Emg. Coord. Trng.	67144	
Containers, Tanks	23. Condition	67241	
	24. Compatibility	67242	
	25. Maintenance	67243	
	26. Inspection	67244	
	27. Buffer Zone	67246	
	28. Tank Inspection	67259	
	29. Containment	67245	
	30. Safe Storage	67261	
		31. Freeboard	67257

Comments:

On site by investigator regarding dismantling of facility & spoke with Dan Sullivan from American Reclamation and Dismantling concerning the site and the potential for hazardous material wastes / debris at the site. I informed him the owners of the property should be advised to contact our office regarding the future of the site and my requests investigation

I.B. TRANSPORTER (Title 22)

	32. Applic./Insurance	66428
	33. Comp. Cert./CHP Insp.	66448
	34. Containers	66465
Manifest	35. Vehicles	66465
	36. EPA ID #s	66531
	37. Correct	66541
	38. HW Delivery	66543
	39. Records	66544
Cont'n'te	40. Name/ Covers	66545
	41. Recyclables	66800



RECLAMATION and DISMANTLING

DAN D. SULLIVAN

P. O. Box 726
 Thornton, CA 95686
 (510) 653-1900

P. O. Box 5848
 Stateline, NV 89449
 (702) 588-1455

America's Most Complete
 Demolition Company

Contact: _____
 Title: _____
 Signature: _____

Inspector: Bruce R S
 Signature: _____

white - env. health
 yellow - facility
 pink - files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Division Inspection Form

Site ID# _____ Site Name BARBARY COAST STEEL Today's Date 11, 5, 91
 Site Address 4300 Cook Street Highway EPA ID# _____
 City Emeryville Zip 94608 Phone (510) 596-2329

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? _____

Inspection Categories: 540-2307
 I. Haz. Mat/Waste GENERATOR/TRANSPORTER
 II. Business Plans, Acute Hazardous Materials
 III. Underground Tanks

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

IA GENERATOR (Title 22)

- 1. Waste ID * 66471
- 2. EPA ID 66472
- 3. > 90 days 66508
- 4. Label dates 66508
- 5. Biennial 66493
- 6. Records 66492
- 7. Correct 66484
- 8. Copy sent 66492
- 9. Exception 66484
- 10. Copies Rec'd 66492
- 11. Treatment 66371
- 12. On-site Disp. (H.S.&C.) 26189.5
- 13. Ex Haz. Waste 66570
- 14. Communications 67121
- 15. Aisle Space 67124
- 16. Local Authority 67126
- 17. Maintenance 67120
- 18. Training 67106
- 19. Prepared 67140
- 20. Name List 67141
- 21. Copies 67141
- 22. Emg. Coord. Tmg. 67144
- 23. Condition 67241
- 24. Compatibility 67242
- 25. Maintenance 67243
- 26. Inspection 67244
- 27. Buffer Zone 67246
- 28. Tank Inspection 67259
- 29. Containment 67245
- 30. Safe Storage 67261
- 31. Freeboard 67257

PAGE 10
Comments:
STEEL PLANT - closing down, recycle scrap metals to reinforced rods. Stockpiled waste from incoming scrap & stockpiled slag are at the site. Closed operation since Jan, 19 in the melt shop; rolling mills operated until Feb. 1991. Murphy Bldg. has asbestos which will be removed by a certified asbestos contractor before demolition is begun. There is a well (250 ft. deep) at the site used to supply water for production & will be abandoned properly. Drums (55 gal) of slag at site. Bags of insulator (in Kentucky Bluegrass bags) are at the site. 2-55gal diesel drums at site being used by contractor to fuel equipment.

NEEDS:
 (1) Obtain permit from both Oakland & Emeryville (Building Dept.) before demolition of any structures at site. (Facility sits on both cities)
 (2) All stockpiles (wastes or slag) must be characterized for hazardous characteristics before disposal and provide the dept. with copies of state certified lab results - before disposal. Provide dept. with documentation of disposal.

IB TRANSPORTER (Title 22)

- 32. Applic./Insurance 66428
- 33. Comp. Cert./CHP Insp. 66448
- 34. Containers 66466
- 35. Vehicles 66465
- 36. EPA ID #s 66531
- 37. Correct 66541
- 38. HW Delivery 66543
- 39. Records 66544
- 40. Name/ Covers 66545
- 41. Recyclables 66800

Rev 6/88

Contact: Robert Cullatt
 Title: Plant Supt
 Signature: Robert Cullatt

Inspector: _____
 Signature: Pusan J. Hugg

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

II, III

white -env.health
yellow -facility
pink -files

Site ID # _____ Site Name BARBARY COAST STEEL Today's Date 11/5/91

Site Address 4300 East Shore Highway
City Emeryville Zip 94608 Phone (510) 596-2329

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

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

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

PAGE 2
Comments:

(3) Provide the dept. with EPA ID #

(4) All hazardous materials at the site (including haz. waste generated during cleaning and clean-up operation) must be disposed properly.

(5) Waste gear oil generated in dismantling rolling mill equipment must be stored in 55 gal. drums, labeled properly, accumulation date noted & disposed properly within 90 days, provide dept. with disposal records.

(6) Oil must be abandoned properly - contact zone 7 or Emeryville Public Works.

(7) Sludge in 55 gal drums must be properly disposed & disposal records submitted to dept.

(8) Label the 2-55 gal drum of diesel.

(9) Submit a workplan to dept. to include: a) phases of demolition at site b) phases of clean-up necessary at the site to include ^{to properly prevent} contamination at the site (including ^{materials} associated with 6 underground tanks removed at the site in 1989).

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(a)
- 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/groundwater mon.
 - 6) Daily Inventory Annual tank testing Cont pipe leak det Vadose/groundwater mon.
 - 7) Weekly Tank Gauge Annual tank testing
 - 8) Annual Tank Testing Daily Inventory
 - 9) Other _____
- 7. Precs Tank Test Date: _____ 2643
- 8. Inventory Rec. 2644
- 9. Soil Testing . 2646
- 10. Ground Water. 2647
- New Tanks**
- 11. Monitor Plan 2632
- 12. Access, Secure 2634
- 13. Plans Submit Date: _____ 2711
- 14. As Built Date: _____ 2635

Contact: Robert Carlatt ^{c) site safety plan}
 Title: MAINT SGT ^{d) schedule of work}
 Signature: [Signature] Inspector: _____
 Signature: [Signature]

II, III

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

1 October 1990

Michael Corvarrubias
The Martin Group
6475 Christie Avenue
Emeryville, CA 94608

Subject: Chiron Site Development, 4300 Eastshore Highway,
Emeryville. (4215 Shellmound St.)

Dear Mr. Corvarrubias:

Thank you for the hazardous waste manifests and analytical data concerning the removal of Zinc contaminated soil from the location listed above. All of these documents have been reviewed and found to be in order. The results of the verification sampling demonstrate that the excavation carried out on this property have been sufficiently thorough to ensure that no hazardous wastes remain on this site.

In a letter to this office dated 25 September 1990, from Marc Papineau, of Earth Metrics Incorporated, the contention is made that no evidence of contamination has been found to indicate the need for a ground water investigation on this property. All of the documentation submitted to this office has been reviewed and, in the opinion of this agency, such an investigation is required.

Mr. Papineau correctly points out that the underground storage tank removed from this site did not present evidence of leakage sufficient to require such an investigation, however, the San Francisco Bay Regional Water Quality Control Board would not be willing to disregard such a study on this property for a number of reasons. Despite their removal, the fact that Zinc contaminated soils had been discovered on this site necessitates an investigation to determine if an adverse impact upon ground water has resulted. In addition, the environmental assessment of this property prepared by Earth Metrics Incorporated, dated 28 August 1989, identified ground water contamination of Total Petroleum Hydrocarbons of 1500 parts per billion and Benzene contamination of 160 parts per billion from sample N-10. This Benzene value exceeds the Regional Board's action level of 0.07 parts per billion, necessitating some effort to further define the extent of this contamination.

Michael Corvarrubias
The Martin Group
6475 Christie Ave
Emeryville, CA 94608
Re. Chiron Site
1 October 1990
Page 2 of 2

In the Plan of Remediation for Development of the Chiron Site in Emeryville, California, prepared by Earth Metrics Incorporated and dated 28 August 1989, paragraph two of section 4.6 states;

The Martin Group proposes that a ground water well be installed at the project site to further characterize the fuel constituents in the site's groundwater and, in conjunction with existing wells, to establish flow gradients and assess potential historical sources of such contamination. This monitoring well would supplement the six existing monitoring wells north of Temescal Creek property or could involve the completion of new wells as part of the development plan for the property. A well installation plan and sampling protocol will be submitted in conformance with applicable regulations and requirements of the County.

