

R0450

STATE OF CALIFORNIA - THE RESOURCES AGENCY

ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF WATER RESOURCES

CENTRAL DISTRICT
3251 S Street
Sacramento, CA 95816
(916) 227-7632
(916) 227-7600(Fax)

NORTHERN DISTRICT
2440 Main Street
Red Bluff, CA 96080
(530) 529-7300
(530) 529-7322 (Fax)

SAN JOAQUIN DISTRICT
3374 East Shields Avenue
Fresno, CA 93726
(559) 230-3300
(559) 230-3301 (Fax)

SOUTHERN DISTRICT
770 Fairmont Avenue
Glendale, CA 91203
(818) 543-4600
(818) 543-4604 (Fax)

WELL COMPLETION REPORT RELEASE AGREEMENT-AGENCY
(Government and Regulatory Agencies and their Authorized Agents)

Project/Contract No. C102349081 County Alameda
cop # 0843 (2349)
Township, Range, and Section T2S, R4W, sec. 11 Radius 1 mile

(Must include entire study area and a map that shows the area of interest.)

Under California Water Code Section 13752, the agency named below requests permission from Department of Water Resources to inspect or copy, or for our authorized agent named below to inspect or copy, Well Completion Reports filed pursuant to Section 13751 to (check one):

Make a study, or,

Perform an environmental cleanup study associated with an unauthorized release of a contaminant within a distance of 2 miles.

In accordance with Section 13752, information obtained from these reports shall be kept confidential and shall not be disseminated, published, or made available for inspection by the public without written authorization from the owner(s) of the well(s). The information shall be used only for the purpose of conducting the study. Copies obtained shall be stamped CONFIDENTIAL and shall be kept in a restricted file accessible only to agency staff or the authorized agent.

Daniel J. Davis
Authorized Agent

3164 Gold Camp Dr. Suite 200
Address

Pancho Cordova, CA 95678
City, State, and Zip Code

Signature [Signature]

Title Senior Project Manager

Telephone (916) 503-1260

Fax (916) 638-8385

Date 11-9-06

E-mail ddavis@deltaenv.com

Alameda County Health Agency
Government or Regulatory Agency

1131 Harbor Bay Parkway, Suite 250
Address

Alameda, CA 94507
City, State, and Zip Code

Signature [Signature]

Title Hazardous Materials Specialist

Telephone (510) 567-6746

Fax (510) 337-9335

Date 11/9/06

E-mail don.hwang@acgov.org

6 June 2001

SUSTAINABLE STRATEGIES FOR GLOBAL LEADERS

FAX TRANSMITTAL

TO: Mr. Donald Hwang
COMPANY: Alameda County Health Agency
FAX #: (510) 337-9335
FROM: Lisa Stelzner
DATE: November 2, 2006

Number of pages including cover: 2

MESSAGE: Here are the Well Completion Report Release Agreements for a one-mile radius around the 76 Station No. 1156, located at 4276 Macarthur Blvd. in Oakland, the 76 Station No. 6129, located at 3420 35th Ave. in Oakland, and the 76 Station No. 0843, located at 1629 Webster St. in Alameda. Please send back, either by email (to lstelzner@deltaenv.com) or fax (to 916-638-8385), a copy of each form filled out and signed. I would appreciate your prompt addressing of the issue.



Lisa Stelzner



Hwang, Don, Env. Health

From: Kosel, Thomas H [Thomas.H.Kosel@conocophillips.com]
Sent: Tuesday, July 26, 2005 5:50 PM
To: Hwang, Don, Env. Health; Drogos, Donna, Env. Health
Cc: Lathrop, Shelby Suzanne; Batra, Roger; evans60@atcassociates.com; Thomas Potter; jwagone@deltaenv.com; RSC:MTBE
Subject: Alameda County Work Plans for ConocoPhillips

Ms. Drogos and Mr. Hwang
Alameda County Health Agency

Attached is a list of six work plans for ConocoPhillips sites that are currently pending review by the Alameda County Health Agency. We have listed the work plans in the order that COP would like to have them reviewed. We (and our consultants) are available to discuss these projects to assist Alameda County in the review of these work plans. We are also available to meet with the County should you wish to do so.

We declare, under penalty of perjury, that to the best of our knowledge the information and/or recommendations contained in the attached proposal or reports are true and correct.

1. 76 Station No. 7373, 4191 First Street, Pleasanton, California. Additional Soil and Groundwater Investigation Work Plan, submitted to Alameda County Health Services on May 20, 2005. Work plan to characterize vertical and lateral distribution of dissolved-phase hydrocarbons, including MTBE, in offsite soil and groundwater. Consultant: TRC, Roger Batra.
2. 76 Station No. 1156, 4276 MacArthur, Oakland: WP for additional site investigation submitted 5-24-05. Consultant: ATC, Dave Evans.
3. 76 Station No. 5325, 3220 Lakeshore Avenue, Oakland, California. Work Plan for Interim Remedial Measure/ Feasibility Study, submitted to ACHS on August 30, 2004. Consultant: TRC, Roger Batra.
4. 76 Station No. 0843, 1629 Webster, Alameda: WP for additional site investigation submitted 5-17-05. Consultant: ATC, Dave Evans.
5. 76 Station No. 6129, 3420 35 Ave, Oakland: WP for additional site investigation submitted 6-13-05. Consultant: ATC, Dave Evans.
6. 76 Station No. 6049, 898 A Street, Hayward: Closure submitted 4-20-03. Consultant: ATC, Dave Evans.

Shelby Lathrop
Shaw Environmental
Service Provider for ConocoPhillips
76 Broadway, Sacramento, CA 95818
916-558-7609, fax 916-558-7639, cell 707-592-1146

Thomas H. Kosel
Site Manager, Risk Management and Remediation
ConocoPhillips
76 Broadway, Sacramento, CA 95818
916-558-7666, fax 916-558-7639, cell 916-622-2028

R0450

Hwang, Don, Env. Health

From: Drogos, Donna, Env. Health
Sent: Friday, September 03, 2004 5:20 PM
To: 'thomas.h.kosel@conocophillips.com'
Cc: Hwang, Don, Env. Health; Schultz, Robert, Env. Health; Chan, Barney, Env. Health
Subject: Unocal #0843 - 1629 Webster, Alameda

Hi Tom,

This follows up my phone conversations today with you & with Grant from TRC re: ACEH's request that you collect and analyze GW samples from all of the monitoring wells associated with your site at 1629 Webster, Alameda during your Sept. 2004 QM event. Please analyze all samples for TPHG, and by EPA Method 8260 for BTEX, MTBE, TAME, ETBE, DIPE, TBA & EtOH. Please submit (Attn. Don Hwang) your 3rd Quarter 2004 QMR within 30 days of your sampling event.

As we discussed the Shell site at 1601 Webster had a catastrophic UST failure on 8/18/04. Data from your most recent QMR indicate that the Shell station is upgradient of your site. We have not yet completed our review all the MW construction details for your site, the reports I am looking at don't readily show GW gradient data, travel time etc, & it is uncertain if your MWs would intercept a plume from the u/g site. However, it appears appropriate to obtain results from all your MWs at this time.

Thanks for your & Grant's attention to this matter. Don Hwang, Bob Schultz & I look forward to meeting with you & Shelby at 10A on 09/21/04 at our offices.

Donna

Donna L. Drogos, PE
LOP/TOXICS Program Manager
Alameda County Environmental Health
1131 Harbor Bay Parkway
Alameda, CA 94502

510-567-6721
donna.drogos@acgov.org

9/7/2004

Alameda County
FEB 23 2004
Environmental Health

SK Auto

RU 750

February 25, 2004

Mr. David B. DeWitt
Environmental Project Manager
TOSCO Marketing Company
2000 Crow Canyon Place, Suite 400
San Ramon, CA 94583

RE: Former Tosco 76 Service Station 0843, 1629 Webster Street, Alameda, CA
Environmental Clean-up Status

Dear David,

I recently spoke to Amir with the Alameda County Health Care Services Agency and he informed me that my site is "far from closure". I was quite shocked to hear this especially after our last phone conversation with you. My understanding was that it was completed and we were waiting for the final report.

Please let me know as soon as possible what the next step is in this lengthy process. I would like to resolve this problem with your help.

Thank you.

Sincerely,



Sam Koka

cc: Alameda Co. Health Care Services Agency
Environmental Health Services
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502

20450

CHOLANI



State Water Resources Control Board



Winston H. Hickox
Secretary for
Environmental
Protection

Division of Financial Assistance

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

Gray Davis
Governor

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

JAN 22 2003

Tosco Corporation
Ron Schwab
1380 Lead Hill Rd
Rosville, CA 95661

RO 450

UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), NOTICE OF ELIGIBILITY DETERMINATION: CLAIM NUMBER 016157; FOR SITE ADDRESS: 1629 WEBSTER ST, ALAMEDA

Your claim has been accepted for placement on the Priority List in Priority Class "D" with a deductible of \$10,000.

