

ENVIRONMENTAL
PROTECTION
97 SEP 25 PM 3:33

HK2, INC./SEMCO

1751 LESLIE STREET, SAN MATEO, CALIFORNIA, • (415) 572-8033 • (415) 572-9734 FAX
GENERAL ENGINEERING & ENVIRONMENTAL CONTRACTORS, LICENSE • # 719103, A, B, C-57, C-61/D40, HAZ, ASB

August 1, 1997

Mr. Stuart Depper
338 North Canal Street, #26
South San Francisco, California 94080

Subject: Tank Closure and Drum Removal Activities at the Glovatorium Leather
Cleaning Facility, 3815 Broadway, Oakland, California
(HK2 Project 97-0163)

Dear Mr. Depper:

This report summarizes the tank closure and drum removal activities performed by HK2 at the Glovatorium leather cleaning facility in Oakland, California. The site location is shown in Figure 1. Figure 2 is a site plan.

TANK CLOSURE

On June 4, 1997, HK2 obtained City of Oakland Fire Prevention Bureau Permit 52-97 to close in-place six underground stoddard solvent and heating oil storage tanks (USTs) at the subject site (one 5,000-, one 4,000-, one 3,500-, one 800- and two 1,000-gallon tanks). A copy of the permit documentation is in Appendix A. The location of each tank is shown in Figure 2.

Between June 5 and 9, 1997, HK2 delivered a 1,500 gallon aboveground storage tank (AST) to the site, measured the amount of liquid in each UST, collected samples of the residual liquid from tank T-1 through T-4, pumped the residual liquid in the USTs into the AST, rinsed the USTs, pumped the rinsate into the AST, and inspected the inside of each UST with a video camera. Various portions of these activities were observed by Mr. Stephen Craford (City of Oakland Fire Department), Mr. Kenneth Parris (Oakland Police Department), and Mr. Scott Seery, Ms. Juliet Shin, and Ms. Pamela Evans of the Alameda County Health Care Services Agency (ACHCSA). A copy of the ACHCSA inspection reports are in Appendix A.

The concrete and soil above Tanks T-3 and T-4 had to be removed so a hole could be cut into the top of these tanks to allow video camera access. Use of a video camera to inspect the effectiveness of tank cleaning was approved by Mr. Seery in his letter dated April 1, 1997 (copy in Appendix A). Following video camera inspection, Mr. Seery

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granted HK2 approval to fill the tanks in-place (refer to Mr. Seery's inspection notes in Appendix A).

On June 10, 1997, HK2 collected a sample of the liquids stored in the AST for disposal characterization. The sample was submitted to North State Environmental (a California certified laboratory) for analyses of total petroleum hydrocarbons as diesel (TPH-D; Modified EPA method 8015), benzene, toluene, ethylbenzene, and total xylenes (BTEX; EPA method 8020), and halogenated volatile organic compounds (HVOCs; EPA method 8260). A copy of the laboratory report and chain-of-custody record is in Appendix C.

On June 11, 1997, HK2 pumped out the groundwater that had recharged into tanks T-1 through T-4 and filled Tanks T-1 through T-4, T-6, and the associated piping with a cement-sand slurry. These activities were observed by Ms. Pamela Evans (ACHCSA).

On June 20, 1997, under the supervision of Mr. Scott Seery of the ACHCSA, HK2 backfilled Tank T-5 with pea gravel, filled the tank product fill port and valve box with concrete, backfilled the excavated areas, and rinsed the above ground vats. The rinse water was placed in 55-gallon drums. Tank T-5 was backfilled with pea gravel because of its proximity to an underground storm drain. Mr. Seery's inspection notes were not available for the work performed on this date.

Mr. Seery was not present for these activities!

DRUM INVENTORY AND SAMPLING

On June 6, 1997, HK2 and Mr. Kirk Hayward of Clearwater Environmental Management (CEM) inventoried 80 drums onsite. The general location of these drums is shown in Figure 2. Twenty of the drums were empty but the other 60 contained various liquids, sludges, and solids, which were sampled by CEM for waste profiling. A copy of the drum inspection report is in Appendix C. Mr. Seery collected four split samples from Drums D-1 through D-4. However, the laboratory results of analyses performed on these samples were not made available to HK2.

Mr. Seery did not collect samples from any drums!

WASTE DISPOSAL

On June 18, 1997, CEM and Romic Environmental Technologies (RET) removed various wastes from the site under the supervision of Ms. Evans (ACHCSA). CEM pumped out the AST (approximately 2,300 gallons) and removed Drum D-22 containing 55 gallons of diesel fuel and water. These wastes were transported to the Alviso Independent Oil facility in Alviso, California. RET pumped out the drums containing stoddard solvent and tetrachloroethylene (PCE; D-15, D-18, D-23, D-25 through D-29, and D-56 through D-72) and transported the waste (approximately 1,250 gallons) to the RET facility in East Palo Alto, California. A copy of each waste manifest is in Appendix B. RET would not release a facility signed copy of their manifest to HK2.

On June 20, 1997, HK2 consolidated all sludges into five 55-gallon drums and all filters, oily rags, and diatomaceous earth into eight 55-gallon drums. On June 27, 1997, HK2 transferred the sludge and solids to U.N. approved drums, cleaned the empty drums onsite, drummed the rinsate water, and transported the empty drums to our facility in San Mateo, California. On June 30, 1997, the drums were flattened and transported to Circosta Metals of San Francisco, California for recycling. A copy of the disposal receipt is in Appendix B.

On July 1, 1997, North State Environmental, Inc. removed the nine drums of solid waste. The waste was transported to the Chemical Waste Management, Inc. (CWM) facility in Kettleman City, California. North State also collected four 55-gallon drums containing liquid PCE and stoddard solvent. This waste was transported to the Pacific Resource Recovery facility in Los Angeles, California. Additionally, Clearwater collected 400-gallons of drum and vat rinsate water and transported it to the Alviso Independent Oil facility. A copy of each waste manifest is in Appendix B.

FINDINGS

- Holes were observed in Tanks T-2 and T-3. Groundwater was observed to be seeping into both of these tanks.
- Eighty drums \geq 5 gallon capacity were inventoried at this site by HK2 and CEM. Twenty of the drums were empty, 21 contained tetrachloroethylene (PCE) or a PCE and stoddard solvent mixture, 10 contained stoddard solvent or a mixture of stoddard and thinner, 8 contained oil or a mixture of oil and water, 7 contained water, 7 contained diatomaceous earth, 3 contained diesel fuel or a mixture of diesel and oil, 1 drum contained sludge, 1 drum contained quick dry and water, 1 drum contained oil and stoddard, and 1 drum contained oil, stoddard, and PCE.

CONCLUSION


- The stoddard solvent formerly stored in Tanks T-2 and T-3 may have impacted soil and groundwater because holes were observed in these tanks.