We in the Alameda County Department of Environmental Health, Hazardous Materials Division, see no reason to deviate from this original proposal. It may be possible for you to implement your development plans for this property and conduct a ground water investigation simultaneously. We will certainly show as much flexibility in this regards as is practical while meeting our oversight responsibilities for your project.

Please clarify your intentions regarding the conduction of a ground water quality investigation at this site. If you have any questions concerning the actions which this agency would like to see implemented, please contact me at (415) 271-4320.

Sincerely,

Dennis J. Byrne
Hazardous Materials Specialist

cc: Gil Jensen, Alameda County District Attorney's Office,
Consumer and Environmental Protection Division.
Lester Feldman, SFBRWQCB
Rafat Shahid, Assistant Director, Alameda County Department of
Environmental Health.
Marc Papineau, Earth Metrics, Inc.



earth metrics incorporated

September 25, 1990

90 SEP 27 AM 11:32

Mr. Dennis Byrne
Alameda County Hazardous Materials Unit
80 Swan Way
Oakland, CA 94621

Subject: "Chiron Site" a.k.a. 4215 Shellmound Street/a.k.a. 4300 Eastshore
Highway, Emeryville, California
(Earth Metrics' file reference 10042F)

Dear Mr. Byrne:

As documented in my July 18, 1990 written correspondence to you, and reiterated in several telephone communications with you, there is no evidence of any petroleum hydrocarbon release from the above-referenced site ("subject site"). The subject site had one (1) underground diesel oil tank, which was removed on May 19, 1988 under a valid Tank Pull Permit bearing my signature, dated April 15, 1988, and issued by the Alameda County Hazardous Materials Unit. The tank was pulled intact, and had no visible perforations. Soil tests from the pit bottom were acceptable, that is, did not exceed any action level.

As we both have acknowledged, sites in the immediate vicinity of the subject site have had petroleum hydrocarbons releases. For example, P.I.E. has an ongoing groundwater monitoring, recovery and clean-up program. Also, I understand that fuel tank investigation of Pfizer Chemical & Paint is in progress. The Alameda County Hazardous Materials Unit certainly has records of these current off-site groundwater investigation and remediation programs.

Please conclude your review of the groundwater situation, which I believe will conclude that conditions on the adjacent sites off of the subject site warrant well monitoring, and that conditions on the subject site itself do not warrant well monitoring. Please conclude soon, as the elapsed time that has been allowed to pass may put us both in awkward positions with our supervisors.

Sincerely,

Marc Papineau
Manager, Physical Sciences Department
Registered Environmental Assessor 00791



File: 10042

TELEFAX TRANSMITTAL

Date: 1/26/90

Time: 3:00PM

Please forward to: DENNIS BYRNE

From: MARC PAPINEAU

Total no. of Pages (including this page) 9

TELFAX NUMBER: 1 (415) 578-1942
OFFICE NUMBER: 1 (415) 578-9900



earth metrics incorporated

January 23, 1990

Mr. Dennis Byrne
Hazardous Materials Specialist
Alameda County Hazardous Materials Unit
80 Swan Way, Room 200
Oakland, CA 94621

Subject: 4300 Eastshore Highway, Marriott Site (Parcel 2)
(Earth Metrics file reference 10042)

Dear Mr. Byrne:

This letter is in response to the Alameda County letter on the above referenced site dated January 8, 1990. In the County's letter, you indicated that the Marriott site (Parcel 2) has been adequately characterized and requested evaluation of the site mitigation method proposed by Earth Metrics.

The following supplemental evaluation demonstrates the appropriateness of the proposal to cover the subject site with impervious pavement, concrete, or buildings or with two feet of clean imported loam in landscaped areas. The purpose of covering is to mitigate potential contamination release and exposure to on-site occupants or office neighbors. The site soil is known to contain lead and zinc.

Table 1 reviews the known site conditions, potential routes of contamination release and exposure, and response actions. Table 1 response actions are conceived generally to mitigate the known site conditions and potential exposure routes.

Potential site mitigation alternatives include: No Action, Focused Excavation and Land Disposal, On-Site Treatment and Covering in Place. Earth Metrics Incorporated herein demonstrates the appropriateness of the covering alternative.

MITIGATES POTENTIAL HEALTH HAZARD

Covering would avoid potential human contact with soil containing heavy metals. Deed restriction would effectively limit site usage to the commercial use proposed, so that underground work and related soil exposure pathways would not be issues (see Exhibit A). Short-term underground construction work will be performed under a Site Safety Plan as submitted and implemented by a qualified Industrial Hygienist. Excavation/removal and on-site treatment would not provide significantly more protection but would be cost prohibitive.



January 11, 1990

Mr. Dennis Byrne
Hazardous Materials Specialist
Alameda County Hazardous Materials Unit
80 Swan Way, Room 200
Oakland, CA 94612

Subject: 4100 Eastshore Highway, Hayward site (Parcel 2)
(Earth Metrics site reference 10042)

Dear Mr. Byrne:

This letter is in response to the Alameda County letter on the
referenced site dated January 8, 1990. In the County's letter
the subject site (Parcel 2) has been identified as having
requested evaluation of the site mitigation method proposed.

The following supplemental evaluation demonstrates the approach
proposed to cover the subject site with appropriate parameters.
buildings or with two feet of clean imported soil in landscaped
purpose of covering is to mitigate potential contamination to
persons to on-site occupants or office employees. The site
contains lead and zinc.

Table 1 reviews the known site conditions, potential future
release and exposure, and response actions. Table 2 reviews
summarized generally to mitigate the known site conditions and
exposure routes.

Potential site mitigation alternatives include: No action,
and land disposal, On-site treatment and covering in place,
interlocked barrier demonstrates the appropriateness of the
action.

MITIGATION POTENTIAL HEALTH HAZARD

During void potential human contact with soil containing heavy
metals. Good excavation would effectively limit site usage to the municipal
use proposed, so that underground work and related soil exposure pathways
would not be issues (see Exhibit A). Short-term underground contamination work
will be performed under a Risk Safety Plan as submitted and implemented by a
qualified industrial hygienist. Excavation/removal and on-site treatment
would not provide significantly more protection but would be cost prohibitive.

TABLE 1. ASSESSMENT OF EXISTING ISSUES AT MARRIOTT SITE AND PROPOSED MITIGATION ACTIONS

SITE ISSUES	POTENTIAL ROUTES OF EXPOSURE	MITIGATION ACTION
<p>1. Fill containing heavy metals.</p>	<p>a. Release to air, inhalation.</p>	<p>1a. During construction: dust watering and stockpile tarping. Long-term: covering with parking lot, buildings or two feet of clean imported loam in landscaped areas.</p>
	<p>b. Dermal contact and ingestion.</p>	<p>1b. Same as above #1a.</p>
	<p>c. Migration of fill heavy metals.</p>	<p>1c. Migration is not probable because dense clays and silts (Bay Mud) impede movement. Covering will minimize rainwater infiltration, erosion, and vertical movement.</p>
	<p>d. Release to groundwater, water quality.</p>	<p>1d. During construction: dewater and treat hydrocarbons prior to discharge to sanitary sewer Long-term: Groundwater is brackish. Existing quality of groundwater has been tested; results do not show impairment with one possible exception of arsenic in MW-2. Continue monitoring of water quality, benzene and metals parameters.</p>
	<p>e. Transport to off-site land disposal facilities, only applies to excess soil from excavation that is incidental to construction.</p>	<p>1e. During construction: create temporary stockpiles as described in the <u>Plan of Remediation</u>. Minimize off-haul volume by placing excavation</p>

(CONTINUED)

TABLE 1 (CONTINUED). ASSESSMENT OF EXISTING ISSUES AT MARRIOTT SITE AND PROPOSED MITIGATION ACTIONS

SITE ISSUES	POTENTIAL ROUTES OF EXPOSURE	MITIGATION ACTION
2. Petroleum hydrocarbons (diesel) and benzene in groundwater.	a. Volatilization into air, inhalation.	spoils beneath pavement or buildings or two feet of clean loam in landscaped areas. Use proper waste chemical profiling, manifesting, and transportation by licensed haulers. Long-term: not applicable.
	b. Migration to the Bay.	2a. During construction: perform work under the Site Safety Plan which includes industrial hygienist presence and air monitoring. Long-term: groundwater treatment as performed by PIE.
		2b. During construction: no impact on route of exposure. Long-term: treatment performed by PIE will eliminate exposure route.

Source: Earth Metrics Incorporated, 1990.

MITIGATES POTENTIAL ENVIRONMENTAL HAZARD

Covering and storm drainage controls would minimize infiltration of storm water and, thereby, would also minimize any potential leaching or migration of metals caused by weathering or erosion. Construction dewatering and treatment would avoid environmental hazard of this activity during the construction phase.