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

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

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

Compliance with Corrective Action Requirements: In order to be reimbursed for your eligible costs of cleanup incurred after December 2, 1991, you must have complied with corrective action requirements of Article 11, Chapter 16, Division 3, Title 23, California Code of Regulations. Article 11 categorized the corrective action process into *phases*. In addition, Article 11 requires the responsible party to submit an

California Environmental Protection Agency



investigative workplan/Corrective Action Plan (CAP) before performing any work. This phasing process and the workplan/CAP requirements were intended to:

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

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

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

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

Sincerely,

ORIGINAL SIGNED BY

Shari Knieriem
Claims Review Unit
Underground Storage Tank Cleanup Fund

Lustis Case #: 01-2455

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

Ms. Donna Drogos
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

RO0000450

October 28, 2002

Mr. Dave DeWitt
Phillips 66 Company
2000 Crow Canyon Place, Ste 400
San Ramon, CA 94583

RE: Work Plan Approval for 1629 Webster Street, Alameda, CA

Dear Mr. DeWitt:

I have completed review of Environmental Resolutions, Inc.'s October 2002 *Work Plan for Remedial Excavation* prepared for the above referenced site. The proposal to excavate hydrocarbon-impacted soil in the vicinity of the former eastern dispenser island and monitoring well MW2 is acceptable. Field work should commence within 45 days of the date of this letter, or by **December 16, 2002** (when depth to groundwater is lowest). Please provide 72 hours advance notice of field activities.

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

eva chu
Hazardous Materials Specialist

c: Robert Saur
ERI
73 Digital Drive, Suite 100
Novato, CA 94949-5791



State Water Resources Control Board



Winston H. Hickox
Secretary for Environmental Protection

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

Gray Davis
Governor

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

Unocal Corp.
Ron Schwab
376 Valencia Ave S
Brea, CA 92823-6345

JUN 17 2002

UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), REQUEST FOR FURTHER DOCUMENTATION DURING INITIAL REVIEW: CLAIM NUMBER 016157; FOR SITE ADDRESS: 1629 WEBSTER ST, ALAMEDA

After reviewing your claim application to the Cleanup Fund, we find that the following additional information is needed to determine your eligibility for placement on the Priority List:

The subject release occurred on June 17, 1998. Tosco was the UST owner/operator at the time of the unauthorized release. Please correct page one and provide a new signature page for the subject claim.

Currently, Unocal Corporation is listed as the claimant and Tosco is listed as a "co-payee". According to the agreement between Unocal and Tosco, unauthorized releases occurring after 1997 are the responsibility of Tosco.

NOTE: Failure to respond to this request within thirty (30) calendar days from the date of this letter may result in an ineligibility determination of your claim.

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

Sincerely,

ORIGINAL SIGNED BY

Shari Knieriem
Claims Review Unit
Underground Storage Tank Cleanup Fund

Lustis Case #: 01-2455

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

Ms. Donna Drogos
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

RO0000450

Mr. David DeWitt
Phillips 66 Co.
2000 Crow Canyon Place, Suite 400
San Ramon, CA 94583

RE: Work Plan Approval for Former 76 SS #0843, 1629 Webster Street, Alameda, CA

Dear Mr. DeWitt:

I have completed review of ERI's October 2001 *Work Plan for Supplemental Soil Evaluation*, prepared for the above reference site. The proposal to advance soil borings in the vicinity of the former fuel tank pit and by Well MW-2 is acceptable. Field work should commence within 90 days of the date of this letter. Please provide 72 hours advance notice of field activities.

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

eva chu
Hazardous Materials Specialist

c: Paul Blank, ERI, 73 Digital Dr, Suite 100, Novato, CA 94949-5791

QUARTERLY SUMMARY REPORT

Third Quarter 2001
(July - September)

FORMER TOSCO 76 SERVICE STATION 0843

1629 Webster Street
Alameda, California

City/County ID: City of Alameda/Alameda County

Lead Agency: Alameda County Health Care Services Agency

BACKGROUND

In 1998, Tosco Marketing Company (Tosco) removed two 10,000-gallon gasoline underground storage tanks (USTs), one 550-gallon used-oil UST, associated piping and dispensers, and excavated approximately 338 tons of soil and backfill. Laboratory analyses of samples collected during the work detected petroleum hydrocarbons and related constituents in soil and groundwater beneath the site.

In 1999, at the request of Tosco, ERI performed a soil and groundwater investigation including the installation of four groundwater monitoring wells. Concentrations of residual hydrocarbons were detected in the soil samples collected from boring MW2. The results of the investigation indicated that dissolved hydrocarbons were present in groundwater, and were not delineated. During fourth quarter 1999, ERI installed two off-site groundwater monitoring wells downgradient of the site. Concentrations of dissolved MTBE were detected in groundwater samples collected from the newly installed wells.

During 2001, ERI completed an underground utility survey, and performed a supplemental evaluation of soil and groundwater including direct-push soil and groundwater sampling at five off-site locations.

RECENT QUARTER ACTIVITIES

Performed quarterly groundwater monitoring, sampling, and reporting. Submitted the *Supplemental Evaluation of Soil and Groundwater* report to the appropriate regulatory agencies. Results of the evaluation indicated that sufficient evidence does not exist to suggest that underground utility lines are providing preferential pathways for the off-site migration of dissolved hydrocarbons. Initiated preparation of a work plan for a supplemental soil evaluation to delineate the on-site extent of residual hydrocarbons in vadose soil.

NEXT QUARTER ACTIVITIES

Continue quarterly groundwater monitoring, sampling, and reporting. Complete and submit the work plan for supplemental soil evaluation to the appropriate regulatory agencies.

CHARACTERIZATION/REMEDIAL STATUS

| | |
|-------------------------------------------------|-------------------------|
| Soil contamination delineated? | <u>Yes</u> |
| Dissolved groundwater delineated? | <u>Yes</u> |
| Free Product delineated? | <u>NA</u> |
| Amount of gw contaminant recovered? | <u>NA</u> |
| Amount of soil contamination recovered? | <u>338 tons removed</u> |
| Soil remediation in progress? | <u>No</u> |
| Dissolved/free product remediation in progress? | <u>No</u> |

CONSULTANT:

Environmental Resolutions, Inc.

QUARTERLY SUMMARY REPORT

Second Quarter 2001

(April - June)

FORMER TOSCO 76 SERVICE STATION 0843

Webster Street
Alameda, California

City/County ID: City of Alameda/Alameda County

Lead Agency: Alameda County Health Care Services Agency

BACKGROUND

In 1998, Tosco Marketing Company (Tosco) removed two 10,000-gallon gasoline underground storage tanks (USTs), one 550-gallon used-oil UST, associated piping and dispensers, and excavated approximately 338 tons of soil and backfill. Laboratory analyses of samples collected during the work detected petroleum hydrocarbons and related constituents in soil and groundwater beneath the site.

During the first quarter 1999, ERI performed a soil and groundwater investigation including the installation of four groundwater monitoring wells. Concentrations of residual benzene (0.0295 ppm) and MTBE (0.561 ppm) were detected in the soil samples collected from boring MW2. The results of the investigation indicated that dissolved petroleum hydrocarbons in groundwater were not delineated.

During fourth quarter 1999, ERI installed two off-site groundwater monitoring wells downgradient of the site. Concentrations of dissolved MTBE were detected in samples collected from newly installed off-site wells MW5 and MW6 at 3.8 ppb and 18,000 ppb, respectively. During first quarter 2001, ERI performed an underground utility survey and prepared a work plan for a supplemental evaluation of soil and groundwater.

RECENT QUARTER ACTIVITIES

Performed quarterly groundwater monitoring, sampling, and reporting. Submitted the Work Plan to the appropriate regulatory agencies, and upon approval, implemented the scope of work outlined in the Work Plan including performing direct-push soil and groundwater sampling at five off-site locations.

NEXT QUARTER ACTIVITIES

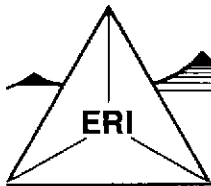
Continue quarterly groundwater monitoring, sampling, and reporting. Submit the *Supplemental Evaluation of Soil and Groundwater* report to the appropriate regulatory agencies.

CHARACTERIZATION/REMEDIAL STATUS

| | |
|-------------------------------------------------|-------------------------|
| Soil contamination delineated? | <u>Yes</u> |
| Dissolved groundwater delineated? | <u>Yes</u> |
| Free Product delineated? | <u>NA</u> |
| Amount of gw contaminant recovered? | <u>NA</u> |
| Amount of soil contamination recovered? | <u>338 tons removed</u> |
| Soil remediation in progress? | <u>No</u> |
| Dissolved/free product remediation in progress? | <u>No</u> |

CONSULTANT:

Environmental Resolutions, Inc.



ENVIRONMENTAL RESOLUTIONS, INC.