Sincerely,

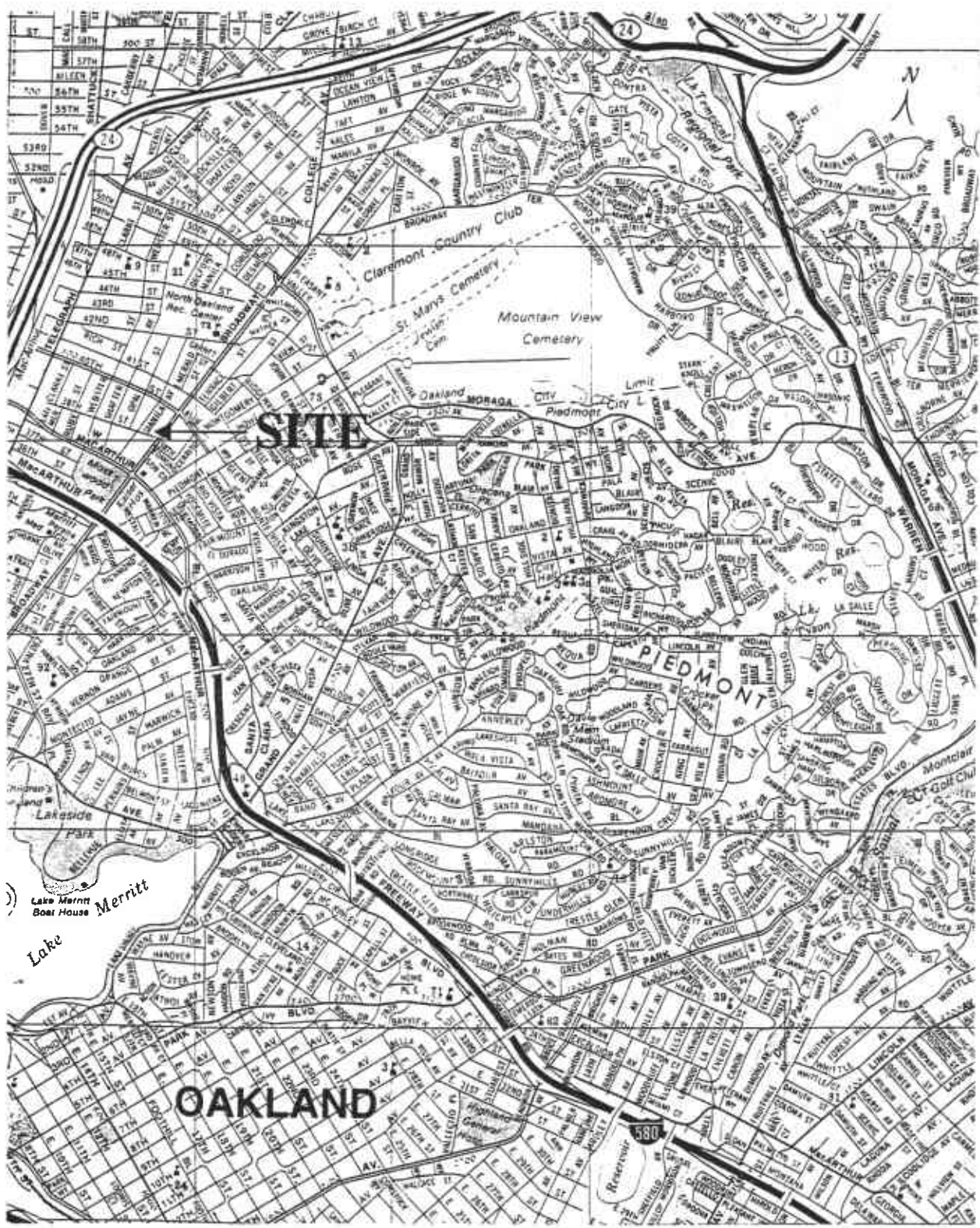
HK2, Inc./SEMCO


Keith B. Craig,
Project Manager

kbc: 97-0163.FUD

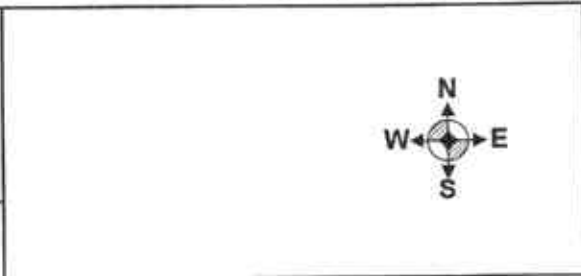

Deno G. Milano, RG #6093
Senior Geologist





HK2, Inc./SEMCO
 1751 Leslie Street
 San Mateo, Ca 94402

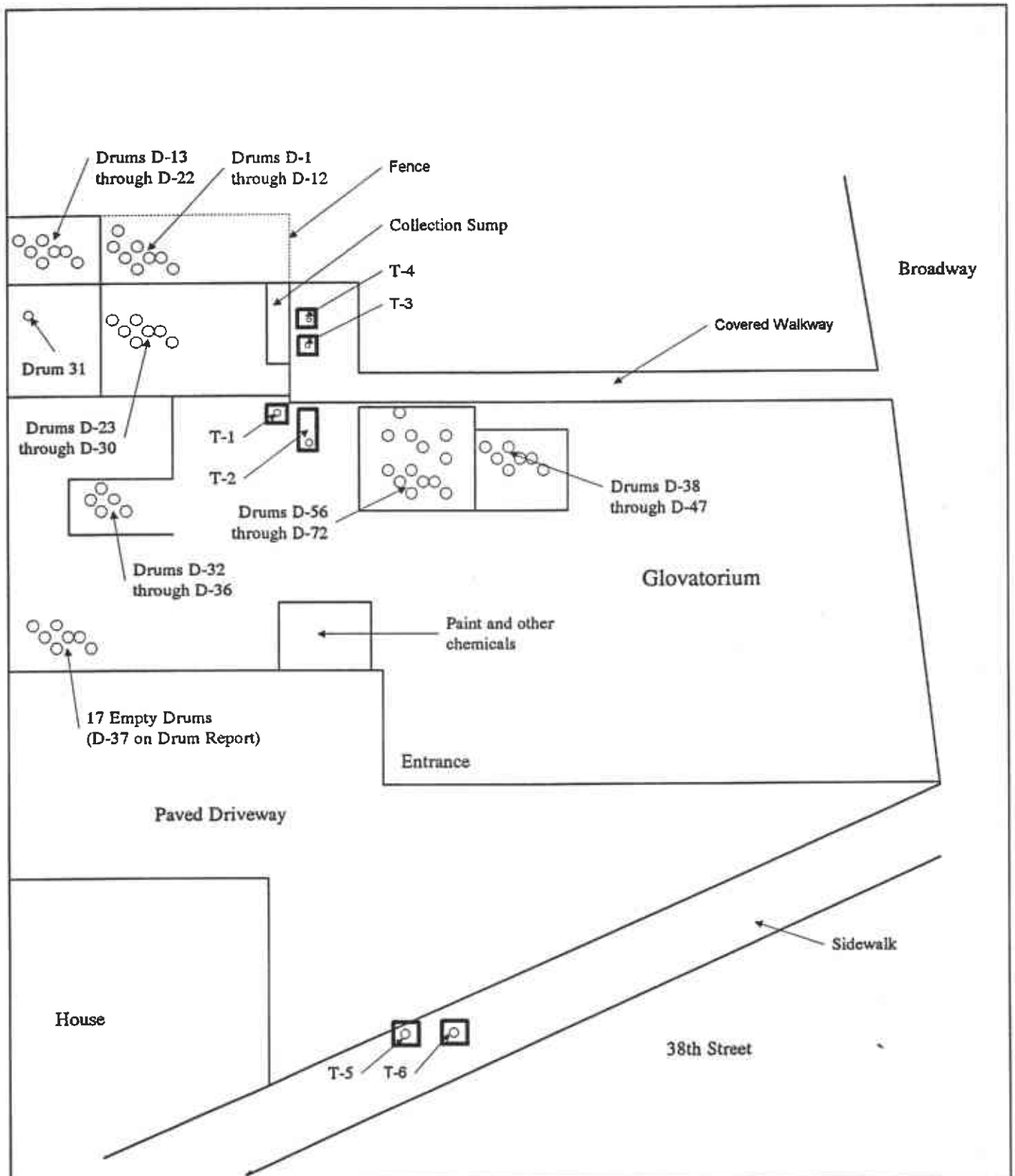
Project No. 97-0163



Site Location Map

3815 Broadway
 Oakland, California

Figure 1



HK2, Inc./SEMCO
 1751 Leslie Street
 San Mateo, Ca 94402

Project No. 97-0163

Legend

Not To Scale

Drum Storage Area

Underground Storage Tank

T-5

Site Plan

3815 Broadway
 Oakland, Ca

Figure 2

APPENDIX A

**Applications, Permits, Correspondence,
and Inspectors' Notes**

CITY OF OAKLAND
FIRE PREVENTION BUREAU
421 14TH ST., 1ST FL.
OAKLAND, CALIFORNIA 94612
(510) 238-3851

APPLICATION for PERMIT to INSTALL, REMOVE or REPAIR TANKS
In the CITY OF OAKLAND

Request Submittal Date: 4-11-97

PLEASE CIRCLE APPROPRIATE ACTIONS: Application is hereby made for permit to:

(a) Remove (b) Install (c) Repair (d) Modify (e) Abandon/Close in Place A

(a) Gasoline (b) Fuel oil (c) Diesel (d) (5) Solvent (e) HEATING OIL tank(s) and excavate, commencing:

(a) four feet inside the curb line* (b) inside the property line

*inside curb line, please attach copy of sidewalk permit from PLANNING AND BUILDING

on the W side of BROADWAY St./Ave. _____ feet _____ of _____ St./Ave.

Site Address: 3815 BROADWAY Present storage SOLOVENT-STOPPED
HEATING OIL

Owner: STUART Depper Address 338 N. CANAL ST Phone 415-589-3677
So. SAN FRANCISCO, CA 94402

Applicant: HKA, INC / SEMCO Address 1751 LESLIE ST Phone 415-572-8033
San Mateo, CA 94402

Sidewalk surface to be disturbed X Number of Tanks 6 Capacity see below Gallons ea.

Remarks 1-5000, 1-3500, 1-4000, 2-1000 & 1-800 ↓

Signature Shonda [Signature]

PLEASE ATTACH/SUBMIT:

- (1) Copy of Stamped, Approved Closure Plans for underground tank removal(s)
- (3) Sets of plans and (1) copy of specifications for above ground tank removal
- (3) Sets of plans for underground/aboveground tank installation
- copy or prepare to show verification of a City Business License Permit
- copy or prepare to show Planning and Building approval for above ground tank removal and tank repair

NOTE: FOR TANK INSTALLATION PLEASE SUBMIT THIS APPLICATION FORM ALONG WITH A
APPLICATION FOR PERMIT TO OPERATE, MAINTAIN OR STORE

FOR OFFICE USE ONLY

Permit No. _____
Copies to: Electrical Inspection

Date Issued: _____

City Of Oakland

FIRE PREVENTION BUREAU

421 - 14th Street, Oakland California
94612
510-238-3851



Permit To Excavate And Install,
Repair,

Or Remove Inflammable Liquid Tanks

Oakland, California June 4, 1997

Tank Permit Number: 52-97

Permission Is Hereby Granted To:

Close in Place solvent and fuel oil

Tank And Excavate Commencing:

Feet Inside: property

Line.