The metals in site fill are immobile. The fill has been in place for approximately 50 years and is, therefore, well weathered. The subject fill is underlain by dense stiff clays and silts (Bay Mud). Groundwater is essentially perched above the Bay Mud and consists of brackish bay water. Excavation and removal would not provide significantly more protection at a sanitary landfill but would be cost prohibitive.

NO IMPACT UPON EXISTING GROUNDWATER QUALITY

The data do not support any contention that groundwater is contaminated with heavy metals. Instead, the available test results of sampling of five (5) monitoring wells show water quality within the U.S. EPA Maximum Contaminant Levels (MCLs) or DHS Action Levels and MCLs for metals in drinking water with one exception. One (1) well (MW-2) had an arsenic level of 0.19 mg/l (ppm) compared to the U.S. EPA MCL of 0.05 mg/l (ppm). Zinc was below the MCLs. Lead was not detected at the detection limit of 0.3 mg/l (ppm). One test result from an unscreened boring hole also showed arsenic but is considered an anomaly because the sample was not from a screened well.

It is common for brackish bay or sea water to contain metals and, therefore, is not necessarily an indication of unauthorized release of contamination from or to the site. The subject groundwater is shallow brackish water. Review of historic topography maps from 1899, 1915, 1932 and 1942 show that this baylands site was at one time under water and was filled between 1932 and 1942. The water is perched above the Bay Mud and not connected with any aquifer or foreseeable drinking water use. Soil excavation/removal would not provide a material benefit and would be more costly to perform in comparison to covering in place.

PREFERRED MITIGATION ALTERNATIVE

For all of the above reasons, Earth Metrics recommends that covering, deed restriction, construction dewatering and safety precautions, and groundwater treatment of petroleum hydrocarbons is a comprehensive and effective approach for mitigation of this site. Other possible measures such as soil excavation/disposal or soil stabilization (as performed in a previous pilot program for DHS Alternative Technologies) would be no more effective or beneficial, but would be more costly. No action would not accomplish any of the general response actions identified in Table 1, and so is not appropriate.

Covering in place is the preferred alternative because it will effectively mitigate long-term exposure pathways and routes of soil contamination migration. Short-term exposure pathways during construction also will be mitigated, with a Worker Safety and Hygiene Plan and appropriate industrial hygiene precautions (see Exhibit B).

Covering in place will mitigate potential human exposure to soil and off-site migration pathways. Other alternatives would not necessarily be any more effective for the following reasons:

- Lead and zinc levels in soil are widely varying in concentration, so definition and isolation of contaminated soils is not practical. Effectiveness of focused excavation and removal from the site could not be assured.
- Contaminants such as lead and zinc will tend to remain fixed in the site soil and not migrate off-site. Once encapsulated, these contaminants also will not become airborne in windblown dust.

Encapsulation in place is the lowest cost, technologically feasible, effective action for in place soils.

Soil removal is proposed only for disposal of excess soil that may be generated incidental to the construction of utility lines, foundation footing trenches, elevator pits, or other subsurface construction. Such soil will be stored in stockpiles, chemically profiled, and properly manifested and disposed at an accepting landfill. Soil movement on the site will be documented for and coordinated with the Alameda County Hazardous Materials Unit.

Earth Metrics concurs that petroleum hydrocarbons in groundwater will be treated. Earth Metrics is prepared to respond to the County's request for additional information regarding the proposed methods of groundwater treatment and further coordination with P.I.E., Blymyer, and EBMUD.

If you require further information, please do not hesitate to call me.

Sincerely,



Marc Papineau
Manager, Physical Sciences
Department
Earth Metrics Incorporated

Enclosures: Exhibits A and B

EXHIBIT A

Deed Restriction Notice

By direction of Alameda County, the types of future development of the property are restricted to similar types of projects as currently exist at the property without prejudice to the filing of an application for other permissible uses. The property has a history of prior industrial use and contains certain residual levels of heavy metals and other contaminants at subgrade in specific locations which are appropriately contained under the review and approval of the County. A safety plan is on file at the property owner's or property managers office and the Alameda County Department of Environmental Health. The safety plan will be followed during the excavation of sub-surface soil. Additionally, prior to the start of construction which entails any significant excavation of sub-surface soil, one week prior notice should be given to the Alameda County Department of Environmental Health.

Dermal Contact. Construction plans call for covering of all artificial fill material on-site; therefore, the possibility of dermal contact by maintenance workers, employees, and visitors occupying the completed development will be mitigated.

Ingestion. Pathways of migration leading to ingestion of potential hazardous substances at the Emeryville Marriott site will not be accessible because of the proposed covering measures.

Groundwater. Groundwater monitoring will be performed to track the clean-up of petroleum hydrocarbons that migrated from the PIE site to the Marriott site. Treatment is proposed using the existing PIE/Blymyer/Cytoculture International biotreatment system. Groundwater monitoring also will be performed to monitor metals levels including lead, zinc, and arsenic.

Potential long-term off-site mitigation of heavy metals in groundwater is not considered to be a significant site condition. The subject groundwater is perched above dense Bay Mud. The available well monitoring data do not indicate contamination above the U.S. EPA or California DHS MCLs or Action Levels for drinking water except for arsenic in well MW-2. The subject perched groundwater will probably never be used as a drinking water supply. Therefore, soil treatment or excavation/removal would not provide any additional benefit compared to the proposed covering in place.

EXHIBIT B

Review of Migration Pathways and Mitigation Responses
Marriott Site (Parcel 2), Emeryville

At the Marriott site in Emeryville, several possible routes of exposure of construction workers and site occupants or visitors to toxic substances can be anticipated. Experience at Bay Center in Emeryville has shown that worker exposure is acceptable relative to industrial standards.

I. CONSTRUCTION PHASE

Inhalation. Movement of fill, removal of soil and excavation of subsurface fill material will generate dust that could potentially contain some quantity of heavy metals. Therefore, as referenced in the Site Safety Plan (Plan of Remediation, Appendix B, page 8) mitigation measures for the protection of construction workers from potential contaminated dust have been planned.

Workers and residents of nearby properties could be exposed to dust in downwind areas; however, even maximum concentrations of land found to date would not generate airborne concentrations in hazardous levels. Standard dust watering measures of dust control during construction activity are already mandated by the Bay Area Air Quality Management District; therefore, this route of exposure to humans near the project site will be mitigated.

Dermal Contact. Many substances such as benzene are toxic through contact with the skin. Measures to protect workers from dermal contact during construction will be implemented, at least until test results are available that demonstrate the absence of potentially harmful levels of contaminants in the artificial fill in which movement, grading or excavation is scheduled to occur.

Ingestion. This is not considered a critical pathway of migration specifically hazardous to construction workers at the site. Wash stations will mitigate any potential for ingestion of heavy metals.

Groundwater. Underground construction may potentially encounter groundwater. Construction dewatering water will be treated to remove hydrocarbons, using the PIE/Blymyer/Cytoculture International biotreatment system. Feasibility testing will be performed, if necessary, to assure compatibility of the Marriott site groundwater with treatment system microorganisms.

II. OCCUPANCY PHASE

Possible routes of exposure to maintenance workers, employees and visitors occupying completed buildings at the site are limited.

Inhalation. Construction plans call for covering with paved parking lots, buildings or two feet of clear imported loam over landscaped areas; therefore, upon completion of construction, inhalation of contaminated dust is not a cause for concern.



Alameda County
District Attorney's Office
John J. Meenan, District Attorney

December 19, 1989

Parcel #1

Richard S. Pritzker
Another Tree Development Co.
369 Pine Street, Suite 224
San Francisco, CA 94104

Parcel #4

City of Emeryville
2200 Powell Street
Emeryville, CA 94608

Parcel #'s 2 & 3

Walter T. Kaczmarek
The Martin Group
6475 Christie Ave., Suite 500
Emeryville, CA

and

John Sender
Christie Avenue Partners
J.S. Resources
24 Tolan Way
Lafayette, CA 94549

Re: Emeryville Marketplace Site
File No. 89F-E-277

Dear Sirs:

This office has requested the Alameda County Health Care Services Agency, Hazardous Materials Division to develop the enclosed Minimum Acceptable Requirements for the categorization of the above site. Please be informed that it is incumbent on all parties concerned to operate from this point forward with a single representative to do the work specified in a coordinated and complete manner under the direction of the Hazardous Materials Division. We have instructed the Division to accept complete rather than piecemeal information in writing only, and to reject any other communications.