April 19, 2001
ERI 2023QSR.L17

APR 24 2001

Mr. Steve Morse
California Regional Water Quality Control Board
San Francisco Bay Region
1515 Clay Street, Suite 1400
Oakland, California 94612

Subject: Tosco Marketing Company, Quarterly Summary Reports, First Quarter 2001.

Mr. Morse:

At the request of Tosco Marketing Company (Tosco), Environmental Resolutions, Inc. (ERI) is submitting the attached first quarter 2001 summary reports for various Tosco facilities at which ERI is performing ongoing environmental work within the San Francisco Bay Region. Please call me at (415) 382-5994 with any questions.

Sincerely,
Environmental Resolutions, Inc.

Glenn L. Matteucci
Tosco Program Manager

Attachments: First Quarter 2001 Quarterly Summary Reports

cc: Mr. Dave DeWitt, Tosco
Mr. Ed Ralston, Tosco
Mr. David Camille, Tosco
Mr. Jake Madden, San Mateo County Department of Health Services
Mr. Mamdouh Awwad, City and County of San Francisco Department of Public Health
Bureau of Environmental Health Management
Mr. Ted Trenholm, Alameda County Water District
Ms. Eva Chu, Alameda County Department of Environmental Health Services
Mr. Amir Gholami, Alameda County Department of Environmental Health Services
Mr. Bill Mitchell, City of Berkeley Planning & Economic Development Department
Toxics Management Division
Mr. Geoffrey A. Fiedler, R.G., City of Berkeley Planning & Economic Development
Department-Toxics Management Division
Mr. Bradley Mark, San Rafael Fire Department
Ms. Jacqueline Bertaina, Napa County Department of Environmental Management

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



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

RO-0000450

April 10, 2001

Mr. David DeWitt
Tosco Marketing
2000 Crow Canyon Pl, Suite 400
San Ramon, CA 94583

**RE: Workplan Approval for Former Tosco 76 Service Station 0843 at
1629 Webster Street, Alameda, CA**

Dear Mr. DeWitt:

I have completed review of Environmental Resolutions, Inc's (ERI) April 2001 *Underground Utility Survey and Work Plan for Supplemental Evaluation of Soil and Groundwater* report prepared for the above referenced site. Upon completion of an underground utility survey, ERI proposed to advance seven off-site borings utilizing direct-push technology to delineate the extent of the contaminant plume and to determine if the utility trenches act as preferential pathway for contaminant migration. ERI's workplan proposal is acceptable. If groundwater is analyzed for MTBE using Method 8260, please have the laboratory quantify for other oxygenates, too.

Since the borings are proposed on Webster Street, I anticipate that field work will not commence until encroachment permits are obtain, and that may take a long time. Please provide up to 72 hours advance notice of field work. If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

c: Paul Blank, ERI, 73 Digital Drive, Suite 100, Novato, CA 94949-5791

SK AUTO

2241 Clement Avenue
Alameda, CA 94501
(510) 865-7631
Fax: (510) 865-3591
E-mail: SK_auto@msn.com

July 27, 2000

David B. De Witt
Environmental Project Manager
Tosco
2000 Crow Canyon Place, Suite 400
San Ramon, Ca 94583

Certified Mail

RE: 1629 Webster Street, Alameda, CA 94501

Dear Mr. De Witt:

We are in receipt of a copy of a letter written by the Alameda County Health Care Services, of which you were the primary recipient. Pursuant to our letter to you dated December 20, 1999 and your response to such on December 27, 1999, we are still quite unclear as to when total clean-up on your part will be completed. I understand that it is difficult to give exact dates as to when this whole process will be completed; however, I do not want the time to elapse and then find ourselves the responsible party for the clean-up.

Please clarify your position, once again. I would appreciate a timeline as to when the total clean-up and completion of this project will take place.

Sincerely,


Sam Koka

SK:mjk

cc: Eva Chu, Hazardous Materials Specialist (enclosed copy of letter dated 12/27/99 from Tosco to Sam Koka)

00 JUL 32 PM 3:44
HAZARDOUS MATERIAL
PROTECTION

Chu, Eva, Public Health, EHS

From: DeWitt, David:[SMTP:ddewitt@tosco.com]
Sent: July 11, 2000 8:26 AM
To: 'Chu, Eva, Public Health, EHS'
Subject: RE: BP/Tosco #0843

Eva:
The new owner is:
Sam Koka
2241 Clement Ave.
Alameda, CA 94501

I will look into your suggestion for over-excavation.

> -----Original Message-----
> From: Chu, Eva, Public Health, EHS [SMTP:EChu@co.alameda.ca.us]
> Sent: Monday, July 10, 2000 2:44 PM
> To: 'DeWitt'
> Subject: BP/Tosco #0843
>
> Dave,
>
> You told me that the above referenced station has been sold. Let me know
> who the new owners are, so I can include them in our data base.
>
> I would like to check on the possibility of doing some overexcavation at
> the
> tank pit, to see if we can get the MTBE concentrations down. There was
> 280ppm MTBE in a soil sample collected at 8 feet bgs in the tank pit.
>
> I also looked at a cross-section map prepared for 1716 Webster Street (a
> Scott Hooton site) where the sewer line trench down Webster Street is
> backfilled with pea gravel. This suggests that the plume from 1629
> Webster
> street is probably moving along the sewer trench backfill. The problem
> with
> MTBE at the site may be around for a while. And you may well have to
> verify
> if it is in the sewer backfill now. I think overexcavation will help to
> reduce the levels we are seeing at the offsite Well MW-6.
>
> Let me know your thoughts on this. I would like to move on this before
> the
> new owners develop the site. Thanks

Chu, Eva, Public Health, EHS

From: Chu, Eva, Public Health, EHS
Sent: July 10, 2000 2:43 PM
To: 'DeWitt'
Subject: BP/Tosco #0843

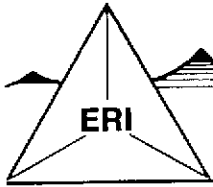
Dave,

You told me that the above referenced station has been sold. Let me know who the new owners are, so I can include them in our data base.

I would like to check on the possibility of doing some overexcavation at the tank pit, to see if we can get the MTBE concentrations down. There was 280ppm MTBE in a soil sample collected at 8 feet bgs in the tank pit.

I also looked at a cross-section map prepared for 1716 Webster Street (a Scott Hooton site) where the sewer line trench down Webster Street is backfilled with pea gravel. This suggests that the plume from 1629 Webster street is probably moving along the sewer trench backfill. The problem with MTBE at the site may be around for a while. And you may well have to verify if it is in the sewer backfill now. I think overexcavation will help to reduce the levels we are seeing at the offsite Well MW-6.

Let me know your thoughts on this. I would like to move on this before the new owners develop the site. Thanks



ENVIRONMENTAL
PROTECTION
ENVIRONMENTAL RESOLUTIONS, INC.

00 APR 19 PM 2:53

April 17, 2000
ERI 2023QSR.L13

Mr. Steve Morse
California Regional Water Quality Control Board
San Francisco Bay Region
1515 Clay Street, Suite 1400
Oakland, California 94612

Subject: Tosco Marketing Company, Quarterly Summary Reports, First Quarter 2000.

Mr. Morse:

At the request of Tosco Marketing Company (Tosco), Environmental Resolutions, Inc. (ERI) is submitting the attached first quarter 2000 summary reports for various Tosco facilities at which ERI is performing ongoing environmental work within the San Francisco Bay Region. Please call me at (415) 382-5994 with any questions.

Sincerely,
Environmental Resolutions, Inc.

Glenn L. Matteucci
Project Manager

Attachments:

cc: Mr. Dave DeWitt, Tosco
Mr. Dave Camille, Tosco
Mr. Ed Ralston, Tosco
Mr. Jake Madden, San Mateo County Department of Health Services
Ms. Cheri D. McCaulou, City and County of San Francisco Department of Public Health
Bureau of Environmental Health Management
Mr. Ted Trenholm, Alameda County Water District
Ms. Eva Chu, Alameda County Department of Environmental Health Services
Mr. Amir Gholami, Alameda County Department of Environmental Health Services
Mr. Bill Mitchell, City of Berkeley Planning & Economic Development Department
Toxics Management Division
Mr. Geoffery A. Fielder, R.G., City of Berkeley Planning & Economic Development
Department-Toxics Management Division
Mr. Bradley Mark, San Rafael Fire Department
Ms. Misty Kaltreider, Solano County Department of Environmental Management
Ms. Jaqueline Bertaina, Napa County Department of Environmental Management



TOSCO
Marketing
Company

2000 Crow Canyon Place
Suite 400
San Ramon, CA 94583
925.277.2305
fax: 925.277.2361

**Environmental
Compliance
Department**

December 27, 1999

Mr. Sam Koka
SK Auto
2241 Clement Avenue
Alameda, CA 94501

Re: Remediation Activities
Former Unocal Service Station # 0843
1629 Webster Street
Alameda, CA

Dear Mr. Koka:

I am in receipt of your December 20, 1999 letter with regard to the environmental clean up of this site and how it may impact your future business. Unfortunately, I can not give you exact answers for your questions. I will attempt to describe the environmental clean-up process in detail and where we stand in the process because it is not a straightforward process.