On The: west side of Broadway

Site Address: 3815 Broadway

Present Storage: solvent and heating oil

Owner: Stuart Depper

Address: 338 N. Caval St., So. San Francisco, 94402

Phone: (415) 589-3677

Applicant: HK2, Inc./SEMCO

Address: 1751 Leslie St., San Mateo, 94402

Phone: (415) 572-8033

Dimensions Of Street (sidewalk) Surface To Be Disturbed :

X

No. Of Tanks 6

Capacity (1) @ 5000 , (1) @ 3500, (1) @ 4000, Gallons, Each

Remarks (2) @ 1000 and (1) @ 800 gal.

This Permit Is Granted In Accordance With Existing City Ordinances. Owner Hereby Agrees To Remove Tanks On Discontinuance Of Use Or When Notified By The City Authorities When Installing, Removing Or Repairing Tanks, No Open Flame To Be On Or Near Premises.

CERTIFICATE OF TANK AND EQUIPMENT INSPECTION

Tank Removal: Inspected And Passed On:

Approved: _____

By: _____

Tank Installations:

Inspection Fee Paid: \$ _____

Pressure Test: Inspected By: _____

Date: _____

Received By: _____

Primary Piping Test: Inspected By: _____

Date: _____

Secondary Containment & Some Testing:

Inspected By: _____

Date: _____

Final: Inspected By: _____

Date: _____

Before Covering Tanks, Above Certification Must Be Signed When Ready For Inspection Notify Fire Prevention Bureau 238-3851

THIS PERMIT MUST BE LEFT ON THE WORK SITE AS AUTHORITY THEREFORE

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

Project Specialist

Closure in Place
~~UNSATISFACTORY CLOSURE~~

* * * Complete according to attached instructions * * *

1. Name of Business GLOVATORIUM / The Leather Cleaner
Business Owner or Contact Person (PRINT) STUART Depper
2. Site Address 3815 BROADWAY
City OAKLAND Zip _____ Phone _____
3. Mailing Address 338 No. CANAL STREET, #26
City So. SAN FRANCISCO Zip 94080 Phone 415-589-3677
4. Property Owner STUART Depper
Business Name (if applicable) _____
Address 338 No. CANAL STREET, #26
City, state So. SAN FRANCISCO, CA Zip 94080
5. Generator name under which tank will be manifested
NIA
EPA ID# under which tank will be manifested CA001243712

6. Contractor HK2, Inc/SEMCO
Address 1751 LESUE ST
City SAN MATEO, CA 94402 Phone 415-572-8033
License Type 719103 ID# A, B, C161/D40, HAZ

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

7. Consultant (if applicable) N/A

Address _____
City, State _____ Phone _____

8. Main Contact Person for Investigation (if applicable)

Name Chuck Kiper Title President
Company HK2, Inc/SEMCO
Phone 415-572-8033

9. Number of underground tanks being closed with this plan 6

Length of piping being removed under this plan N/A

Total number of underground tanks at this facility (**confirmed with owner or operator) 6

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 EVERGREEN ENVIRONMENTAL EPA I.D. No. CAD980695761
Hauler License No. 0242 License Exp. Date 7/98
Address 6880 Smith Avenue
City Newark State CA Zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site

Name EVERGREEN ENVIRONMENTAL EPA ID# CAD980695761
Address 6880 Smith Avenue
City Newark State CA Zip 94560

c) Tank and Piping Transporter

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

Hauler License No. _____ License Exp. Date _____

Address _____

City _____ State _____ Zip _____

d) Tank and Piping Disposal Site

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

Address _____

City _____ State _____ Zip _____

11. Sample Collector (if applicable)

Name MARK DYSERT, Denis Milano

Company HK2, INC / SEMCO

Address 1751 LESLIE ST.

city SAN MATEO state CA zip 94402 Phone 415-572-8033

12. Laboratory (if applicable)

Name NORTH STATE ENVIRONMENTAL

Address 90 S. SPRUCE ST.

city SO. SAN FRANCISCO state CA zip 94080

State Certification No. 1753

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

If yes, describe. _____

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

HIGH PRESSURE HOT WATER DETERGENT WASH

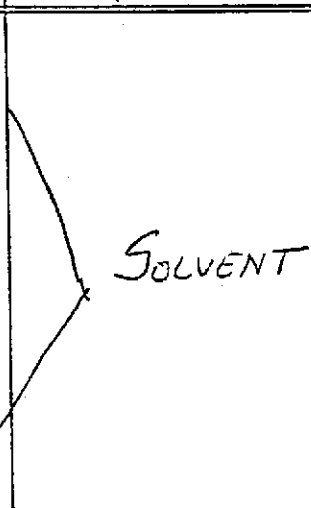
20 lbs DRY ICE PER 1000 GALLONS

PURGE WITH AIR

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
800	 SOLVENT	Refer to Owner Has Contracted other Firm	Refer to Owner
(2) 1000			
4000			
3500			
5000			

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

Excavated/Stockpiled Soil

Stockpiled Soil Volume (estimated)
N/A

Sampling Plan
*Refer to owner
 Has Contracted other firm*

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

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

If yes, explain reasoning _____

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from 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

18. Submit Worker's Compensation Certificate copy

Name of Insurer _____

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 HKA, INC./SEMCO

Name of Individual Rhonda James-Kiper

Signature Rhonda James-Kiper Date 4-2-97

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business The Leather Clean

Name of Individual Stu Deppa

Signature Stu Deppa Date 4/01/97

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 GLOVATORIUM		NAME OF OPERATOR		
ADDRESS 3815 BROADWAY		NEAREST CROSS STREET MacARTHUR	PARCEL # (OPTIONAL)	
CITY NAME OAKLAND		STATE CA	ZIP CODE 94	SITE PHONE # WITH AREA CODE
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY				
TYPE OF BUSINESS		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE	E. P. A. I. D. # (optional)
<input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input type="checkbox"/> 5 OTHER				

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Depper, STUART		PHONE # WITH AREA CODE 415-589-3677	
NIGHTS: NAME (LAST, FIRST) SAME		PHONE # WITH AREA CODE	
DAYS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME STUART Depper		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 338 No. CANAL ST. #26		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME So. SAN FRANCISCO		STATE CA	ZIP CODE 94080	PHONE # WITH AREA CODE 415-589-3677

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER STUART Depper		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 338 No. CANAL ST. #26		<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 So. SAN FRANCISCO		STATE CA	ZIP CODE 94080	PHONE # WITH AREA CODE 415-589-3677

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 739-2582 if questions arise.

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

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Shonda [Signature]	APPLICANT'S TITLE	DATE MONTH/DAY/YEAR 4-2-97
---	-------------------	--------------------------------------

LOCAL AGENCY USE ONLY

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

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM 1 NEW PERMIT 2 INTERIM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY TANK CLOSURE 7 PERMANENTLY CLOSED ON SITE 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Glovatorium, 3815 Broadway, Oakland

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# UNKNOWN B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN D. TANK CAPACITY IN GALLONS: 1000

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

A. 1 MOTOR VEHICLE FUEL 4 OIL 2 PETROLEUM 80 EMPTY 3 CHEMICAL PRODUCT 95 UNKNOWN

B. 1 PRODUCT 2 WASTE

C. 1a REGULAR UNLEADED 3 DIESEL 6 AVIATION GAS
 1b PREMIUM UNLEADED 4 GASAHOL 7 METHANOL
 1c MIDGRADE UNLEADED 5 JET FUEL 8 M85
 2 LEADED 99 OTHER (DESCRIBE IN ITEM D. BELOW)

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

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

A. TYPE OF SYSTEM 1 DOUBLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN
 2 SINGLE WALL 4 SINGLE WALL IN A VAULT 99 OTHER

B. TANK MATERIAL (Primary Tank) 1 BARE STEEL 2 STAINLESS STEEL 3 FIBERGLASS 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
 5 CONCRETE 6 POLYVINYL CHLORIDE 7 ALUMINUM 8 100% METHANOL COMPATIBLE W/FRP
 9 BRONZE 10 GALVANIZED STEEL 95 UNKNOWN 99 OTHER

C. INTERIOR LINING OR COATING 1 RUBBER LINED 2 ALKYD LINING 3 EPOXY LINING 4 PHENOLIC LINING
 5 GLASS LINING 6 UNLINED 95 UNKNOWN 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. EXTERIOR CORROSION PROTECTION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC
 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 99 OTHER

E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____
DROPTUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

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

A. SYSTEM TYPE A 1 SUCTION A 2 PRESSURE A 3 GRAVITY A 4 FLEXIBLE PIPING A 99 OTHER

B. CONSTRUCTION A 1 SINGLE WALL A 2 DOUBLE WALL A 3 LINED TRENCH A 95 UNKNOWN A 99 OTHER

C. MATERIAL AND CORROSION PROTECTION A 1 BARE STEEL A 2 STAINLESS STEEL A 3 POLYVINYL CHLORIDE (PVC) A 4 FIBERGLASS PIPE
A 5 ALUMINUM A 6 CONCRETE A 7 STEEL W/ COATING A 8 100% METHANOL COMPATIBLE W/FRP
A 9 GALVANIZED STEEL A 10 CATHODIC PROTECTION A 95 UNKNOWN A 99 OTHER