We have further instructed the Division that the County of Alameda will gladly accept the determinations of the Regional Water Quality Control Board and the California Department of Health Services as to the levels of contamination and the necessary remedial and protective actions to be taken at this site. However, this approval can only lawfully be obtained after we have insured that the information submitted to these agencies is complete and gathered in a manner that provides a full characterization of the site. While the parties are free to seek these agencies approval without a County approved characterization as required herein, no environmental sign-off will be given by the County of Alameda.

December 19, 1989
Page 2

I hope that all parties concerned can operate from this point forward to provide full and complete information in a timely manner so as to clear this property of all environmental concerns as soon as possible.

Very truly yours,

JOHN J. MEEHAN
District Attorney

By: Gilbert A. Jensen
Gilbert A. Jensen
Senior Deputy District Attorney

JJM:GAJ:pa

Enclosure

cc: Robert D. Wyatt
Brobeck, Phlegar, Harrison

Howard Hatayama
Department of Health Services

Lester Feldman
Regional Water Quality Control Board

File



BARBARY COAST STEEL CORPORATION
A SUBSIDIARY OF BIRMINGHAM STEEL CORPORATION

P. O. Box 8842
Emeryville, CA 94662-0842
Phone (415) 596-2300
Telecopier 415-547-3841

1200 Eastshore, Emeryville

November 20, 1989

Mr. Thomas F. Peacock, Senior H.M.S.
Hazardous Materials Division
Alameda County Health Care Service Agency
80 Swan Way Rm. 200
Oakland, CA. 94621

Dear Sirs:

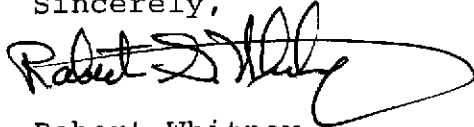
Per my conversation of this date with Mr. Ed Howell and your letter of Nov. 13, 1989 (Notice of Legal Obligation) concerning underground tanks on the property of Barbary Coast Steel Corporation the following information is submitted:

1. All six tanks have been removed and a tank closure plan submitted to you in the 2nd Quarter of 1988 by our sub-contractor W.A. Craig, Inc. Tank numbers are as follows:

<u>State Board Assigned Container ID</u>	<u>Local No.</u>	<u>Date of Removal</u>
00000020426001	JSC #6	3-15-88
00000020426002	JSC #7	3-15-88
00000020426003	JSC #8	3-15-88
00000020426005	JSC #10	3-15-88
00000020426006	JSC #11	3-15-88
00000020426007	JSC #12	3-15-88

2. The seventh tank of Judson Steel Corporation is not located on our property.
3. I have been trying to contact you for over 2 weeks. I have left repeated messages for you to call me but have received no response. Finally in frustration I called your Mr. Howell and he suggested I submit the above information.

If you need further information please contact Mr. W.A. Craig or myself.

Sincerely,

Robert Whitney
Mgr. of Eng.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



16 November, 1989

Michael Corvarrubias
The Martin Group
6475 Christie Avenue
Suite 500
Emeryville, CA 94608

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

Subject: Development of the Chiron Project Site, Parcel 1, 4300
Eastshore Highway, Emeryville.

Dear Mr. Corvarrubias:

This office has received and reviewed the proposal prepared by Earth Metrics Incorporated for the site listed above and a supplementary letter, dated 6 November, 1989, prepared by Marc Papineau of Earth Metrics. Mr. Papineau's letter addressed specific questions raised by this office concerning the actions proposed for this site.

The proposed method for managing excavated soil on the site during the project is acceptable to this office. This soil is to be stockpiled and sampled to determine if it will require disposal as a hazardous waste. This office anticipates being kept closely informed of the results of these analysis.

Excavation will be required in the area of sampling site N-3, where concentrations of Zinc exceeding the TTLC value of 5,000 ppm have been measured. This excavation should be initiated prior to any further development on this site and follow-up sampling will be required to verify that the extent of excavation is sufficiently thorough. This office expects that all soils contaminated with Zinc in excess of the TTLC value of 5,000 ppm will be removed for proper disposal.

At the present time this office is unable to approve Mr. Papineau's proposal to incorporate your dewatering activities into the on-going water treatment process taking place at the P.I.E. site. Our records concerning this project at P.I.E. are incomplete. We are in the process of actively pursuing a review of this project to ensure that it is a legitimate, functional process. Until this review is complete, we cannot consider approving Mr. Papineau's proposal in this regards.

Our review of the P.I.E. water treatment project should be

Michael Corvarrubias
The Martin Group
6475 Christie Avenue
Suite 500
Emeryville, CA 94608
Re. Chiron Project
Page 2 of 2

complete by the first week of December, 1989. You may wait until this review is complete in anticipation that Mr. Papineau's proposal will be approved, or you may submit an alternative means of managing the water produced by the Chiron Site development.

Up to 330 ppm of Total Petroleum Hydrocarbon contamination was measured in soil sample 9, collected in the vicinity of a former underground storage tank location. In accordance with guidelines established by the San Francisco Bay Regional Water Quality Control Board, a ground water monitoring well system will be required at this site. This requirement need not hinder development of the parcel as long as it is clearly understood that, within a reasonable amount of time, the monitoring wells will have to be installed in the vicinity in which sample 9 was collected.

Please be aware that the recommendations and approvals specified in this letter apply only to the Chiron Site, that area south of Temescal Creek. The development proposal for this site has been reviewed prior to that of the Marriott Site, north of Temescal Creek, in conformance with the more pressing deadline communicated to this office. It is anticipated that the development proposal for the Marriott Site will be reviewed during the first week of December, 1989. A letter concerning the opinions of this agency in regards to the Marriott Site development will be prepared upon the completion of the review process.

If you have any questions concerning this matter, please contact me at (415) 271-4320.

Sincerely,

Dennis J. Byrne
Hazardous Materials Specialist

cc: Howard Hatayama, DOHS
Lester Feldman, SFBRWQCB
Rafat Shahid, Assistant Director, Alameda County Dept.
Environmental Health.
Marc Papineau, Earth Metrics, Inc.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



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

November 13, 1989

Bob Whitney
Barbara Coast Steel
4200 Eastshore Hwy.
Emeryville, CA 94608

NOTICE OF LEGAL OBLIGATION

Dear Mr. Whitney:

Our records indicate that there are underground tank(s) at your site at the above facility.

In accordance with the California Code of Regulations, Title 23, Chapter 3, Subchapter 1, Underground Tank Regulations you must perform one of the following actions:

1. Submit a tank closure plan to this Department as required by Article 7, 270, or
2. Apply for a permit as required by Article 10, 2710.

Notify this Department within 10 days of your intentions and to obtain the necessary instructions and forms.

Please note that section 25299 of the California Health and Safety Code states that any operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars or not more than five thousand dollars per day for failure to obtain a permit, or failing to properly close an underground storage tank, as required by section 25298.

If you have any questions concerning this matter, please contact this office at 271-1320.

Sincerely,

Thomas F. Peacock, Senior HMS
Hazardous Materials Division

TFF:tfp

cc: Gil Jensen Alameda County District Attorney, Consumer and
Environmental Protection Agency
Lester Felton, RWQCB

Tanks removed



File

CITY OF EMERYVILLE

INCORPORATED 1896
2200 POWELL, 12TH FLOOR
EMERYVILLE, CALIFORNIA 94608

TELEPHONE: (415) 654-6161

June 6, 1989

Lowell Miller
Hazardous Materials Specialist
Alameda County Department of
Health Services
80 Swan Way
Oakland, CA 94621

PROJECT: North of Judson Steel Plant,
Parcel 1 and 2 (Chiron Project)


Dear Mr. Miller:

The City of Emeryville requests that you provide a summary of the work accomplished to date and the next steps toward site mitigation, if any, of the above referenced project.

Please provide your written report to William Dietrich, Project Director, EIP Associates, 150 Spear Street, Suite 1500, San Francisco, California 94105. Also, please provide copies of your response to Mark Papineau, Earth Metrics, 2855 Campus Drive, San Mateo, 94403, and myself.

Thank you in advance for your prompt reponse.

Sincerely,


John A. Flores
City Manager

cc: ✓ Mr. Rafat Shahid

20431

CITY OF OAKLAND
REPORT OF FIRE INSPECTION

ENGINE CO.

ADDRESS 4300 Eastshore Highway

NAME Barbary Coast Steel / W.A. Craig Inc

GENERAL INSPECTION PERMIT OTHER HAZARD NOTED HAZARD ABATED

NOTICE LEFT LETTER 1st NOTICE 2nd NOTICE FINAL

DATE	VIOLATION	O.F.C.	CONTACTED
3-15-88	Witnessed Removal & Back Fill of One 12,000 Gallon Diesel Fiberglass Tank. Some Product Was Present But It Was Due To Oil From The On Site Plant Cooling Tower That Spilled/overflowed.		Supri Craig

A REINSPECTION WILL BE MADE WITHIN _____ DAYS.
FIRE PREVENTION BUREAU — PHONE 273-3851
INSPECTOR D.J. Spikes

338-5 (Rev. 5-77)

CITY OF OAKLAND
REPORT OF FIRE INSPECTION

ENGINE CO.