- During a tank removal project, it is customary to remove as much obvious soil contamination in the vicinity of the tanks down to the level of groundwater. Contaminated water from the tank pit is removed to the extent practical.
- If contamination remains at the site, the Regulatory Agency typically requires a soil and groundwater investigation. In this case, the Regulatory Agency is the Alameda County Health Services Agency (ACHSA) and Ms. Eva Chu is the contact with that agency. It should be understood that the ACHSA directs both the environmental investigation and remediation, when necessary. The San Francisco Bay Regional Water Quality Control Board (SFBRWQCB), however, is the only agency that can grant final closure of the site. Environmental Closure is typically completed through concurrence of both agencies.
- The ACHSA is currently requiring that Tosco Marketing Company define the lateral and vertical extent of hydrocarbon contamination in both soil and groundwater. This area of contamination may extend off the property, but we are still required to find the extent of contamination. The extent of groundwater contamination is generally defined by installing monitor wells. These wells are sampled once a quarter to determine if the contamination is "moving" and the level of contamination existing in the well. This monitoring and sampling may have to be conducted for several years.
- If the levels of contamination are significant, then various forms of active remediation may be necessary to both clean up the contamination as well as prevent the additional spreading of contamination. At this point, the ACHSA will ask Tosco (or their consultant) to recommend the most cost-effective remediation method. In order to do this, we generally run several different kinds of tests to determine the best system for remediation.

- Once the remediation method is selected, then the complete system must be designed and installed (subject to approval by building departments, Air Resources Board, etc.). Most remediation systems can be placed in an area about the size of two parking spaces. In general, the location of the system can be remotely located from the actual wells and the system connected with the wells by buried piping.
- The system is operated until clean up is completed. The system is then decommissioned and the equipment removed. Depending on the remaining contamination, an evaluation may be necessary to determine whether the remaining contamination poses a threat to people or the environment. At the conclusion of this work, closure (or "no further action") is granted.

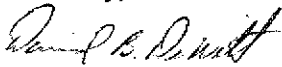
At this point, we are in the site characterization phase of environmental work. Since the problem is not yet fully defined, it is not possible to tell you exactly what kind of system may need to be installed or even when the system might need to be installed (if at all). Low levels of soil contamination remain around the tank pit area and groundwater has been impacted in the same area and apparently extends out beneath Webster Street.

The most likely scenario is that a small vapor extraction system along with a groundwater pump and treat system may be needed to complete remediation at the site. It would be located in an inconspicuous location and all the piping would be installed beneath the pavement. Piping of this nature takes several days to install and the system enclosure may take several weeks, but normally does not interfere with business operations. Since the remediation system has not been designed or approved, it is premature to give you any particular dates for when we might be on your site. It is also premature to give a length of time that the system would be in operation, but 1-2 years is not uncommon.

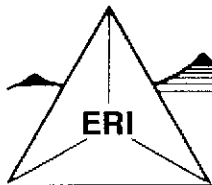
As you can see, this is an imprecise business. We do not make final design decisions until we understand the extent of the problem and come to agreement as to what is expected of us from the ACHSA. In terms of time frame, I would not anticipate any system installation before mid to late 2000. As the plans and requirements become clearer, you will be kept fully informed on timing and site requirements. In the meantime, I will forward the most recent environmental reports for your files.

As I have mentioned before, I do not have the answers for your questions. I do hope that I have given you some idea of how the environmental process takes place. I realize that you will have questions, so please feel free to call me at 925-277-2384.

Sincerely,



David B. De Witt
Environmental Project Manager



ENVIRONMENTAL
PROTECTION
99 OCT 25 PM 4:51

ENVIRONMENTAL RESOLUTIONS, INC.

October 20, 1999
ERI 2023QSR.L11

Mr. Steve Morse
California Regional Water Quality Control Board
San Francisco Bay Region
1515 Clay Street, Suite 1400
Oakland, California 94612

Subject: Tosco Marketing Company, Quarterly Summary Reports, Third Quarter 1999.

Mr. Morse:

At the request of Tosco Marketing Company (Tosco), Environmental Resolutions, Inc. (ERI) is submitting the attached third quarter 1999 summary reports for various Tosco facilities at which ERI is performing ongoing environmental work within the San Francisco Bay Region. Please call me at (415) 382-5994 with any questions.

Sincerely,
Environmental Resolutions, Inc.

Glenn L. Matteucci
Project Manager

Attachments:

cc: Mr. Dave DeWitt, Tosco
Mr. Dave Camille, Tosco
Mr. Ed Ralston, Tosco
Mr. Jake Madden, San Mateo County Department of Health Services
Ms. Cheri D. McCaulou, City and County of San Francisco Department of Public Health
Bureau of Environmental Health Management
Mr. Mr. Ted Trenholm, Alameda County Water District
Ms. Eva Chu, Alameda County Department of Environmental Health Services
Mr. Bill Mitchell, City of Berkeley Planning & Economic Development Department
Toxics Management Division
Mr. Bradley Mark, San Rafael Fire Department
Ms. Misty Kaltreider, Solano County Department of Environmental Management
Ms. Jaqueline Bertaina, Napa County Department of Environmental Management

QUARTERLY SUMMARY REPORT

Third Quarter 1999

(July - September)

TOSCO SERVICE STATION 0843

1629 Webster Street
Alameda, California

City/County ID: City of Alameda/Alameda County

County: Alameda County Department of Environmental Health Services

BACKGROUND

During June 1998, Tosco Marketing Company (Tosco) removed two 10,000-gallon gasoline underground storage tanks (USTs), one 550-gallon used-oil UST, product lines, and dispensers, and excavated and removed 388 tons of soil and backfill. Concentrations of residual total purgeable petroleum hydrocarbons as gasoline (TPPHg) and methyl tertiary butyl ether (MTBE) were detected in soil up to 44 parts per million (ppm) and 280 ppm, respectively, in soil samples collected from the sidewalls of the gasoline UST cavity. Concentrations of dissolved TPHg, MTBE, and benzene were detected in a groundwater sample collected from the gasoline UST cavity up to 19,000 parts per billion (ppb), 1,300 ppb, and 880 ppb, respectively.

RECENT QUARTER ACTIVITIES

ERI prepared and submitted a Work Plan (dated September 8, 1999) to the County to groundwater conditions downgradient (northeast) of the subject site.

NEXT QUARTER ACTIVITIES

Provide new proposed well location for the Work Plan to the County and implement the Work Plan upon regulatory approval.

CHARACTERIZATION/REMEDIAL STATUS

| | |
|-------------------------------------------------|-----------------|
| Soil contamination delineated? | <u>Yes</u> |
| Dissolved groundwater delineated? | <u>No</u> |
| Free Product delineated? | <u>NA</u> |
| Amount of gw contaminant recovered? | <u>NA</u> |
| Amount of soil contamination recovered? | <u>344 tons</u> |
| Soil remediation in progress? | <u>No</u> |
| Dissolved/free product remediation in progress? | <u>No</u> |

CONSULTANT:

Environmental Resolutions, Inc.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 2067

October 18, 1999

Mr. Dave DeWitt
Tosco Marketing Co
2000 Crow Canyon Place, Suite 400
San Ramon, CA 94583

RE: Workplan Approval for 1629 Webster Street, Alameda, CA

Dear Mr. DeWitt:

I have completed review of ERI's September and October 1999 reports entitled *Work Plan for Supplemental Evaluation of Groundwater and Proposed Well Locations for Work Plan for Supplemental Evaluation of Groundwater* prepared for the above referenced site. Two additional groundwater monitoring wells are proposed along the Webster Street right of way. I discussed the relocation of the nearer well to the northwest corner of Webster Street with Mr. Glenn Matteucci. Pending the access agreement with CalTrans, this well may have to be relocated along Park Street.

The workplan to install two wells to delineate the extent of the contaminant plume is acceptable. Field work should commence within 60 days of the date of this letter, or **by December 20, 1999**. Please notify this office at least 72 hours prior to the start of field activities.

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

eva chu
Hazardous Materials Specialist

email: Glenn Matteucci (gmatteucci@eri-us.com)

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 2067

July 30, 1999

Mr. Dave DeWitt
Tosco Marketing Co
2000 Crow Canyon Place, Suite 400
San Ramon, CA 94583

RE: Additional Well for 1629 Webster Street, Alameda, CA

Dear Mr. DeWitt:

I have completed review of Gettler-Ryan Inc.'s July 1999 *Second Quarter 1999 Groundwater Monitoring & Sampling Report* prepared for the above referenced site. After two quarterly sampling events, hydrocarbon carbon constituents remain elevated in Well MW-2. Groundwater appears to flow in the northeasterly direction.