D. LEAK DETECTION 1 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER UNKNOWN

V. TANK LEAK DETECTION

1 VISUAL CHECK 2 MANUAL INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 ANNUAL TANK TESTING
 7 CONTINUOUS INTERSTITIAL MONITORING 8 SIR 9 WEEKLY MANUAL TANK GAUGING 10 MONTHLY TANK TESTING 95 UNKNOWN 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 NO

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) Spencer James, Sr DATE 4-2-97

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

STATE I.D.# COUNTY # JURISDICTION # FACILITY # TANK #

PERMIT NUMBER PERMIT APPROVED BY/DATE PERMIT EXPIRATION DATE

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Glovatorium, 3815 Broadway, Oakland

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN
A. OWNER'S TANK I.D. # <u>UNKNOWN</u>
B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>
D. TANK CAPACITY IN GALLONS: <u>4000</u>

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

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E				
A. TYPE OF SYSTEM	<input 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 type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	
	DROP TUBE YES ___ NO ___		STRIKER PLATE YES ___ NO ___	
			DISPENSER CONTAINMENT YES ___ NO ___	

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

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

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)		
1. ESTIMATED DATE LAST USED (MO/DAY/YR)	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>Shonda Jeanes Kiper</u>	DATE <u>4-29-97</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D. #	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM 1 NEW PERMIT 2 INTERIM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY TANK CLOSURE 7 PERMANENTLY CLOSED ON SITE 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: GLABORUM-3815 Broadway, Oakland

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# Unknown B. MANUFACTURED BY: Unknown
C. DATE INSTALLED (MO/DAY/YEAR) Unknown D. TANK CAPACITY IN GALLONS: 3500

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

A. 1 MOTOR VEHICLE FUEL 4 OIL 2 PETROLEUM 80 EMPTY 3 CHEMICAL PRODUCT 95 UNKNOWN

B. 1 PRODUCT 2 WASTE

C. 1a REGULAR UNLEADED 3 DIESEL 6 AVIATION GAS
 1b PREMIUM UNLEADED 4 GASAHCL 7 METHANOL
 1c MIDGRADE UNLEADED 5 JET FUEL 8 M85
 2 LEADED 99 OTHER (DESCRIBE IN ITEM D. BELOW)

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

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

A. TYPE OF SYSTEM 1 DOUBLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN
 2 SINGLE WALL 4 SINGLE WALL IN A VAULT 99 OTHER

B. TANK MATERIAL (Primary Tank) 1 BARE STEEL 2 STAINLESS STEEL 3 FIBERGLASS 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
 5 CONCRETE 6 POLYVINYL CHLORIDE 7 ALUMINUM 8 100% METHANOL COMPATIBLE W/FRP
 9 BRONZE 10 GALVANIZED STEEL 95 UNKNOWN 99 OTHER

C. INTERIOR LINING OR COATING 1 RUBBER LINED 2 ALKYO LINING 3 EPOXY LINING 4 PHENOLIC LINING
 5 GLASS LINING 6 UNLINED 95 UNKNOWN 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. EXTERIOR CORROSION PROTECTION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC
 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 99 OTHER

E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____
DROP TUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

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

A. SYSTEM TYPE A 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER

B. CONSTRUCTION A 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 95 UNKNOWN A U 99 OTHER

D. LEAK DETECTION 1 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER Unknown

V. TANK LEAK DETECTION

1 VISUAL CHECK 2 MANUAL INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 ANNUAL TANK TESTING
 7 CONTINUOUS INTERSTITIAL MONITORING 8 SIR 9 WEEKLY MANUAL TANK GAUGING 10 MONTHLY TANK TESTING 95 UNKNOWN 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 NO

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) Granda James Kiper DATE 4-2-97

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

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

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Glovatorium - 3815 Broadway, Oakland

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>5,000</u>

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

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

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

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Khanda James Kiper</u>	DATE <u>4-29-97</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
[] [] [] []	[] []	[] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Gloratorium, 3815 Broadway, Oakland

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.#	<u>UNKNOWN</u>	B. MANUFACTURED BY:	<u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS:	<u>800</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHCL	<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
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>SOLVENT</u>			C. A. S. #:		

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

A. TYPE OF SYSTEM	<input 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 type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	
	DROP TUBE YES ___ NO ___		STRIKER PLATE YES ___ NO ___	
			DISPENSER CONTAINMENT YES ___ NO ___	

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

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

V. TANK LEAK DETECTION

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

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) Shonda Beames-Kiper DATE 4-29-97

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

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Gloater Fund, 3815 Broadway, Oakland

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I. O. # <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>1000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.		
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input checked="" type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	B. <input type="checkbox"/> 4 OIL <input type="checkbox"/> 90 EMPTY <input type="checkbox"/> 99 UNKNOWN <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 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 checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>SOLVENT</u>		C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E		
A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SINGLE WALL IN A VAULT <input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM <input type="checkbox"/> 99 OTHER	B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE <input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL <input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 99 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 type="checkbox"/> 6 UNLINED <input type="checkbox"/> 3 EPOXY LINING <input checked="" type="checkbox"/> 99 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER
D. EXTERIOR CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION <input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE <input checked="" type="checkbox"/> 99 UNKNOWN <input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER		E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____ DROPTUBE YES _____ NO _____ STRIKER PLATE YES _____ NO _____ DISPENSER CONTAINMENT YES _____ NO _____

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

V. TANK LEAK DETECTION			
<input type="checkbox"/> 1 VISUAL CHECK <input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION <input type="checkbox"/> 8 SIR	<input type="checkbox"/> 3 VADOZE MONITORING <input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING <input type="checkbox"/> 10 MONTHLY TANK TESTING <input checked="" type="checkbox"/> 99 UNKNOWN

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>Gloria Ramirez-Pineda</u>	DATE <u>4-2-97</u>
---	-----------------------

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

MEMORANDUM

DATE: April 1, 1997

TO: Stuart Depper Transmitted via Facsimile (415) 589-3679

FROM: Scott Seery

SUBJ: Requirements for gaining "reasonable" viewing access to
USTs to be closed in place in order to determine degree of
sludge/product removal and cleaning effectiveness

As we discussed today, I expect that a reasonable attempt to view the inside of the subject underground storage tanks (UST) be made to 1) determine success of product and sludge removal, and 2) to gauge effectiveness of tank cleaning efforts.

Typically, it is necessary to expose the top of and gain access to each UST. Should manways or other removable bulkheads be present atop each, such may be removed to gain access to the interior of the tank. Alternatively it is often necessary to cut a hole into a UST using nonsparking tools (i.e., "nibbler") to affect the same access to a tank's interior.

In your case I have agreed to allow your contractor to use a "down-hole" camera or camera-like device to view the interior of each tank to be closed in place. This will accomplish the same as opening a bulkhead or cutting a hole. The downside, of course, is that should the tank not be adequately cleaned or voided of product/sludge, you may have to proceed with breaking concrete, exposing tank tops, and gaining access in the ways noted previously.

Lastly, permission for allowing in place closure, although accommodated in the UST laws, is per the discretion of the Fire Marshall. You should call Mr. Leroy Griffin of Oakland Fire @ (510) 238-7759 to get clearance for all tanks to be proposed for in place closure.

c: Larry Blazer
Chuck Kiper, SEMCO
Frank Goldman, GeoSolv

HK2, INC./SEMCO

1751 Leslie Street, San Mateo, California, (415) 572-8033 (415) 572-9734 Fax

General Engineering & Environmental Contractors, License # 719103, A, B, C-61/D40, HAZ

April 2, 1997

Mr. Leroy Griffin
Hazardous Materials Supervisor
City of Oakland Fire Department
1605 Martin Luther King Drive
Oakland, California 94612

Re: 3815 Broadway, Oakland, California
Closure in place

Dear Mr. Griffin:

This letter is intended to ask for approval of 6 underground storage tanks at the above referenced address.

Two of the USTs are located in the sidewalk outside a brick, non reinforced building with one also being placed 1' away from a high tension power pole. The other four are completely inaccessible with equipment and located inside the building.

HK2, Inc./SEMCO proposes to rinse and inert the UST's to meet acceptable oxygen and LEL levels. The USTs will be cleaned with a high pressure hot water wash. The rinsate will be disposed under manifest to a licensed hazardous waste disposal facility.

The interior of the USTs will be inspected with a down hole camera to verify suitability for filling in place. Please refer to the attached letter from Scott Seery at Alameda County Department of Environmental Health.

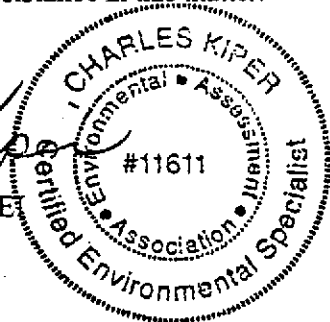
Samples as required will be collected by Geo Solv, a separate contractor, previously retained by the owner. The USTs will be filled with an approved inert material and concrete surface replaced as required in work area.