ADDRESS 4300 Eastshore Highway

209

NAME Barbary Coast Steel / W.A. Craig Inc

GENERAL INSPECTION PERMIT OTHER HAZARD NOTED HAZARD ABATED

NOTICE LEFT LETTER 1st NOTICE 2nd NOTICE FINAL

DATE	VIOLATION	O.F.C.	CONTACTED
3-15-88	Witnessed Removal of One 10,000 Gallons And Two 1200 Gallons Tanks With No Leaks Present At This Time.		Supri Craig

A REINSPECTION WILL BE MADE WITHIN _____ DAYS.
FIRE PREVENTION BUREAU — PHONE 273-3851
INSPECTOR D.J. Spikes

338-5 (Rev. 5-77)

CITY OF OAKLAND
REPORT OF FIRE INSPECTION

ENGINE CO. 209

ADDRESS 4300 Eastshore Highway

NAME Barbary Coast Steel / W.A. Craig

GENERAL INSPECTION PERMIT OTHER HAZARD NOTED HAZARD ABATED

NOTICE LEFT LETTER 1st NOTICE 2nd NOTICE FINAL

DATE	VIOLATION	O.F.C.	CONTACTED
3-15-88	Witnessed Removal of One 3,000 Gallon Diesel & One 3,000 Gallon Gasoline Tank With Minor Contamination of The Soil From The Spilled Product That Was Present In The Soil.		Supri Craig

A REINSPECTION WILL BE MADE WITHIN _____ DAYS.
FIRE PREVENTION BUREAU — PHONE 273-3851
INSPECTOR D.J. Spikes

338-5 (Rev. 5-77)

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 470 - 27TH ST., RM. 322
 OAKLAND, CA 94612
 PHONE NO. 415/874-7237

ACCEPTED
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 470 - 27th Street, Third Floor
 Oakland, CA 94612
 Telephone: (415) 874-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by Department are to assure compliance with State and local laws. The project proposed herein is now released for construction. One copy of any required building permits for construction, removal, or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:
 Removal of Tank and Piping
 Sampling
 Final Inspection
 Issuance of a permit to operate is dependant on compliance with accepted plans and all applicable laws and regulations.
 THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

- Business Name Barbery COAST steel
 Business Owner Birmingham Steel Corp.
- Site Address 4300 East Shore Hwy
 City Emeryville Zip 94623 Phone 415-596-2329
- Mailing Address SAME
 City _____ Zip _____ Phone _____
- Land Owner SAME
 Address _____ City, State _____ Zip _____
- EPA I.D. No. CAD009133489
- Contractor W.A. CRAIG, INC.
 Address 912 Harbour Way South
 City Richmond, Ca. 94804 Phone 415-231-0669
 License Type A ID# 455752
- Other (Specify) _____
 Address _____
 City _____ Phone _____

8. Contact Person for Investigation

Name Bill Craig Title owner/contractor

Phone pager # 415-620-7244

9. Total No. of Tanks at facility 6

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

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Transporter

Name H&H Ship Service EPA I.D. No. CAD004771168

Address 220 China Basin

City S.F. State CA. Zip 94107

b) Rinsate Transporter

Name NONE EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

c) Tank Transporter

Name H&H Ship Service EPA I.D. No. CAD004771168

Address 220 China Basin

City S.F. State CA. Zip 94107

d) Contaminated Soil Transporter

Name NONE EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

12. Sample Collector

Name DAN KIRKMAN

Company Applied Geo Systems-

Address 43255 MISSION Blvd. Suite B.

City Fremont State CA. Zip 94539 Phone 415-651-1906

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
will	be supplied by		APPLIED Geosystems

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

If yes, describe. _____

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

If yes, describe. 15 lbs of dry ice per 100 gallons of Capacity

16. Laboratories

Name Applied Geosystems

Address 43255 Mission Blvd. Suite B.

City Fremont State CA. zip 94539

State Certification No. _____

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
<p>To be Submitted by Applied Geo Systems</p>		

18. Site Safety Plan submitted? Yes No []

19. Workman's Compensation: Yes No [] → Policy #
 Copy of Certificate enclosed? Yes [] No

Name of Insurer Industrial Indemnity WH8990214
 we will submit copy of policy

20. Plot Plan submitted? Yes No []

21. Deposit enclosed? Yes No []

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

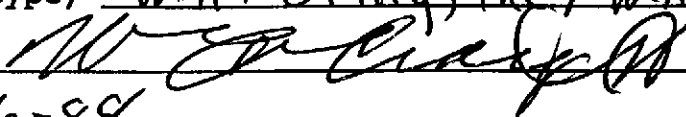
- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

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

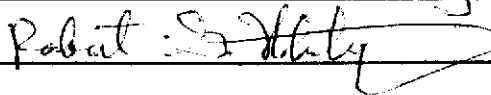
I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) in advance to schedule any required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Signature of Contractor

Name (please type) W.A. CRAIG, INC / W.A. CRAIG, II / owner
Signature 
Date 2-26-88

Signature of Site Owner or Operator

Name (please type) Robert G. Whitney
Signature 
Date 3/2/88

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. A copy of your approved plan must be sent to the landowner.

REF./
A/C NO.

COUNTY OF ALAMEDA
OFFICE OF THE AUDITOR-CONTROLLER

DATE: 2'26'88

MISCELLANEOUS RECEIPT

No 505613

\$2,070.00
DOLLARS

RECEIVED FROM:	W.A. Craig, Inc.		(Barbaré Court)
FOR:	P.O. Box 448, Orapa, CA 94559		
FOR:	Birmingham Steel, 4301 Eastshore Hwy, Emeryville 94608		
RECEIVED BY:	[Signature]		DEPT. NO.: 430-453

CASH PERSONAL/CASHIER'S CHECK/M. O. # 1345 OTHER:

110-1 (Rev 10/85) [0134E (08)] 3-Part

Distribution: White - Payor Yellow & Pink - Depart.

PARTIAL PAYMENT
 FINAL PARTIAL PAYMENT

City of Oakland
 CASH RECEIPT

128476

RECEIVED FROM W. A. Craig, Inc

CASH
 BY CHECK #1308

DATE 2/16/88

DESCRIPTION	INVOICE NO.	T/C	FUND	Y	F	ACT.	REV. SCE.	COST CENTER	AMOUNT
<u>Garb Removal</u>			<u>101</u>			<u>2310/42</u>			<u>\$50.00</u>
<u>4300 East Shore Hwy</u>									

AUXILIARY RECEIPT REF. NO.:

TOTAL \$50.00

DEPARTMENT Fire Prevention
 BY Doris Clemons

CREDIT TO EXPENDITURES FOR REIMBURSEMENTS							
T/C	FUND	FY	FUNC	ACTIVITY	OBJECT	COST CENTER	AMOUNT

10-10.6 3-80

CUSTOMER COPY

CITY OF OAKLAND

O. J. Spikes

INSPECTOR
FIRE PREVENTION BUREAU


Between 9
7:30-9
 PHONE (415)
 273-3853

ONE CITY HALL PLAZA, OAKLAND, CA 94612

W. A. CRAIG, INC.
Marine & Industrial Construction
P.O. Box 448
NAPA, CALIFORNIA 94559

MEMO

(707) 252-3353

TO Barbary Coast Steel
4300 E. Shore Hwy -
Emeryville, CA.

DATE	2-16-88
SUBJECT	Site Safety Plan

Emergency phone #'s

Oakland Hosp. E.R. 415-532-3300 ext. 236
Ambulance 415-653-6622
Fire/Rescue 911
Poison Control Ctr. 415-428-3248

Consultant & LAB - Ask for Glen 415-651-1906
SAFETY/All Emergencies - Page Bill Craig 415-620-7244

A site specific safety plan has been prepared
by Applied Geo Systems - 415-651-1906

PLEASE REPLY

NO REPLY NECESSARY

SIGNED

Bill Craig

underground
TANK REMOVAL

2-22-88

Location: Barbary coast steel 415-596-2329
4300 Eastshore Hwy
Emeryville, CA.

Owner: The same

Contractor: W.A. CRAIG, INC. 707-252-3353
912 Harbour Way S.
Richmond, Ca.

Soils & Testup: Applied Geo Systems 415-651-1906
43255 Mission Blvd.
Fremont, CA. 94539

Industrial Hyg:
& Safety. Same.

Hazardous
Handler: H & H Ship Sew. 415-543-4835
San Francisco.