At this time, in order to delineate the extent of the contaminant plume, an additional groundwater monitoring well is required northeast of Well MW-2. A workplan for the delineation of the plume is due within 60 days of the date of this letter, **or by October 4, 1999.**

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

eva chu
Hazardous Materials Specialist

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 2067

January 19, 1999

Mr. Dave DeWitt
Tosco Marketing Co
2000 Crow Canyon Place, Suite 400
San Ramon, CA 94583

RE: Workplan Approval for 1629 Webster Street, Alameda, CA

Dear Mr. DeWitt:

I have completed review of Environmental Resolutions, Inc's January 1999 *Work Plan for Evaluation of Soil and Groundwater at Former Tosco 76 Service Station 0843* prepared for the above referenced site. The proposal to install four groundwater monitoring wells at the site is acceptable. Soil and groundwater samples will be collected for TPHg, BTEX, MTBE, and total lead analyses.

In addition to the above analyses, a soil sample should be collected from the vadose zone of boring B1/MW1 to determine various soil parameters, including, but not limited to, bulk density, total organic carbon content, water content, and porosity.

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

eva chu
Hazardous Materials Specialist

c: Glenn Matteucci
Environmental Resolutions
74 Digital Drive, Suite 6
Novato, CA 94949

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 2067

November 6, 1998

Ms. Tina Berry
Tosco
2000 Crow Canyon Rd, Suite 400
San Ramon, CA 94583

RE: Soil and Groundwater Investigation at 1629 Webster Street, Alameda, CA

Dear Ms. Berry:

I have completed review of Environmental Resolutions, Inc's September 1998 *Underground Storage Tank, Associated Piping, and Dispenser Removal* report prepared for the above referenced site. This report summarized the tank removal and soil and groundwater sampling at the site.

Soil analytical results did not reveal remarkable levels of hydrocarbons, with the exception of sample S-8-T1N, which contained 280ppm MTBE. The grab groundwater sample collected from tank pit contained up to 19,000ppb TPHg, 880ppb benzene, and 1,300ppb MTBE.

At this time, additional investigations are required to determine the extent and severity of soil and groundwater contamination at the site. A work plan detailing this phase of investigation is due within 60 days of the date of this letter, or by **January 10, 1999**. If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

Transfer of Eligible Local Oversight Case

STID 2067 Date transferred 10/7/98

Date: 10/7/98 From: Esachw

Site Name: 1629 Webster Tosco Service station # 0843

Address: 1629 Webster St. City: Alameda Zip: 94501

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

1. N Tanks Removed? # of removed? 3 Date removed: 6/17/98
2. N Samples received? Contamination level: 280 ppm
Type of test MTBE
Contamination should be over 100 ppm TPH to qualify for LOP
3. N Petroleum? Circle Type(s):
 - Avgas
 - leaded
 - unleaded
 - fuel oil
 - jet
 - diesel
 - waste oil
 - kerosene
 - solvents

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

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

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

Remaining DepRef \$'s: _____

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

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



MAJORS

civil engineers, land surveys and land planners

June 11, 1998

Mr. Robert Weston
Alameda County Health Agency
1131 Harbor Bay Parkway
2nd Floor
Alameda, CA 94502

RE: Job #97-660 Tosco SS#0842
1629 Webster, Alameda

Dear Robert:

In regards to our telephone conversation of today, the general contractor for above mentioned location will be John's Excavating. Also attached is contractors state license, hazardous waste operations and permit T1-Annual Trench/Excavation.

The contractor would like to start work June 17, 1998. I will advise them per our telephone conversation you will mail them the permits directly.

If you have any other comments or if I can be of any further assistance, please do not hesitate to call.

Sincerely,
Majors

A handwritten signature in black ink, appearing to read 'Lupe Renteria', written over a horizontal line.

Lupe Renteria
Project Assistant
cc: J. Poulson



MAJORS

civil engineers, land surveys and land planners

FACSIMILE COVER SHEET

| | |
|--------------------------|--------------------------------|
| TO: Robert Weston | FAX #: (510) 337-4335 |
| COMPANY: | PHONE #: (510) 567-6751 |

| |
|-------------------------------------------------------|
| FROM: Steve Bunker |
| DATE: |
| NUMBER OF PAGES: 6 INCLUDING THIS SHEET |

REGARDING:

Any questions please call
 Thank you
 Steve

CERTIFICATE OF TRAINING

JOHN POLLSON

HAS SUCCESSFULLY COMPLETED A TRAINING COURSE IN
HAZARDOUS WASTE OPERATIONS
8 HR HAZWASTE REMEDIATION OPERATIONS REFRESHER
29 CFR 1910.120 and 8 CCR 5192

MAY 1998
EXAM DATE

Craig Wright
COURSE INSTRUCTOR

COVENANT ENVIRONMENTAL
PO BOX 1006 LOTUS CA. 95651





State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License No. **361828**

Exp. **INDIV**

Licensee **JOHN POULSON**

Classification **A HAZ**

Expiration **07/31/98**



THIS IS YOUR POCKET IDENTIFICATION CARD - KEEP IT WITH YOU

DETACH AT PERFORATION

AND FOLD

Aud# No. **718436**

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
CONTRACTORS STATE LICENSE BOARD

EXPIRES ON
MO | DAY | YR
07 | 31 | 98

ANY CHANGE OF BUSINESS
ADDRESS MUST BE REPORTED TO
THE REGISTRAR WITHIN 90 DAYS.

LICENSE NO.
361828 | **POULSON JOHN**
1128 HAYWARD
SANTA ROSA CA 95401

| CLASSIFICATIONS | | | |
|-----------------|--|--|--|
| A | | | |

13L-22 (REV. 6-84)

SIGNATURE

FOLD → | ← FOLD

RECEIPT NO. **061079**

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

No: **98-900384**

PERMIT

Permit Issued To
(Insert Employer's Name, Address and Telephone No.)

John's Excavating
1128 Halyard Drive
Santa Rosa CA 95401

(707) 578-1184

No. Headquarters
Date 11/12/97
Region 1
District 5
Tel. (707) 576-2388

Type of Permit T1-ANNUAL TRENCH/EXCAVATION

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

| | | | | | | | |
|-----------------------------------|------------------|-----------------|-------------------|----------------------|----------|-------------------|--|
| State Contractor's License Number | | 361828 | | Permit Valid through | | December 31, 1998 | |
| Description of Project | Location Address | City and County | Anticipated Dates | | Starting | Completion | |
| | | | | | | | |
| Various | Statewide | | 1/1/98 | 12/31/98 | | | |

This Permit is issued upon the following conditions:

1. That the work be performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4.

| | | |
|------------------------------------------------|------------------------|----------|
| Received From Carolyn Poulson | Received By Bob Low | |
| <input type="checkbox"/> Cash | Amount | Date |
| <input checked="" type="checkbox"/> Check 3456 | \$100.00 | 11/12/97 |

Investigated by _____ Date _____
 Safety Engineer

Approved by *11. [Signature]* Date 11/14/97
 Permit Unit

file copy

BILLING ADJUSTMENT FORM

Date: 8/19/98

STID#: 2067

Caller: _____ Phone: _____

Business Name: Unocal SS #0843

Site Address: 1629 Webster St. City Alameda Zip 94501

REQUESTED CHANGES: E. Chu oversaw the removal of 3 usts on
6/17/98

| Billing Acct# | |
|-----------------------------------------------|----------------|
| <input type="checkbox"/> Generator.... | <u>H</u> |
| <input type="checkbox"/> HMMP..... | <u>L</u> |
| <input checked="" type="checkbox"/> MUST..... | <u>T B1045</u> |

Received by: N. Arreguin

Discontinue billing with explanation and date:

- Generator _____
- HMMP (AB2185) _____
- UST 3 usts Removed

Continue billing with following changes:

- Change number of EMPLOYEES From: _____ To: _____
- Change number of TANKS From: 3 To: 0
- HMMP (AB2185) - See Attachment
- Updated information below:

Business Name TOSCO 76 #0843 Phone _____

Site address _____ City _____ Zip _____

Business Owner _____ Phone _____

BILLING address P.O. BOX 52084 City Phoenix AZ Zip 85072

Specialist: [Signature]

Date: 8/21/98

| |
|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Sent to billing |
| on <u>8/21/98</u> |



M A J O R S

civil engineers, land surveys and land planners

June 11, 1998

Mr. Robert Weston
Alameda County Health Agency
1131 Harbor Bay Parkway
2nd Floor
Alameda, CA 94502

RE: Job #97-660 Tosco SS#0842
1629 Webster, Alameda

Dear Robert:

In regards to our telephone conversation of today, the general contractor for above mentioned location will be John's Excavating. Also attached is contractors state license, hazardous waste operations and permit T1-Annual Trench/Excavation.

The contractor would like to start work June 17, 1998. I will advise them per our telephone conversation you will mail them the permits directly.

If you have any other comments or if I can be of any further assistance, please do not hesitate to call.