Thank you for your assistance in this matter.

Sincerely,

Chuck Kiper

Chuck Kiper, CES, CE
President



cc: Scott Seery

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # 439 Site Name Glovatorium Today's Date 5/12/97

Site Address 3815 Broadway

City Oakland Zip 94618 Phone _____

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

Inspection Categories:

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

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

Comments:

In the presence of Larry Griffin (OPD) and a crew from the city sewer dept., Joel Trapp (OPD) was lowered into the manway on 38th Street. He observed from a distance of ~120' that the archway defining the roof of the storm sewer structure appeared evenly radiused, with no protrusions. He did not venture the remaining distance to the area where the USTs were located, however.

Nevertheless, it appears the UST can be closed in place w/o harm to the storm drain culvert.

Controlled density fill (or light wt. equivalent) may be the best choice for filling tanks.

Post-It™ brand fax transmittal memo 7671 # of pages = 4

To	Kietu	From	S. SEERY
Co.	SEMCO	Co.	AC&EH
Dept.		Phone #	
Fax #	(415) 572-9734	Fax #	

Title _____
Signature _____

Inspector
Signature

S. Seery

II, III

yellow -facility
pink -files

ENVIRONMENTAL HEALTH

Alameda CA 94502
510/567-6700

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Clavatorium Today's Date 6/9/97

Site Address 3815 Broadway (38th + Broadway)

City Oakland 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

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

Comments:

Came out to site at ~8:30 AM to oversee the completion of the cleaning of three USTs in the building, a camera survey into the USTs to assure that they were adequately cleaned, & the filling of all six USTs (two beneath the sidewalk & 4 in the building). Conversation: Only two tanks need to be cleaned inside the building today according to Chuck Kiper. The two tanks being worked on in the building were pumped already. Lavender-colored sandy material excavated from one of tank pits. A small amount of digging was conducted around the fill pipes of each tank to try & access a minimum 1 1/2" diameter port for the camera. Water was observed in one pit at ~1 1/2-2' below in one of the holes around the fill pipe. No water was observed in the other hole at deeper depths, even though this hole was located only ~4 feet from the other hole w/ the water. Two additional pipelines were identified along the south wall of one of the holes w/ the lavender colored material (the eastern most tank). A measuring tape was placed down both USTs & product was noted still in both USTs, so USTs will be pumped again, & then pressure cleaned, & residue will be placed w/ on-site storage tanks.

Contact Chuck Kiper
 Title President
 Signature Chuck Kiper

Inspector Juliet Shin
 Signature Juliet Shin

II, III

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yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # 439 Site Name Gladiatorium Today's Date 6/9/97
Site Address 3815 Broadway
City Oakland 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

page 1 of 2

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

Comments:

On-site during completion of UST cleaning and video-cam inspection. On Friday, June 6, three (3) of the USTs were cleaned and inspected using the "down-hole" video cam. The two (2) 38th Ave tanks passed muster as witnessed by OFD. Two of the four (4) USTs located inside the building in the "main" walkway could not be accessed for video cam inspection due to the small openings exposed at grade. The concrete was broken around these two tanks, dirt/backfill removed, and large openings made. Video cam inspection revealed latent water present due to constant in-flow from the tank tops. (These were apparently the tanks which were lined in 1969). The final two (2) tanks are located in the adjoining equipment walkway. Both were cleaned Friday to the extent possible and inspected with the video cam; one was very clean, the other had "globbs" of saturated lint which could not be removed with pumps.

Although one of the tanks in the "main" walkway had lint/sudge remaining, and the forementioned UST still had lint "globbs", approval for in-place filling was granted today.

Contact Chuck Kiper
Title SEMO
Signature _____

Inspector S. Seery
Signature _____

II, III

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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 # _____ Site Name Glabarium Today's Date 6/10/97

Site Address 3815 Broadway

City Oakland Zip 94 Phone _____

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

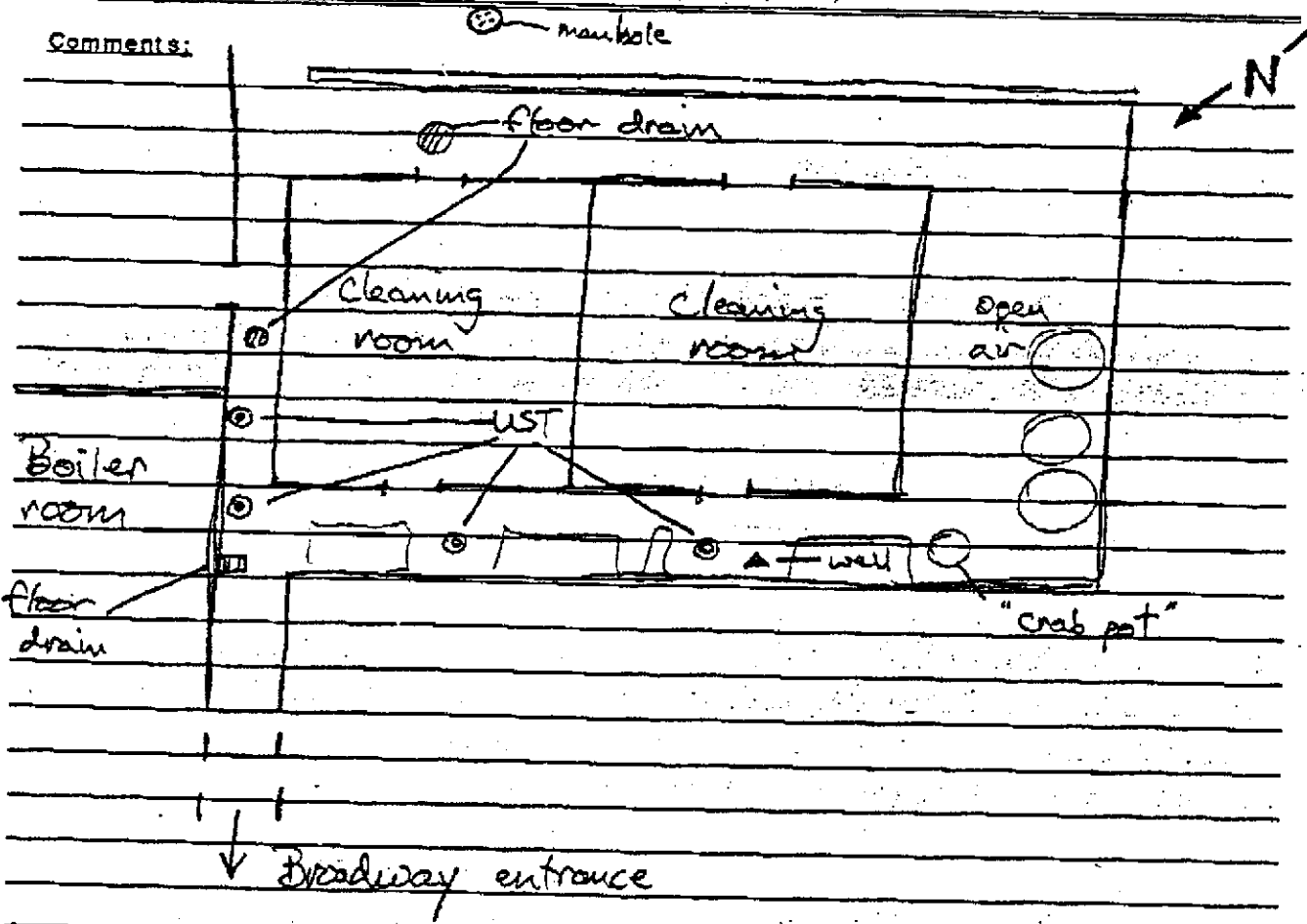
Inspection Categories:

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

page 2 of

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

Comments:



Contact _____
Title _____
Signature _____

Inspector _____
Signature _____

II, III

ALAMEDA COUNTY ENVIRONMENTAL HEALTH / HAZARDOUS MATERIALS DIVISION
1131 HARBOR BAY PKWY., RM. 250, ALAMEDA, CA 94502-6577 (510)567-6700 FAX (510) 337-9355

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: FACILITY NAME: Professional Industrial Svcs / Gloratorium PG. 1 OF 2

SUPPLEMENTAL FORM 3820 Manila / 3315 Broadway, Oakland

A closure operation of 6 underground storage tanks that used to hold Stoddard's solvent is taking place. As part of this operation, the contractor, Semco (Chuck Kiper, President) is arranging for disposal of tank contents, tank cleaning wastes, and other drums of Stoddard's solvent + perchloroethylene contaminated wastes.

Inspections of the premises over the last week have revealed that there are a minimum of 91 drums of 30-55 gallon capacity with a few to 55 gallons of waste material that is hazardous or potentially hazardous.