Permit #: Oakland Fire Dept.
Permit # 128476

P.O. # 86-1182 Barbary coast



W.A. CRAIG, INC

912 Harbour Way South • Richmond, CA 94804 • (415) 231-0669

P.O. Box 448 • Napa, CA 94559 • (707) 252-3353

California State Contractors License No. 455752

TANK Site & Locations

- Tank # 1. Gasoline 1200 gal
- 2. Gasoline 1200 gal
- 3. Diesel 10,000

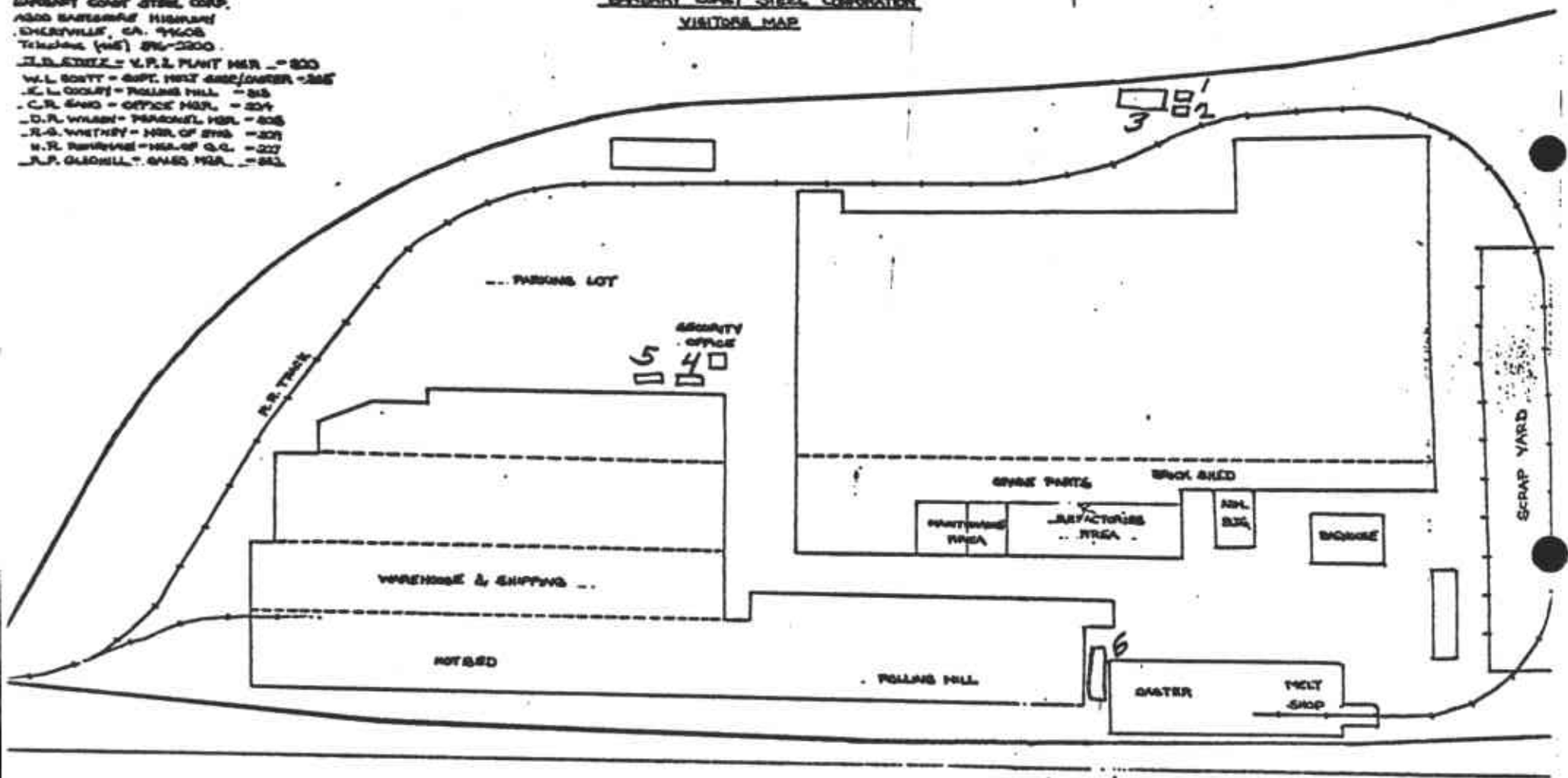
- 4. Gasoline 2000 gal
- 5. Diesel 2000 gal
- 6. Diesel 12,000 gal



BARBARY COAST STEEL CORP.
 1300 BARBERSHIP HIGHWAY
 DERRYVILLE, CA. 94608
 Telephone (415) 896-2300

J.L. EDIX - V.P. & PLANT MGR - 800
 W.L. BOYTT - SUPT. MELT SHOP/OWNER - 205
 K.L. COOPER - POLLING MILL - 215
 C.R. SAND - OFFICE MGR. - 204
 D.R. WILSON - TRUCKING MGR - 208
 R.S. WETNEY - MGR. OF STKS - 201
 H.R. BURMAN - MGR. OF Q.C. - 227
 J.P. GLENN - QMS MGR. - 213

BARBARY COAST STEEL CORPORATION VISITOR'S MAP





Applied GeoSystems

43255 Mission Boulevard, Fremont, CA 94539 (415) 651-1906

• FREMONT • COSTA MESA • SACRAMENTO • HOUSTON

February 19, 1988
1072-P

Mr. William A. Craig
W. A. Craig, Inc.
P.O. Box 448
Napa, California 94559

Subject: Letter proposal and budget for soil sampling and report preparation related to site closure at the Barbary Coast Steel Corporation site, Emeryville, California

Mr. Craig:

As you requested in our meeting of February 18, 1988, we are providing a budget for the work involved in collecting and analyzing soil samples related to site closure at the above-referenced site. It is our understanding that the site has six underground storage tanks with the following inventories:

1. 5,000-gallon steel diesel tank
2. 2,000-gallon steel diesel tank
3. 2,000-gallon steel gasoline tank
4. 1,200-gallon steel diesel tank
5. 1,200-gallon steel gasoline tank
6. 12,000-gallon fiberglass diesel tank

The proposed work includes: 1) having a Foxboro Organic Vapor Analyzer (OVA) at the site for the 2 days of proposed field work to evaluate the lower explosivity limit (LEL) of the tank prior to removal, 2) collecting one soil sample from under each end of the six underground storage tanks, 3) analyzing soil samples from beneath the gasoline storage tanks for total petroleum hydrocarbons (TPH) and from beneath the diesel storage tanks for total extractable hydrocarbons (TEH) in our State-certified laboratory, and 4) preparing a written report presenting our findings, conclusions, recommendations and proper documentation.

We understand that you will locate all underground utilities prior to beginning the excavation work at the site. Although the OVA can be used to measure LEL, Applied GeoSystems assumes no responsibility for guaranteeing that each tank is safe for removal.

William A. Craig, Inc. Proposal
Barbary Coast Steel, Emeryville, California

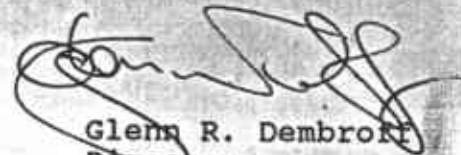
February 19, 1988
1072-P

If contamination is found in the tank pits, and additional work is warranted, the additional work will be charged in accordance with the enclosed 1988 Fee Schedule and Laboratory Price List.

Enclosed are two copies of our contract for the proposed work. Please sign both copies and return them to our office. We will countersign the contracts and return one for your files.

Please do not hesitate to call if you have any questions or if we can be of further assistance in this matter.