Sincerely,
Majors

Lupe Renteria
Project Assistant
cc: J. Poulson

RECEIVED
JUN 16 1998
ENVIRONMENTAL HEALTH SERVICES
NORTH COUNTY

white - env. health
 yellow - facility
 pink - files

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

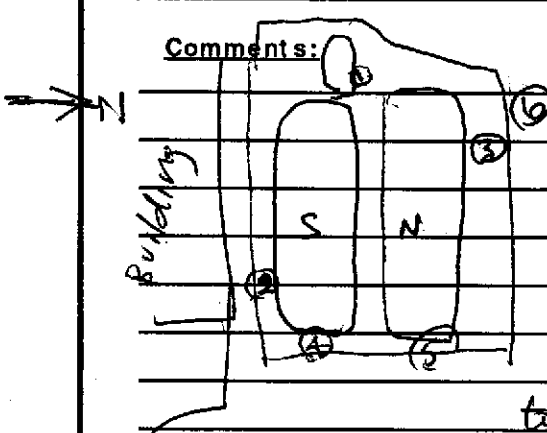
II, III

Site ID # 2067 Site Name 76 # 0846 Today's Date 6/17/98
 Site Address 1629 Webster St Alameda
 City _____ Zip 94 Phone _____

____ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?
Inspection Categories:
 ____ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
 ____ II. Hazardous Materials Business Plan, Acutely Hazardous Materials
 III. Under ground Storage Tanks Removal

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

Comments:



North tank w/ minor pitting, no through holes noted
 South tank w/ ~~shallow~~ deep pitting but no through holes noted

WO. tank had 2 holes (3" ^{long} pin holes) on top of tank near fill hole. otherwise tank bottom in good condition

① SS collect from "sidewall" midway above invert of tank. Soil below tank was wet. SS had no obvious odors. Sand soil

② SS from 6' bgs - wet brown sand - no odor

③ SS from ~ 8' bgs - wet, stain sand, sl. odor

④ SS from ~ 5' bgs wet brown sand no odor

⑤ SS " " " moist " " no odor

⑥ soil @ ~ 2' bgs was stained w/ mod odor. SS for ③ and ⑥

Analyze SS ② through ⑥ for TPH, BTEX, MTBE and total Pb

Analyze SS 1 for TPH, TPH1, BTEX, TOG, and HVOCS, SVOCs and metals Cd, Cr, Pb, Ni, Zn

Contact ERT
 Title STAFF GEOLOGIST
 Signature Sue Shallenberger

Inspector Eva Chu
 Signature [Signature]

II, III

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

7067
Today's Date 6/17/98



15) 1 W.O. tank had 2 holes (1 hot plus hole) on top of tank near fill hole, otherwise tank broken





May 8, 1998

M A J O

civil engineers, land surveys and land planners

ENVIRONMENTAL
PROTECTION
98 MAY 2 PM 3:11

Mr. Robert Weston
Senior Hazardous Materials Specialist
Alameda County Health Agency
1131 Harbor Bay Parkway 2nd Floor
Alameda, CA 94502

RE: 2M² Job #97-660 - Permit issued October 31, 1997
Tosco SS# 0843
1629 Webster St.
Alameda, CA

Dear Robert:

Per your telephone conversation regarding the above location, your records show a permit was issued on October 31, 1997 and is due to expire May 31, 1998. I am writing this letter for an extension through June 31, 1998 as a representative for Tosco Marketing Company.

This job has been re-bid and a contractor will be selected within the next week at which time I will contact you with the name of contractor and start date.

If I can be of further assistance or if you have any questions, please do not hesitate to call.

Thank you.

Sincerely,
Majors

Lupe Renteria

cc: P. Dedge

CITY OF ALAMEDA
 CENTRAL PERMITS OFFICE
 2250 Central Ave., Room 190
 Alameda, CA 94501

Permit No: F97-0076
 Status: PENDING

Page 1 of 1
 11/03/97 14:47

JOB ADDRESS : 1629 WEBSTER ST
 PERMIT TYPE : FIRE PREV. DIVISION PERMIT
 Parcel number : 074 -0430-001-01
 Owner : TOSCO CORPORATION
 PO BOX 52085
 PHOENIX AZ 85072

Applied : 11/03/97
 Approved :
 Final :
 Expired :
 Class code : 050
 Valuation: 30,000

Applicant : 2 M SQUARED (TIM OGLES)
 1401 HALYARD DR., SUITE 120
 WEST SACRAMENTO, CA 95691
 916-4462450

Project Title : REMOVE 3 UNDERGROUND TANKS
 Project Desc. : REMOVE 3 UNDERGROUND TANKS

| Fee description | Units | Fee/Unit | Ext fee | Data |
|----------------------------|--------|----------|---------|----------------------------------|
| REMOVE UNDERGROUND TANK(S) | 628.41 | 1.00 | 628.41 | |
| ADDITIONAL MICROFICHE FEE | 22.22 | 1.00 | 22.22 | |
| PERMIT FILING FEE | | 1.00 | 30.00 | |
| *** Fees Required *** | | | | *** Fees Collected & Credits *** |

| Account No. | Receipt No. | Date | Payment |
|-------------------|-------------|-----------------|---------|
| 310-300-9081-3726 | R9705395 | 11/03/97 | 628.41 |
| 310-300-9081-3726 | R9705395 | 11/03/97 | 22.22 |
| 001-300-4240-3745 | R9705395 | 11/03/97 | 12.71 |
| 001-300-4240-3305 | R9705395 | 11/03/97 | 5.09 |
| 001-300-4240-3792 | R9705395 | 11/03/97 | 4.06 |
| 310-300-9409-3790 | R9705395 | 11/03/97 | 8.14 |
| TOTAL THIS DATE | | ***** | 680.63 |
| Fees: | 680.63 | | |
| Adjustments: | .00 | Total Credits: | .00 |
| Total Fees: | 680.63 | Total Payments: | 680.63 |
| | | Balance Due: | .00 |

FOR INSPECTIONS CALL: BUILDING 748-4564 (8:00-10:00 A.M.)
 PLUMBING & MECHANICAL 748-4563 (8:00-10:00 A.M.)
 ELECTRICAL 748-4634 (8:00-10:00 A.M.)



A Diversified
Engineering Company

LETTER OF TRANSMITTAL

TO: Alameda County Health Care Services Agency
Department of Environmental Health
Environmental Protection Division
1131 Harbor Bay Parkway, RM 250
Alameda, CA 94502

Date: October 22, 1997
Job #: 97-660
Project: Tosco SS # 0843
Alameda, CA

FROM: Tim Ogles

2M² is sending the following:

- Letter
- Blueline Prints or Plot
- Reproducible Original
- Other *Submittal Package.*

Action required for these documents:

- For Your Information
- As Requested

COMMENTS:

Enclosed please find submittal for underground tank closure and line removal at the above referenced project location. Once the permit has been approved or should you have any questions please contact me at (916) 446-2450 ext. 204. Thank you.

ENVIRONMENTAL
PROTECTION
97 OCT 23 AM 9:51

shd 2067

3 USTs removed 6/17/98
Operating - 2



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

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

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

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|--------------------------------|---------------------------------------------------|--------------------|
| DBA OR FACILITY NAME TOSCO 76 #0893 | | NAME OF OPERATOR TOSCO MARKETING CO. | | | |
| ADDRESS 1629 WEBSTER ST. | | NEAREST CROSS STREET PACIFIC | PARCEL # (OPTIONAL) | | |
| CITY NAME ALAMEDA | | STATE CA | ZIP CODE 94501 | SITE PHONE # WITH AREA CODE CLOSED SITE | |
| <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 checked="" type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input type="checkbox"/> 5 OTHER | | <input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS | # OF TANKS AT SITE 0 | E. P. A. | I. D. # (optional) |

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

| | | | |
|-------------------------------------------------|-----------------------------------------------|----------------------------|------------------------|
| DAYS: NAME (LAST, FIRST) DON ESPERSON | PHONE # WITH AREA CODE 602-200-4524 | DAYS: NAME (LAST, FIRST) | PHONE # WITH AREA CODE |
| NIGHTS: NAME (LAST, FIRST) SAME | PHONE # WITH AREA CODE | NIGHTS: NAME (LAST, FIRST) | PHONE # WITH AREA CODE |

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

| | | | | |
|----------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------|
| NAME TOSCO MARKETING CO. | | CARE OF ADDRESS INFORMATION | | |
| MAILING OR STREET ADDRESS P.O. BOX 52084 | | <input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY | | |
| CITY NAME PHOENIX | | STATE AZ | ZIP CODE 85072 | PHONE # WITH AREA CODE 602-200-4521 |

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

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

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

TY (TK) HQ **44-032073**

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

| | | | | | | | |
|-----------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------|----------------------------------------|---------------------------------------------|--------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> box to indicate | <input checked="" 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"/> 7 STATE FUND |
| | <input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER | <input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT | <input type="checkbox"/> 10 LOCAL GOVT. MECHANISM | <input type="checkbox"/> 99 OTHER | | | |

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

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

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

| | | | |
|-----------------------------------------------------------------------|----------------------------------------------|-------------------------|----------------|
| TANK OWNER'S NAME (PRINTED & SIGNATURE) TIM OGLES FOR TOSCO | TANK OWNER'S TITLE AGENT FOR TOSCO | DATE 10/20/97 | MONTH/DAY/YEAR |
|-----------------------------------------------------------------------|----------------------------------------------|-------------------------|----------------|

LOCAL AGENCY USE ONLY

| | | | |
|--------------------------|------------------------------|-------------------------------------|----------------|
| COUNTY # 01 | JURISDICTION # 000 | FACILITY # 031760 | 8/19/98 |
| LOCATION CODE - OPTIONAL | CENSUS TRACT # - OPTIONAL | SUPVISOR - DISTRICT CODE - OPTIONAL | |

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

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B
Removed 6/17/98; E Chu
COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.