Other than aside from the perc + Stoddard's solvent drums, there are also drums of dyes, leather finishes + machinery maintenance chemicals, including oils, diesel fuel + boiler additives. INSPECTOR SAID HE SUSPECTED MANY OF CLEANING AGENTS - HE'S SEEN Oils + cleaners ONITE BUT DOES NOT KNOW IF OILS IN DRUMS (4/97)

There are also a large number of smaller (up to 5 gallon) containers of the types of materials described above, plus ancillary dry cleaning + laundry products like spotting agents, soaps, finishing agents. There are also paints + other surface coatings. Stuart Depper has said the business is not using these.

Chuck Kiper has contracted to remove tank closure wastes as well as Stoddard's solvent waste located within the facility +

PRINT NAME: A. EXPANAL D. R. EVAN
SIGNATURE: *[Signature]*

INSPECTED BY: Pamela J. Evans
DATE: 6-10-97

Some or all of perc waste.

ALAMEDA COUNTY ENVIRONMENTAL HEALTH / HAZARDOUS MATERIALS DIVISION
 1131 HARBOR BAY PKWY., RM. 250, ALAMEDA, CA 94502-6577 (510)567-6700 FAX (510) 337-9355

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: _____ FACILITY NAME: PIS / Glovatorium PG. 2 OF 2

SUPPLEMENTAL FORM COMPLIANCE ISSUES:

① There are many types of materials (described on page 1) that the owners/operators have no immediate or shortly foreseeable use for - These include contaminated:

- Stoddards solvent
- perchloroethylene
- still oil + solid remains
- lint from machines
- water from ^{WIP, P. Emul} slumps
- water accumulated in drums
- soil + groundwater from tank closure.

- AND:
- ^{other} distillation wastes
 - other oil
 - other dry cleaning + laundry chemicals in deteriorated + other containers
 - perc remaining in dry cleaning machines for which BAAQMD permit has expired

② These materials are wastes and are considered hazardous or potentially hazardous. You are required to properly characterize, transport, dispose +/or recycle your hazardous + potentially hazardous wastes. These are described above, and there are likely to be others on the premises not specifically listed or described here.

③ Your wastes must be properly characterized + transported offsite no later than June 30, 1997. Any extensions or other arrangements must be discussed with my office + requested in writing prior to this date.

PRINT NAME: Al Edward G. P. Eric Depper

INSPECTED BY: Pamela J. Evans

SIGNATURE: [Signature]

DATE: 6-10-97 567-6770

CON/SUPP EMT REV. 7/93 JWS/CO Neither Stuart Depper nor Robert Depper were present today. Eric Depper is responsible for only a portion of the materials and wastes located here. Their responsible people are Stuart Depper, Robert Depper

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID # 4108	FACILITY NAME: Glovatorium / Prof. Industrial Svcs	PG. 1	OF 1
SUPPLEMENTAL FORM 3815 Broadway / 3820 Manila Av. Oakland 94611			

Today's inspection was to observe progress on disposal of hazardous + suspected hazardous wastes and to see progress with tank closure.

According to Chuck Kiper of SEMCO

① HAZARDOUS + POTENTIALLY HAZARDOUS WASTE DRUMS + CONTAINERS:

- all the standards solvent waste is being pumped out today and will be hauled by Clear Water Environmental to Alviso Independent Oil.
- Chlorinated solvents + other wastes with > 1000 ppm chlorinated compounds + some drums with ≤ 20% sludge will be hauled by Romic
- Empty drums will be cleaned, cut up + flattened onsite. SEMCO will handle disposal to a recycler.
- Determination will be made on other waste disposal.

② UNDERGROUND TANK CLOSURE: All 4 tanks inside the building are closed. The T-6 tank has been closed since last week. T-5 will be closed by the end of today or tomorrow (located outside building on sidewalk/street)

Contact:

PRINT NAME: Chuck Kiper - SEMCO	INSPECTED BY: Pamela J. Guans
SIGNATURE: Chuck Kiper	DATE: 6-18-97

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: _____ FACILITY NAME: Brookway
Glovatorium - 3815 Mamla Av PG. 1 OF 1
PIS - 3820 Mamla - Oakland

SUPPLEMENTAL FORM

Today's visit was to assess the status of hazardous waste removal from the facility. North State Environmental was here to remove some of the drums, including:

The drums that contain pure contaminated solids with diatomaceous earth & an oily sludge are being hauled away. 12-55 gal drums have to be repacked (also 2 30 gal drums) in UN approved drums prior to shipment. These drums are due to be taken away today, pending repackaging of the 14 drums.

In the facility, there are a number of miscellaneous dry cleaning & dye materials that Stu Depper says he has a use for. Several of the containers in the poorest condition have been placed inside of lower metal drums. These seem likely to produce a future hazardous waste disposal problem unless the materials are evaluated for usefulness & placed in sound, labelled containers. There are also paints, boiler chemicals, detergents, fabric finishers. It's not clear what specific uses the existing plant has for all of these. Many of them are located in out-of-the-way corners of the plant & don't appear to be in use. Stuart Depper not present

PRINT NAME: Robert James Cox

INSPECTED BY: Shirley J. Green

SIGNATURE: Robert James Cox

DATE: 7-1-97

at the time of my inspection.

APPENDIX B

**Waste Manifests, Bill of Lading, and
Cleaned Drum Disposal Receipts**



**CLEARWATER
ENVIRONMENTAL
MANAGEMENT, INC.**

P.O. Box 7420 Fremont, CA 94537-7420
(800) 499-3676 Fax (510) 744-9341
US EPA ID NO. CAR000007013
Hazardous Waste Haulers Lic. # 3515

*on site 0800 - 1130 am
charging from Portal to Portal*

**Bill of Lading
Invoice # 3628**

Date 5-18-97

BILLING INFORMATION

JOB SITE

NAME <i>Wemco</i>			NAME			CASH CHECK #	
ADDRESS <i>1751 Leslie</i>			ADDRESS <i>3820 Manilla</i>			CUSTOMER EPA ID #	
CITY <i>San Mateo</i>	STATE	ZIP	CITY <i>ONKLAND</i>	STATE <i>CA</i>	ZIP	PO #	
PHONE NO. ()			PHONE NO. ()			CUSTOMER ID NO:	

PRODUCT	PROPER SHIPPING DESCRIPTION	WASTE CODE	MANIFEST NUMBER	QUANTITY	UNITS	PRICE	AMOUNT
Used Oil, Non-RCRA Hazardous Waste Liquid		221			GAL.		
Used Automotive Antifreeze, Non-RCRA Hazardous Waste, Liquid		134			GAL.		
Oily Water, Non RCRA Hazardous Waste Liquid		223	<i>96126162 96776161</i>	<i>2355</i>	GAL.		
Non RCRA Hazardous Waste Solid					GAL.		
Oil Contaminated Debris							
Waste Flammable Liquid, n.o.s. UN1993, PG III					Drums		
Non Hazardous Waste Liquid		N/A			GAL.		
Non Hazardous Waste Solid		N/A			GAL.		
Transportation Charges				<i>6</i>	Hours		
Washout Charges					Drums		
Drained Used Oil Filters		N/A			Each		
Empty Drums					Each		
Additional Labor							
Other:							

DISPOSAL/RECYCLING FACILITY: DUE AND PAYABLE IN 10 DAYS TOTAL

<input checked="" type="checkbox"/> Alviso Independent Oil 5002 Archer Street, Alviso, CA CAL000048571 (408) 282-2715	<input type="checkbox"/> McGrick Waste Treatment Site 56533 Hwy 58 West, McGrick, CA CAD980638831 (805) 762-7386	<input type="checkbox"/> Solvent Services, dba Laidlaw 1021 Berryessa Road, San Jose, CA CAD050494310 (408) 451-5000
<input type="checkbox"/> AETS 1125 Hensley Street, Richmond, CA CATD80014079 (510) 233-8001	<input type="checkbox"/> Seaport Environmental 675 Seaport Blvd, Redwood City, CA CAD000032058 (415) 364-8154	<input type="checkbox"/> Commercial Filter Recycling 33210 Western Ave, Union City, CA (510) 487-9277
<input type="checkbox"/> DeMenno Kerdon 2000 N. Alameda Blvd, Compton, CA CATD80013352 (310) 571-3700	<input type="checkbox"/> Evergreen Oil 8880 Smith Ave, Newark, CA CAD980887418 (510) 795-4400	

I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of the waste. All relevant information regarding known or suspected hazards associated with the wastes has been disclosed. This further serves as notification that pursuant to Title 22, Section 06208.7(a)(10), the above listed wastes are banned from land disposal.

DRIVER SIGNATURE *[Signature]*

GENERATOR SIGNATURE *[Signature]*

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 3-31-98)
Make print or type. Form designed for use on site (24 inch, 36 inch).

See instructions on back page 6.