Sincerely,
Applied GeoSystems



Glenn R. Dembroff
Director
Geologic Operations

Enclosures:

Contracts (2)
1988 Fee Schedule
1988 Laboratory Price List

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) SIMS CONSOLIDATED, LTD.		PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL	
STREET ADDRESS 1 MACQUARIE STREET	CITY SYDNEY, N.S.W.	STATE	ZIP 2000

II FACILITY

FACILITY NAME JUDSON STEEL CORPORATION		DEALER/FOREMAN/SUPERVISOR MONTE SEE AREA OF MAINTENANCE R.L. Mueller - President	
STREET ADDRESS 4200 EASTSHORE HIGHWAY		NEAREST CROSS STREET SHELLMOUND BLVD.	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS P.O. BOX 23066		CITY OAKLAND	STATE CA ZIP 94623
PHONE W/AREA CODE 415-652-3530	TYPE OF BUSINESS () 01 GASOLINE STATION (X) 02 OTHER STEEL MILL		
NUMBER OF CONTAINERS 7	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAY: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE SEE MONTE R.L. Mueller 415-652-3530	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE DORAL, FRANK 415-357-1821
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:	CONTAINER NUMBER 4
B. MANUFACTURER (IF APPROPRIATE): ?? YEAR MFG:	C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 2000 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): () 01 UNLEADED () 02 REGULAR () 03 PREMIUM (X) 04 DIESEL () 05 WASTE OIL () 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: () GAUGE () INCHES () CM (X) UNKNOWN
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) () 02 NON-VAULTED (X) 03 UNKNOWN
C. () 01 DOUBLE WALLED () 02 SINGLE WALLED () 03 LINED
D. () 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC (X) 12 UNKNOWN () 13 OTHER:

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE)

PHONE W/AREA CODE

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) SIMS CONSOLIDATED, LTD.		PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL	
STREET ADDRESS 1 MACQUARIE STREET	CITY SYDNEY, N.S.W.	STATE	ZIP 2000

II FACILITY

FACILITY NAME JUDSON STEEL CORPORATION		DEALER/FOREMAN/SUPERVISOR MONTE SEE/MGR. OF MAINTENANCE R.L. Mueller - President	
STREET ADDRESS 4200 EASTSHORE HIGHWAY		NEAREST CROSS STREET SHELLMOUND BLVD.	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS P.O. BOX 23066		CITY OAKLAND	STATE CA ZIP 94623
PHONE W/AREA CODE 415-652-3530	TYPE OF BUSINESS () 01 GASOLINE STATION (X) 02 OTHER STEEL MILL		
NUMBER OF CONTAINERS 7	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE SEE MONTE R.L. Mueller 415-652-3530	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE DORAL, FRANK 415-357-1821
--	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:	CONTAINER NUMBER #5
B. MANUFACTURER (IF APPROPRIATE): ?? YEAR MFG:	C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 10000 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): () 01 UNLEADED () 02 REGULAR () 03 PREMIUM (X) 04 DIESEL () 05 WASTE OIL () 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: () GAUGE () INCHES () CM (X) UNKNOWN
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) () 02 NON-VAULTED (X) 03 UNKNOWN
C. () 01 DOUBLE WALLED () 02 SINGLE WALLED () 03 LINED
D. () 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC (X) 12 UNKNOWN () 13 OTHER:

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE) _____ PHONE W/AREA CODE _____

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE	COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) SIMS CONSOLIDATED, LTD.			PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL		
STREET ADDRESS 1 MACQUARIE STREET		CITY SYDNEY, N.S.W.	STATE	ZIP 2000	

II FACILITY

FACILITY NAME JUDSON STEEL CORPORATION		DEALER/FOREMAN/SUPERVISOR MONTE SEE/DCR - OF MAINTENANCE R.L. Mueller - President			
STREET ADDRESS 4200 EASTSHORE HIGHWAY		NEAREST CROSS STREET SHELLMOUND BLVD.			
CITY EMERYVILLE		COUNTY ALAMEDA		ZIP 94608	
MAILING ADDRESS P.O. BOX 23066		CITY OAKLAND		STATE CA	ZIP 94623
PHONE W/AREA CODE 415-652-3530		TYPE OF BUSINESS () 01 GASOLINE STATION (X) 02 OTHER STEEL MILL			
NUMBER OF CONTAINERS 7	RURAL AREAS ONLY :	TOWNSHIP	RANGE	SECTION	

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE SEE NAME R.L. Mueller 415-652-3530	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE DORAL, FRANK 415-357-1821
--	---

COMPLETE THE FOLLOWING ON SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:		CONTAINER NUMBER 86
B. MANUFACTURER (IF APPROPRIATE): ?? YEAR MFG:		C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 1000 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT	
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): () 01 UNLEADED (X) 02 REGULAR () 03 PREMIUM () 04 DIESEL () 05 WASTE OIL () 06 OTHER		

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: () GAUGE () INCHES () CM (X) UNKNOWN
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) () 02 NON-VAULTED (X) 03 UNKNOWN
C. () 01 DOUBLE WALLED () 02 SINGLE WALLED () 03 LINED
D. () 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC (X) 12 UNKNOWN () 13 OTHER:

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS
IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE) _____ PHONE W/AREA CODE _____

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE	COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) SIMS CONSOLIDATED, LTD.		PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL	
STREET ADDRESS 1 MACQUARIE STREET	CITY SYDNEY, N.S.W.	STATE	ZIP 2000

II FACILITY

FACILITY NAME JUDSON STEEL CORPORATION		DEALER/FOREMAN/SUPERVISOR MONTE SEE MOR. OF MAINTENANCE R.L. Mueller / President	
STREET ADDRESS 4200 EASTSHORE HIGHWAY		NEAREST CROSS STREET SHELLMOUND BLVD.	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS P.O. BOX 23066		CITY OAKLAND	STATE CA ZIP 94623
PHONE W/AREA CODE 415-652-3530	TYPE OF BUSINESS () 01 GASOLINE STATION (X) 02 OTHER STEEL MILL		
NUMBER OF CONTAINERS 7	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE SEE MONTE R.L. Mueller 415-652-3530	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE DORAL, FRANK 415-357-1821
---	---

COMPLETE THE FOLLOWING ON SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

Abandoned / Oct 1986

A. (X) 01 TANK () 04 OTHER:	CONTAINER NUMBER #M
B. MANUFACTURER (IF APPROPRIATE): ?? YEAR MFG:	C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 1000 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): () 01 UNLEADED (X) 02 REGULAR () 03 PREMIUM () 04 DIESEL () 05 WASTE OIL () 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: () GAUGE () INCHES () CM (X) UNKNOWN
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) () 02 NON-VAULTED (X) 03 UNKNOWN
C. () 01 DOUBLE WALLED () 02 SINGLE WALLED () 03 LINED
D. () 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC (X) 12 UNKNOWN () 13 OTHER:

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE) _____ PHONE W/AREA CODE _____

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT 05 RENEWED PERMIT 07 TANK CLOSED 09 DELETE FROM FILE (NO FEE)
 02 CONDITIONAL PERMIT 06 AMENDED PERMIT 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) SIMS CONSOLIDATED, LTD.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 1 MACQUARIE STREET	CITY SYDNEY, N.S.W.	STATE	ZIP 2000

II FACILITY

FACILITY NAME JUDSON STEEL CORPORATION		DEALER/FOREMAN/SUPERVISOR MONTE SEE/ MGR. OF MAINTENANCE R.L. Mueller - President	
STREET ADDRESS 4200 EASTSHORE HIGHWAY		NEAREST CROSS STREET SHELLMOUND BLVD.	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94606
MAILING ADDRESS P.O. BOX 23066		CITY OAKLAND	STATE CA ZIP 94623
PHONE W/AREA CODE 415-652-3530	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER STEEL MILL		
NUMBER OF CONTAINERS 2	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE SEE MONTE R.L. Mueller 415-652-3530	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE DORAL, FRANK 415-357-1821
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER 1
B. MANUFACTURER (IF APPROPRIATE): OWENS-CORNING	YEAR MFG: ????
C. YEAR INSTALLED	<input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 12000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT:	<input type="checkbox"/> GAUGE <input type="checkbox"/> INCHES <input type="checkbox"/> CM <input checked="" type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input type="checkbox"/> 02 NON-VAULTED <input checked="" type="checkbox"/> 03 UNKNOWN	
C. <input type="checkbox"/> 01 DOUBLE WALLED <input type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED	
D. <input type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input checked="" type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:	

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		HEATER OIL OR HEATER FUEL
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE)

PHONE W/AREA CODE

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY

CITY CODE

COUNTY CODE

CONTACT PERSON

PHONE W/AREA CODE

DATE OF LAST INSPECTION

IN COMPLIANCE

01 YES 02 NO

PERMIT APPROVAL DATE

TRANSACTION DATE

LOCAL PERMIT ID #

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT 05 RENEWED PERMIT 07 TANK CLOSED 09 DELETE FROM FILE (NO FEE)
 02 CONDITIONAL PERMIT 06 AMENDED PERMIT 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) SIMS CONSOLIDATED, LTD.			PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 1 MACQUARIE STREET		CITY SYDNEY, N.S.W.	STATE	ZIP 2000