#2067

| | | | | |
|--------------------|-------------------------------------------|-------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| 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: 76 STATION #0843

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

| | |
|---------------------------------------------|--------------------------------------------|
| A. OWNER'S TANK I. D. # <u>1</u> | B. MANUFACTURED BY: <u>UNK.</u> |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1968</u> | D. TANK CAPACITY IN GALLONS: <u>10,000</u> |

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

| | | | | | |
|-------------------------------------------------------------|-------------------------------------|--------------------------------------------------|------------------------------------------------------------|-------------------------------------|-----------------------------------------|
| A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL | <input type="checkbox"/> 4 OIL | B. <input checked="" type="checkbox"/> 1 PRODUCT | C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED | <input type="checkbox"/> 3 DIESEL | <input type="checkbox"/> 6 AVIATION GAS |
| <input type="checkbox"/> 2 PETROLEUM | <input type="checkbox"/> 80 EMPTY | <input type="checkbox"/> 2 WASTE | <input type="checkbox"/> 1b PREMIUM UNLEADED | <input type="checkbox"/> 4 GASAHOL | <input type="checkbox"/> 7 METHANOL |
| <input type="checkbox"/> 3 CHEMICAL PRODUCT | <input type="checkbox"/> 95 UNKNOWN | | <input type="checkbox"/> 1c MIDGRADE UNLEADED | <input type="checkbox"/> 8 JET FUEL | <input type="checkbox"/> 8 M95 |
| D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED | | | C. A. S. #: | | |

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

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

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

| | | | | | |
|--------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------|
| A. SYSTEM TYPE | A U 1 SUCTION | A <u>2</u> PRESSURE | A U 3 GRAVITY | A U 4 FLEXIBLE PIPING | A U 99 OTHER |
| B. CONSTRUCTION | A <u>1</u> 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</u> 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 checked="" type="checkbox"/> MECHANICAL LINE LEAK DETECTOR | <input checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING | <input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING | <input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR | <input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN |
| | | | | | <input type="checkbox"/> 99 OTHER |

V. TANK LEAK DETECTION

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

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

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

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

| | |
|--------------------------------------------------------------------|----------------------|
| TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>TIM OGLES FOR TOSCO</u> | DATE <u>10/20/97</u> |
|--------------------------------------------------------------------|----------------------|

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

| | | | | | |
|---------------|-------------------------|---------------------------|--------------------------|----------------------|----------------|
| STATE I.D.# | COUNTY # <u>01</u> | JURISDICTION # <u>000</u> | FACILITY # <u>031760</u> | TANK # <u>000001</u> | <u>8/19/98</u> |
| PERMIT NUMBER | PERMIT APPROVED BY/DATE | | PERMIT EXPIRATION DATE | | |

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

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



#2067

Removed 6/17/98; E. Chu
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: 76 STATION #0843

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

| | |
|---------------------------------------------|--------------------------------------------|
| A. OWNER'S TANK I. D. # <u>2</u> | B. MANUFACTURED BY: <u>UKK</u> |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1968</u> | D. TANK CAPACITY IN GALLONS: <u>10,000</u> |

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

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

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

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

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

| | | | | | |
|--------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------|
| A. SYSTEM TYPE | A U 1 SUCTION | A <u>U</u> 2 PRESSURE | A U 3 GRAVITY | A U 4 FLEXIBLE PIPING | 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>U</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 checked="" type="checkbox"/> MECHANICAL LINE LEAK DETECTOR | <input checked="" type="checkbox"/> LINE TIGHTNESS TESTING | <input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING | <input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR | <input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN |
| | | | | | <input type="checkbox"/> 99 OTHER |

V. TANK LEAK DETECTION

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

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

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

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

| | |
|-----------------------------------------------------------------------|-------------------------|
| TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>TIM OGLES FOR Tesco</u> | DATE <u>10/20/97</u> |
|-----------------------------------------------------------------------|-------------------------|

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

| | | | | |
|---------------|-------------------------|---------------------------|--------------------------|----------------------|
| STATE I.D.# | COUNTY # <u>01</u> | JURISDICTION # <u>000</u> | FACILITY # <u>031760</u> | TANK # <u>000002</u> |
| PERMIT NUMBER | PERMIT APPROVED BY/DATE | PERMIT EXPIRATION DATE | | |

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

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B
Removed 6/17/98, E. Chu
COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.



#2067

| | | | | |
|--------------------|-------------------------------------------|-------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| 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"/> 7 TANK REMOVED |

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 76 STATE # 0843

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

| | |
|---------------------------------------------|-----------------------------------------|
| A. OWNER'S TANK I. D. # <u>3</u> | B. MANUFACTURED BY: <u>UNK.</u> |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1968</u> | D. TANK CAPACITY IN GALLONS: <u>550</u> |

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT | <input checked="" type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN | B. <input type="checkbox"/> 1 PRODUCT <input checked="" type="checkbox"/> 2 WASTE |
| C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 1c MIDGRADE UNLEADED <input type="checkbox"/> 2 LEADED | | <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW) |
| 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 SINGLE WALL IN A VAULT | <input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM <input type="checkbox"/> 95 UNKNOWN |
| 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 OR COATING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING | <input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED | <input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER |
| D. EXTERIOR CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION | | |
| E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) <u>UNK</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>UNK</u> DROP TUBE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> STRIKER PLATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DISPENSER CONTAINMENT YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

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

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

V. TANK LEAK DETECTION

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

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

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

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

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

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

| | | | | | |
|---------------|-------------------------|---------------------------|---------------------------|-----------------------|-----------------------------|
| STATE I.D.# | COUNTY # <u>01</u> | JURISDICTION # <u>000</u> | FACILITY # <u>0311760</u> | TANK # <u>0001003</u> | <i>no</i> <u>8/19/98</u> |
| PERMIT NUMBER | PERMIT APPROVED BY/DATE | | PERMIT EXPIRATION DATE | | |

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

ACCEPTED

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

Robert Weston
 Project Specialist

ACCEPTED
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 1131 Harbor Bay Parkway
 Suite 250
 Alameda, CA 94502-6577

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 must be approved by this Department to assure compliance with State and local laws. The project proposed herein is new construction of any required building permits for construction of these accepted plans must be on the job site relative to all contractors and craftsmen involved with the construction and installation.

Any change or alteration 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 local laws.

Notify this Department at least 48 hours prior to the following required inspections:

- Pressure Tests Primary Secondary
- Pre-Cooling of Tank and Piping
- Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS!

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

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

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

Project Specialist

Removal of Tank(s) and Piping

Sampling

Final Inspection

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

UNDERGROUND TANK CLOSURE PLAN NOT OBTAINING THESE INSPECTIONS!

*** Complete according to attached instructions ***

1) required analyses attached, 2) samples for piping 3) stockpile
 20 ft
 1200 points / 50 yd

1. Name of Business 76 SERVICE STATION # 0843

Business Owner or Contact Person (PRINT) STEVE GUIN

2. Site Address 1629 WEBSTER ST.

city ALAMEDA Zip 94501 Phone SITE CLOSED

3. Mailing Address 76 BROADWAY

city SACRAMENTO Zip 95818 Phone (916) 558-7612

4. Property Owner TOSCO MARKETING CO.

Business Name (if applicable) _____

Address P.O. Box 52084

city, state PHOENIX, AZ Zip 85072

5. Generator name under which tank will be manifested
Tosco Marketing Co.

EPA ID# under which tank will be manifested CA L 000175999

SEE ATTACHED

6. Contractor GRIFFIN RYAN, INC.
 Address 6747 SIERRA CT STE 3
 City DUBLIN Phone (510) 551-7555
 License Type 220793 AS, HAZ ID# _____

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

7. Consultant (if applicable) ZM² ENGINEERING
 Address 1401 HALYARD DR. #140
 City, State W. SACRAMENTO, CA Phone 95691

8. Main Contact Person for Investigation (if applicable)
 Name TINA BERRY Title PROJECT MANAGER
 Company TOSCO MARKETING CO.
 Phone (510) 277-2321