Department of Toxic Substances Control
Sacramento, California

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA, CALL 1-800-852-7850

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAC000093460	Manifest Document No. 26162	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address PROFESSIONAL INDUSTRIAL SERVICES 3820 MANILA AVENUE OAKLAND, CALIF. 94611			A. State Manifest Document Number 96726162		
4. Generator's Phone (415) 658-8663			B. State Generator's ID EXEMPT		
5. Transporter 1 Company Name Clearwater Environmental Management Inc			C. State Transporter's ID CA000007013		
6. Transporter 1 US EPA ID Number CA000007013			D. Transporter's Phone 570-797-8511		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address ALVISO Independent Oil 5202 Archer Street ALVISO, CA 95002			G. State Facility's ID CAL000048571		
10. US EPA ID Number CAL000048571			H. Facility Phone 408-262-1360		
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) Oil, Non RCRA HAZARDOUS WASTE LIQUID 001		12. Containers No. Type 11 TT 00055	13. Total Quantity G	14. Unit Wt/Vol G	1. Waste Number State 223 EPA/Other NONE
17. Additional Descriptions for Material Listed Above 50-55 Gallons Oil, 1-5 Gallons Water, less than 10% Solids Content		K. Handling Codes for Wastes Listed Above 14			
15. Special Handling Instructions and Additional Information wear Protective Gear 24 HR. Emergency Contact: Jim Cox 24 HR. Emergency Phone: Pgee (415) 371-7436					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name E. J. FFER		Signature <i>[Signature]</i>		Month Day Year 06/18/97	
17. Transporter 1 Acknowledgement of Receipt of Material Printed/Typed Name STEVEN R. Stone		Signature <i>[Signature]</i>		Month Day Year 06/18/97	
18. Transporter 2 Acknowledgement of Receipt of Material Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indefinite Space					
20. Facility Owner or Operator Certification of Receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Mr. D. Alvarez		Signature <i>[Signature]</i>		Month Day Year 06/18/97	

DO NOT WRITE BELOW THIS LINE.

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-96)
Please print or type. Form designed for use on site (12-ppt)

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAL000124371226161	Manifest Document No. 161	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address STEWART DEPPER 338 N. Canal Street #26 San Francisco, CA 94080		B. State Manifest Document Number 96726161		C. State Generator's ID No. EXEMPT		
4. Generator's Phone (415) 589-3677		6. US EPA ID Number CAL000007013		D. State Transporter's ID (510) 47-8511		
5. Transporter 1 Company Name CLEARWATER ENVIRONMENTAL MANAGEMENT INC.		8. US EPA ID Number		E. State Transporter's ID		
7. Transporter 2 Company Name		10. US EPA ID Number		F. Transporter's Phone		
9. Designated Facility Name and Site Address ALVISO INDEPENT OIL 5002 ARCHER STREET ALVISO, CALIFORNIA 95002		10. US EPA ID Number CAL0000485711		G. State Facility's ID (408) 262-1360		
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) OILY WATER, NON RCRA HAZARDOUS WASTE LIQUID		12. Containers No. Type 001 TT 02300 G	13. Total Quantity	14. Unit Wt/Vol G	1. Waste Number State: 223 EPA/Other: NONE	
J. Additional Descriptions for Materials Listed Above 355-400 Gallons Oil, 1878-1900 Gallons Water Less than 10% Solids content		K. Handling Codes for Wastes Listed Above 14				
15. Special Handling Instructions and Additional Information 24 HOUR Emergency Contact # Jim Cox Pager # (415) 377-7436 wear appropriate protective equipment when handling any hazardous waste.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Stu Depper		Signature <i>Stu Depper</i>		Month Day Year 06 11 89 97		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name STEVEN R. STONE		Signature <i>Steven R. Stone</i>		Month Day Year 06 11 89 97		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner of Overhaul Certification of Receipt of hazardous materials covered by the manifest subject or listed in Item 10 Printed/Typed Name Mrs D. Johnson		Signature <i>Mrs D. Johnson</i>		Month Day Year 06 11 89 97		

DO NOT WRITE BELOW THIS LINE.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **C A D 0 0 9 4 5 2 6 5 7** Manifest Document No. **9 4 3 1** 2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
**THE GLOVATORIUM
 3815 BROADWAY
 OAKLAND, CA 94611**

A. State Manifest Document Number
96811943

5. Transporter 1 Company Name
RONIC ENVIRONMENTAL TECH.

B. State Generator's ID

C. State Transporter's ID
BT-3 #2 comp.

6. US EPA ID Number
C A D 0 0 9 4 5 2 6 5 7

D. Transporter's Phone
(415)324-1638

9. Designated Facility Name and Site Address
**RONIC ENVIRONMENTAL TECH
 2061 BAY ROAD
 EAST PALO ALTO, CA 94303**

E. State Transporter's ID

G. State Facility's ID
C A D 0 0 9 4 5 2 6 5 7

H. Facility's Phone
(415)324-1638

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)
a. WASTE TETRACHLOROETHYLENE 6.1 UN1897 III
 Ptf14 K 335477 K954 160

12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste Number	
			State	EPA/Other
001	TT	01250 G	741	0039

J. Additional Descriptions for Materials Listed Above
Line 11a. EPA Codes: F002

K. Handling Codes for Wastes Listed Above
 a. b. c. d.

15. Special Handling Instructions and Additional Information
24 HR. EMERGENCY RESPONSE #: (415) 62-3677

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
 If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: **Steve Deaped** Signature: *[Signature]* Month: **06** Day: **11** Year: **97**

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name: **MITCH MUSETESCU** Signature: *[Signature]* Month: **06** Day: **11** Year: **97**

18. Transporter 2 Acknowledgement of Receipt of Materials
 Printed/Typed Name: Signature: Month: Day: Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
 Printed/Typed Name: Signature: Month: Day: Year:

Reference Number: **E 000009668**

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802: WITHIN CALIFORNIA, CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-98)
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Department of Toxic Substances Control
Sacramento, California

Information in the shaded areas
is not required by Federal law.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802, WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAC001243712	Manifest Document No. 26156	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address STUART DEPPER 338 NORTH CANAL, #26 51 SAN FRANCISCO, CA					96726156	
4. Generator's Phone 415-589-3677			94080			
5. Transporter 1 Company Name CLEARWATER ENVIRONMENTAL MANAGEMENT INC		6. US EPA ID Number CA000007013		50-797-8511		
7. Transporter 2 Company Name		8. US EPA ID Number				
9. Designated Facility Name and Site Address ALVISO INDEPENDENT OIL 3002 ANCHER STREET ALVISO, CA 95002		10. US EPA ID Number CAL000048571		408-262-1360		
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) a. OIL & WATER, NON-FLAMMABLE HAZARDOUS WASTE LIQUID				12. Containers No. Type	13. Total Quantity	14. Unit Wt/Yr
						15. Waste Number State 223 EPA/Other None
b.						State EPA/Other
c.						State EPA/Other
d.						State EPA/Other
15. Special Handling Instructions and Additional Information Wear Protective Gear Emergency Contact 510-797-8511 Attn: Kirk Hayward				16. Handling Codes for Wastes Listed Above 14		
15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name ROBERT J. COX		Signature <i>[Signature]</i>		Month Day Year 07 01 97		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name STEVEN R. STONE		Signature <i>[Signature]</i>		Month Day Year 07 01 97		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest as set forth in Item 15 Printed/Typed Name Kirk Hayward		Signature <i>[Signature]</i>		Month Day Year 07 01 97		

DO NOT WRITE BELOW THIS LINE.

State of California - Environmental Protection Agency
Form Approved OMB No. 2040-0039 (Expires 9-30-96)
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See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

96430081
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-474-8807. WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator - US EPA ID No. C A C 0 0 1 2 4 3 7 1 2	Manifest Document No. 3 0 0 8 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law
3. Generator Name and Mailing Address: Stuart Depper 338 North Canal, #26 South San Francisco CA 94080 4. Generator's Phone: (415) 589-3677		5. Site Address 2815 Broadway Oakland CA 94618		A. State Manifest Document Number: 96430081	
6. Transporter 1 Company Name: North State Environmental		6. US EPA ID Number: C A D 0 0 0 6 0 3 7 3 8		B. State Generator's ID: T A F F F F F F F F F F F F F F F F	
7. Transporter 2 Company Name: Rust and Sons Trucking		8. US EPA ID Number: C A D 9 8 1 6 3 4 1 1 6		C. State Transporter's ID: 0539	
9. Designated Facility Name and Site Address: Chemical Waste Management, Inc. 35251 Old Skyline Road Kettleman City CA 93239		10. US EPA ID Number: C A T 0 0 0 6 4 6 1 1 7		D. Transporter's Phone: (415) 588-2838	
				E. State Transporter's ID: 0539	
				F. Transporter's Phone: (415) 443-6193	
				G. State Facility's ID: C A T 0 0 0 6 4 6 1 1 7	
				H. Facility's Phone: (800) 222-2964	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number): Spent filters/oily rags, Non-RCRA hazardous waste solid		12. Container No. Type: 9 DM	13. Total Quantity: 148610	14. Unit wt/Vol: 7	15. Waste Number: 353 / 1 EPA/Other: None State: EPA/Other: None State: EPA/Other: None State: EPA/Other: None
16. Additional Information (to be filled out by generator): None		17. Handling Code for Waste Used Above: 03			
18. Special Handling Instructions and Additional Information: Stuart Depper (415) 589-3677		Emergency Contact: Trans 1 address: 90 S. Spruce Ave., South San Francisco, CA 94080 Trans 2 address: 15240 Willow Road, Lakeside, CA 92040 a: 55 b: c: d:			
19. GENERATOR'S CERTIFICATION I hereby declare that the contents of this assignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future risks to human health and the environment. OR, If I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name: Robert J. Cox Agent for Stuart Depper		Signature: <i>[Signature]</i>		Month Day Year: 07/01/97	
17. Transporter 1 Acknowledgement of Receipt of Material: Printed/Typed Name: R. J. Gaud		Signature: <i>[Signature]</i>		Month Day Year: 07/01/97	
18. Transporter 2 Acknowledgement of Receipt of Material: Printed/Typed Name: STEVE D. PARKER		Signature: <i>[Signature]</i>		Month Day Year: 07/11/97	
19. Discrepancy Indication Space:					
20. Facility Owner or Operator Certification of receipt of hazardous material covered by this manifest except as noted in Item 19: Printed/Typed Name: W. Gentry		Signature: <i>[Signature]</i>		Month Day Year: 07/10/97	