II FACILITY

FACILITY NAME JUDSON STEEL CORPORATION		DEALER/FOREMAN/SUPERVISOR MONTE SEE/MGR OF MAINTENANCE R.L. Mueller - President		
STREET ADDRESS 4200 EASTSHORE HIGHWAY		NEAREST CROSS STREET SHELLMOUND BLVD.		
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608	
MAILING ADDRESS P.O. BOX 23066		CITY OAKLAND	STATE CA	ZIP 94623
PHONE W/AREA CODE 415-652-3530	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER STEEL MILL			
NUMBER OF CONTAINERS 7	RURAL AREAS ONLY :	TOWNSHIP	RANGE	SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE SEE MONTE RL Mueller 415-652-3530	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE DORAL, FRANK 415-357-1821
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER 2
B. MANUFACTURER (IF APPROPRIATE): ?? YEAR MFG:	C. YEAR INSTALLED 1951 <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 2000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input checked="" type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: <input type="checkbox"/> GAUGE <input type="checkbox"/> INCHES <input type="checkbox"/> CM <input checked="" type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input type="checkbox"/> 02 NON-VAULTED <input checked="" type="checkbox"/> 03 UNKNOWN
C. <input type="checkbox"/> 01 DOUBLE WALLED <input type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED
D. <input type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input checked="" type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS
IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE)	PHONE W/AREA CODE
---------------------------	-------------------

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY	CITY CODE	COUNTY CODE		
CONTACT PERSON	PHONE W/AREA CODE			
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT 05 RENEWED PERMIT 07 TANK CLOSED 09 DELETE FROM FILE (NO FEE)
 02 CONDITIONAL PERMIT 06 AMENDED PERMIT 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) SIMS CONSOLIDATED, LTD.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 1 MACQUARIE STREET	CITY SYDNEY, N.S.W.	STATE	ZIP 2000

II FACILITY

FACILITY NAME JUDSON STEEL CORPORATION		DEALER/FOREMAN/SUPERVISOR MONTE SEE MGR. OF MAINTENANCE R.L. Mueller/President	
STREET ADDRESS 4200 EASTSHORE HIGHWAY		NEAREST CROSS STREET SHELLMOUND BLVD.	
CITY EMERYVILLE	COUNTY ALAMEDA	ZIP 94608	
MAILING ADDRESS P.O. BOX 23066	CITY OAKLAND	STATE CA	ZIP 94623
PHONE W/AREA CODE 415-652-3530	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER STEEL MILL		
NUMBER OF CONTAINERS 7	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE SEE MONTE R.L. Mueller 415-652-3530	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE DORAL, FRANK 415-357-1821
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER 3
B. MANUFACTURER (IF APPROPRIATE): ?????????????????????????????????????? YEAR MFG:	C. YEAR INSTALLED 1951 <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 2000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input checked="" type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: <input type="checkbox"/> GAUGE <input type="checkbox"/> INCHES <input type="checkbox"/> CM <input checked="" type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input type="checkbox"/> 02 NON-VAULTED <input checked="" type="checkbox"/> 03 UNKNOWN
C. <input type="checkbox"/> 01 DOUBLE WALLED <input type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED
D. <input type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input checked="" type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE)	PHONE W/AREA CODE
---------------------------	-------------------

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY	CITY CODE	COUNTY CODE		
CONTACT PERSON	PHONE W/AREA CODE			
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

Underground
TANK REMOVAL

2-22-88

Location: Barbary coast Steel
4300 Eastshore Hwy
Emeryville, CA. 415-596-2329

Owner: The same

Contractor: W.A. CRAIG, INC.
912 Harbour Way S.
Richmond, Ca. 707-252-3353

Soils & Testing: Applied Geo Systems
43255 Mission Blvd.
Fremont, CA. 94539 415-651-1906

Industrial Hyg:
& Safety. Same.

Hazardous
Handler: H & H Ship Sew.
San Francisco. 415-543-4835

Permit #: Oakland Fire Dept.
Permit # 128476

P.O. # 86-1182 Barbary coast



W.A. CRAIG, INC

912 Harbour Way South • Richmond, CA 94804 • (415) 231-0669

P.O. Box 448 • Napa, CA 94559 • (707) 252-3353

California State Contractors License No. 455752

ALAMEDA COUNTY HEALTH
ENVIRONMENTAL HEALTH DEPT.

SERVICE REQUESTED: Removal

NAME OF SITE: BARBARA Coast Steel

ADDRESS: 4300 Eastshore Hwy
Emeryville, 94608

CONTRACTOR: W.A. Craig, Inc.

ADDRESS: P.O. Box 448190 Harbor WA ⁹⁴¹¹⁸ Seattle 98180 TELE: # 231-0669

CONTACT PERSON: Bob Whitney TELE # 596-2329

AMOUNT OF DEPOSIT: \$ 1035 DATE: 2/26/88

DATE:	ACTION TAKEN	TIME	HRS IN	0.1 X \$53.00 =	
		IN	OUT	X \$53.	BALANCE
<u>4/20/88</u>		<u>315</u>	<u>330</u>	<u>25 =</u>	<u>\$</u>

TOTAL COST \$ _____

PROJECT COMPLETED BY _____

DATE: _____ REFUND: \$ _____

SENT TO ACCOUNTING: DATE: _____

TO BE REPORTED WEEKLY TO ACCOUNTING FOR CASH FLOW ADJUSTMENT

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
MEMORANDUM

TO L. Miller FROM C. Rose DATE 3/23/88
SUBJECT Darby Coast Steel -

Telephone conversation to Bill Orwig regarding
closure plan @ this site.

Time - 10 mins - 8:45 - 8:55

He will be forwarding the final report to
you.

Alameda Co. Health Services Agency
Department of Environmental Health
Hazardous Materials Unit

874-7237

— UGT —

BILLING ADJUSTMENT

NAME OF ESTABLISHMENT: JUDSON STEEL CORP.

MAILING ADDRESS: P. O. BOX 23066
Oakland 94623

SITE ADDRESS: 4200 Eastshore Highway
Emeryville 94608

The following actions should be taken regarding the billing for this establishment:

[] Initiate a new bill. The number of employees is _____

[] Rescind the bill for the following reasons:

- Moved out of Alameda County
- No Hazardous Materials
- Out of business

[] Make adjustment to billing - change number of employees to _____

[] Continue billing without change.

[] Continue billing with following changes:

New Name Barbary Coast Steel
New Owner _____
New Site Address 4300 Eastshore Hwy.
Emeryville 94608

New Mailing Address _____

Inspector: _____ Date _____

WHITE — ENV. HEALTH
 YELLOW — FACILITY
 PINK — FILES

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

County Use Only
 [] Daily

Hazardous Material Inspection Form

Site ID# _____ Site Name Autogy Corp Date: 3/1/89
 Site Address 4300 Eastshore Highway EPA ID# _____
 City, Zip Emeryville 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

The marked items represent violations of the Calif. Administrative Code (CAC) or the Health & Safety Code (HS&C)

		Comments:
1a. GENERATOR (Title 22)		
___ 1. Waste ID	66471	
___ 2. EPA ID	66472	
___ 3. > 90 days	66508	
___ 4. Labels	66493	
___ 5. Biennial	66492	
Manifest		
___ 6. Records	66480	
___ 7. Correct	66484	
___ 8. Copy sent	66492	
___ 9. Exception	66484	
___ 10. Copies Rec'd	66492	
Misc.		
___ 11. Treatment	66371	
___ 12. On-site Disp. (H.S.&C.)	25189.5	
___ 13. Ex Haz. Waste	66570	
Prevention		
___ 14. Communication	67121	
___ 15. Aisle Space	67124	
___ 16. Local Authority	67126	
___ 17. Maintenance	67120	
___ 18. Training	67105	
Contin. gency		
___ 19. Prepared	67140	
___ 20. Name List	67141	
___ 21. Copies	67141	
___ 22. Emg. Coord. Trng.	67144	
Containers, Tanks		
___ 23. Condition	67241	
___ 24. Compatibility	67242	
___ 25. Maintenance	67243	
___ 26. Inspection	67244	
___ 27. Buffer Zone	67246	
___ 28. Tank Inspection	67259	
___ 29. Containment	67245	
___ 30. Safe Storage	67261	
___ 31. Freeboard	67257	
1b. TRANSPORTER (Title 22)		
___ 32. Application	66428	
___ 33. Insurance	66428	
___ 34. Comp. Cert.	66448	
___ 35. CHP Insp.	66448	
___ 36. Containers	66465	
Manifest		
___ 37. Vehicles	66465	
___ 38. EPA ID #s	66531	
___ 39. Correct	66541	
___ 40. HW Delivery	66543	
___ 41. Records	66544	
Cont'rs		
___ 42. Name	66545	
___ 43. Covers	66545	
___ 44. Recyclables	66800	

Comments:

*116 containers removed.
 LJM 031085-1, LJM031085-2, LJM031085-3
 3 water samples and soil & photo taken in area adjacent to Myers Driveway.
 Water samples were taken in area where trench has been dug for planting trees.
 Manifest was reviewed 50 gallon drums with in Storage area. - need to ID and label drums. Remove all hazardous waste within 90 days.*

Contact: _____ Applied Time: _____
 Title: _____ Inspector: _____
 Signature: _____ Signature: _____