9. Number of underground tanks being closed with this plan 3 + 2 HOISTS
 Length of piping being removed under this plan 90'
 Total number of underground tanks at this facility (**confirmed with owner or operator) 3 1 CLARIFY

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 ERIKSON EPA I.D. No. CAD009466392
 Hauler License No. 0019 License Exp. Date 1/31/98
 Address 255 PARR BLVD.
 City RICHMOND State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site
 Name ERIKSON EPA ID# CAD009466392
 Address 255 PARR BLVD.
 City RICHMOND State CA Zip 94801

c) Tank and Piping Transporter

Name ERIKSON EPA I.D. No. CAD009466392
Hauler License No. 0019 License Exp. Date 1/98
Address 255 PARR BLVD.
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

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

11. Sample Collector

Name ERI - KEITH ROMSTEAD
Company 7A DIGITAL DR. STE. 6
Address _____
City NOVATO State CA Zip 94949 Phone (415) 382-9105

12. Laboratory

Name SEQUOIA
Address 680 CHESAPEAKE DR.
City REDWOOD CITY State CA Zip 94063
State Certification No. 1210

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

If yes, describe. _____

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

TRIPLE RINSE & DRY ICE

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

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

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

~ 90' OF PIPING

| Tank | | Material to be sampled (tank contents, soil, groundwater) | Location and Depth of Samples |
|-----------------------|------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Capacity | Use History include date last used (estimated) | | |
| 10,000 GAL | 87 UNLEADED (LAST USED 1996) | SOIL | ONE SAMPLER FROM EACH END OF THE UST x 3 BELOW TANK (14' BELOW SURFACE) |
| 10,000 GAL. | 92 UNLEADED (LAST USED 1996) | SOIL | ONE SAMPLE FROM EACH END OF THE UST x 3' BELOW TANK (14' BELOW SURFACE) |
| 550 GAL. | WASTE OIL (LAST USED 1996) | SOIL | ONE SAMPLE FROM BENEATH THE CENTER PORTION OF UST x 3' (9' BELOW SURFACE) |
| LUBE BAY CLARIFIER | (LAST USED 1996) | SOIL | ONE SAMPLE FROM BENEATH CENTER OF CLARIFIER x 3" BELOW CLARIFIER |

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) 500 CU YDS</p> | <p>Sampling Plan: 1 COMPOSITE SAMPLE (4 BRASS SLABS) PER EACH 100 CU YDS</p> |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------|

Stockpiled soil must be placed on banded 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 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 PPM |
|--------------------|-----------------------------------------------|-------------------------------------|----------------------------|
| TPH | | 8015/5030 | 1.0 mg/kg |
| BTEX | | 8020 | 0.0050 |
| TTL LEAD | | 6010 | 50.0 |
| TRPH | | 5520 D | 50 |
| TEPH | | 8015 | 1.0 |
| HVOC's | | 8010 | VARIABLE mg/kg |
| SVOC's | | 8270 | VARIABLE mg/kg |
| TTL | | 6010 | 0.50 mg/kg |
| CHROMIUM | | ↓ | 0.50 |
| CADMIUM | | ↓ | 2.5 |
| NICKEL | | ↓ | 0.50 |
| ZINC | | ↓ | 0.50 |

18. Submit Worker's Compensation Certificate copy

Name of Insurer CALIFORNIA COMPENSATION INSURANCE CO.

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

~~GENERAL REMEDIATION, INC.~~

Name of Individual

Signature

Date

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business

TOSCO MARKETING CO.

Name of Individual

TIM OGLES OF 2M² ENGINEERING, AGENT FOR TOSCO

Signature

[Handwritten Signature]

Date

10/20/97

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
04/01/97

PRODUCER
Matsen Insurance Brokers
100 Stony Point Road Ste.160
O. Box 907
Santa Rosa, CA 95402

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.

INSURED
Gettler-Ryan, Inc.
6747 Sierra Court, Suite J
Dublin, CA 94568

- COMPANIES AFFORDING COVERAGE**
- COMPANY A General Star Indemnity Company
 - COMPANY B General Accident Insurance Co.
 - COMPANY C California Compensation Insurance Co
 - COMPANY D Commercial Underwriters Insurance Co

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

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | <input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> BI/PD Ded:5,000 <input checked="" type="checkbox"/> Per Project Agg | IYG321584C | 04/01/97 | 04/01/98 | GENERAL AGGREGATE \$3,000,000 PRODUCTS-COMP/PROP AGG \$3,000,000 PERSONAL & ADV INJURY \$3,000,000 EACH OCCURRENCE \$3,000,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) Excluded |
| B | <input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | BA0159495 | 04/01/97 | 04/01/98 | COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ AUTO ONLY- EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ |
| D | <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM | CEL011145 Excess Auto Only | 04/01/97 | 04/01/98 | EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL OTHER | W974137177 | 04/01/97 | 04/01/98 | <input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000 |
| A | Professional Liab | IYG349772 | 04/01/97 | 04/01/98 | \$3,000,000/\$3,000,000 |
| | incl. Pollution (Claims Made) | | | | \$15,000. Deductible |
| B | Installation Fltr | PPP0431608 | 04/01/97 | 04/01/98 | \$100,000. - \$1000 Ded |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
RE: All California operations of the named insured.

CERTIFICATE HOLDER

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

RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR UNDERGROUND TANK LEAKS

| <u>HYDROCARBON LEAK</u> | <u>SOIL ANALYSIS</u> | | <u>WATER ANALYSIS</u> | |
|--------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------|
| | TPH G TPH D BTX&E TPH AND BTX&E | GCFID(5030) GCFID(3550) 8020 or 8240 8260 | TPH G TPH D BTX&E | GCFID(5030) GCFID(3510) 602, 624 or 8260 |
| <u>Unknown Fuel</u> | TPH G TPH D BTX&E TPH AND BTX&E | GCFID(5030) GCFID(3550) 8020 or 8240 8260 | TPH G TPH D BTX&E | GCFID(5030) GCFID(3510) 602, 624 or 8260 |
| <u>Leaded Gas</u> | TPH G BTX&E TPH AND BTX&E TOTAL LEAD MTBE TEL EDB | GCFID(5030) 8020 or 8240 8260 AA Optional DHS-LUFT DHS-AB1803 | TPH G BTX&E TOTAL LEAD AA TEL EDB | GCFID(5030) 602, 624 or 8260 8020 method - 8240 DHS-LUFT DHS-AB1803 |
| <u>Unleaded Gas</u> | TPH G BTX&E TPH AND BTX&E | GCFID(5030) 8020 or 8240 8260 | TPH G BTX&E | GCFID(5030) 602, 624 or 8260 |
| <u>Diesel</u> | TPH D BTX&E TPH AND BTX&E TPH D BTX&E TPH AND BTX&E | GCFID(3550) 8020 or 8240 8260 GCFID(3550) 8020 or 8240 8260 | TPH D BTX&E TPH D BTX&E | GCFID(3510) 602, 624 or 8260 GCFID(3510) 602, 624 or 8260 |
| <u>Fuel</u> | TPH D BTX&E TPH AND BTX&E | GCFID(3550) 8020 or 8240 8260 | TPH D BTX&E | GCFID(3510) 602, 624 or 8260 |
| <u>Kerosene</u> | TPH D BTX&E TPH AND BTX&E | GCFID(3550) 8020 or 8240 8260 | TPH D BTX&E | GCFID(3510) 602, 624 or 8260 |
| <u>Fuel/Heating Oil</u> | TPH D BTX&E TPH AND BTX&E | GCFID(3550) 8020 or 8240 8260 | TPH D BTX&E | GCFID(3510) 602, 624 or 8260 |
| <u>Chlorinated Solvents</u> | CL HC BTX&E CL HC AND BTX&E | 8010 or 8240 8020 or 8240 8260 | CL HC BTX&E CL HC AND BTX&E | 601 or 624 602 or 624 8260 |
| <u>Non Chlorinated Solvents</u> | TPH D BTX&E TPH AND BTX&E | GCFID(3550) 8020 or 8240 8260 | TPH D BTX&E TPH AND BTX&E | GCFID(3510) 602 or 624 8260 |
| <u>Waste and Used Oil or Unknown</u> | TPH G TPH D TPH AND BTX&E O & G BTX&E CL HC ICAP or AA TO DETECT METALS: | GCFID(5030) GCFID(3550) 8260 5520 D&F 8020 or 8240 8010 or 8240 | TPH G TPH D O & G BTX&E CL HC | GCFID(5030) GCFID(3510) 5520 C&F 602, 624 or 8260 601 or 624 Cd, Cr, Pb, Zn, Ni |

(All analyses must be completed and submitted)

No- METHOD 8270 FOR SOIL OR WATER TO DETECT:
PCB* - unless transformer PCB*
PCP*
PNA
CREOSOTE - ✓
PCP*
PNA
CREOSOTE

1. analyze for dibenzofurans (PCBs) or dioxins (PCP)