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State of California—Environmental Protection Agency
Permit Approval Code No. T050-0037 (Expires 7-30-98)
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Department of Toxic Substances Control
Sacramento, California

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A C 0 0 1 2 4 3 7 1 2	Manifest Document No. 3 0 0 9 6	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Stuart Depper 338 North Canal, #26 South San Francisco CA 94080		Site Address 2815 Broadway Oakland CA 94618				
6. Generator's Phone (415) 589-3677						
9. Transporter 1 Company Name North State Environmental		6. US EPA ID Number C A D 0 0 0 6 0 3 7 3 8				
7. Transporter 2 Company Name Rust and Sons Trucking		8. US EPA ID Number C A D 9 8 1 6 3 4 1 1 6				
9. Designated Facility Name and Site Address Pacific Resource Recovery 3150 East Pico Boulevard Los Angeles CA 90023		10. US EPA ID Number C A D 0 0 0 2 5 2 4 0 5				
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	14. Unit (kg/Vol)	
a. Hazardous waste liquid, nos(perchloroethylene/stoddard solvent), 9, NA3082, PGIII		004 DM		00120	G	
b.						
c.						
d.						
15. Special Handling Instructions and Additional Information Stuart Depper (415) 589-3677		Emergency Contact:				
Trans 1 address: 90 S. Spruce Ave., South San Francisco, CA 94080		a: 55		b:		
Trans 2 address: 15260 Willow Road, Lakeside, CA 92040		c:		d:		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.						
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Printed/Typed Name Robert J. Cox Agent for Stuart Depper		Signature <i>[Signature]</i>		Month 6	Day 6	Year 97
Printed/Typed Name R. T. Gind		Signature <i>[Signature]</i>		Month 6	Day 6	Year 97
18. Transporter 2 Acknowledgment of Receipt of Manifest Printed/Typed Name STEVE D. PARKER		Signature <i>[Signature]</i>		Month 7	Day 10	Year 97
17. Discrepancy Indication Space						
Printed/Typed Name Steve D. Parker		Signature <i>[Signature]</i>		Month 7	Day 10	Year 97
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name Steve D. Parker		Signature <i>[Signature]</i>		Month 7	Day 10	Year 97

DO NOT WRITE BELOW THIS LINE.



**CLEARWATER
ENVIRONMENTAL
MANAGEMENT, INC.**

P.O. Box 7420 Fremont, CA 94537-7420
(800) 499-3676 Fax (510) 744-9341
US EPA ID NO. CAR000007013
Hazardous Waste Haulers Lic. # 3515

Bill of Lading
Invoice # **3697**

Date 7-1-97

BILLING INFORMATION

JOB SITE

NAME <u>Demco</u>			NAME			CASH	CHECK
ADDRESS <u>1751 Leslie Street</u>			ADDRESS <u>Manilla</u>			#	
CITY <u>San Mateo</u>	STATE <u>CA</u>	ZIP <u>94402</u>	CITY <u>DAKLAND</u>	STATE <u>CA</u>	ZIP	CUSTOMER EPA ID #	
PHONE NO. <u>415 8033</u>			PHONE NO. ()			CUSTOMER ID NO:	

PRODUCT	PROPER SHIPPING DESCRIPTION	WASTE CODE	MANIFEST NUMBER	QUANTITY	UNITS	PRICE	AMOUNT
Used Oil, Non-RCRA Hazardous Waste Liquid		221			GAL.		
Used Automotive Antifreeze, Non-RCRA Hazardous Waste, Liquid		134			GAL.		
Oily Water, Non RCRA Hazardous Waste Liquid		223		400	GAL.	.95	380.00
Non RCRA Hazardous Waste Solid					GAL.		
Oil Contaminated Debris							
Waste Flammable Liquid, n.o.s. UN1993, PG III					Drums		
Non Hazardous Waste Liquid		N/A			GAL.		
Non Hazardous Waste Solid		N/A			GAL.		
Transportation Charges				2	Hours	65	130.00
Washout Charges					Drums		
Drained Used Oil Filters		N/A			Each		
Empty Drums					Each		
Additional Labor							
Other:							

DISPOSAL/RECYCLING FACILITY: **DUE AND PAYABLE IN 10 DAYS** **TOTAL** 570.00

- | | | |
|--|---|---|
| <input type="checkbox"/> Alviso Independent Oil
5002 Archer Street; Alviso, CA
CAL00048571
(408) 262-2715 | <input type="checkbox"/> McGittrick Waste Treatment Site
56533 Hwy 58 West; McGittrick, CA
CAD980836831
(805) 762-7366 | <input type="checkbox"/> Solvent Services, dba Laidlaw
1021 Berryessa Road; San Jose, CA
CAD058494310
(408) 451-5000 |
| <input type="checkbox"/> AETS
1125 Hensley Street; Richmond, CA
CAT080014079
(510) 233-8001 | <input type="checkbox"/> Seaport Environmental
675 Seaport Blvd; Redwood City, CA
CAD000032058
(415) 384-8154 | <input type="checkbox"/> Commercial Filter Recycling
33210 Western Ave; Union City, CA
(510) 487-9277 |
| <input type="checkbox"/> DeMerno Kerdoon
2000 N. Alameda Blvd; Compton, CA
CAT080013352
(310) 571-3700 | <input type="checkbox"/> Evergreen Oil
8880 Smith Ave; Newark, CA
CAD980887418
(510) 785-4400 | |

I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of the waste. All relevant information regarding known or suspected hazards associated with the wastes has been disclosed. This further serves as notification that pursuant to Title 22, Section 86288.7(a)(10), the above listed wastes are banned from land disposal.

DRIVER
SIGNATURE [Signature]

GENERATOR
SIGNATURE [Signature]

HK2, Inc./SEMCO

1751 Leslie Street, San Mateo, California, (415) 572-8033 (415) 572-9734 Fax

BARREL DISPOSITION TRACKING RECORD

Section 1:

A Public Health Services Tracking Sheet will accompany barrels. The tracking sheet is to be returned to Public Health Services within thirty days of acceptance of the barrels by the disposal or recycling facility. The permit holder is responsible for ensuring that this form is completed and returned.

Facility Name:	Stuart Depper
Facility Address:	3815 Broadway, Oakland
Barrel ID:	97-0163
Barrel Description:	55 gallon steel drums, crushed
SECTION 2: To be filled out by barrel removal contractor	
Barrel Removal Contractor:	HK2, Inc./SEMCO
Address:	1751 Leslie Street, San Mateo, CA 94402
Phone#:	415-572-8033
Date Barrel Removed:	
SECTION 3: To be filled out by contractor decontaminating barrel.	
Barrel Decontamination Contractor:	HK2, Inc./SEMCO
Address:	1751 Leslie Street, San Mateo, CA 94402
Phone#:	(415) 572-8033
Authorized representative of contractor certifies by signing below that the barrel has been decontaminated in an approved manner as required by the State Department of Health Services	
SIGNATURE: <i>R. Kip</i>	DATE: 6-27-97
SECTION 4: To be signed and dated by an authorized representative of the treatment, storage or disposal facility accepting barrels.	
Facility Name:	Circosta Iron & Metal Company
Address:	1801 Evans, San Francisco, California
Phone#:	415-282-8568
Date Barrel Received:	
SIGNATURE: <i>Walt Hodges</i>	TITLE: <i>V.P.</i>

APPENDIX C

**Drum Inspection Report, Laboratory Report,
and Chain-of-Custody Record**

		Dry Cleaners		Drum Report			
		3820 Manilla Oakland					
Drum #	Description	Gallons	Sludge	Oil	Solvent	Water	PPM
D-1	Oil and Water	55g	2"	18g	0g	37g	3350
D-2	Water	5g	4"	0g	0g	5g	N/D
D-3	Water	20g	4"	0g	0g	20g	1500
D-4	Oil	55g	0"	55g	0g	0g	750
D-5	Oil and Water	35g	3"	10g	0g	24	2200
D-6	Oil	50g	0"	50g	0g	0g	100
D-7	Water	3g	3"	0g	0g	3g	N/D
D-8	Empty	0g	0"	0g	0g	0g	No Test
D-9	Water	3g	0"	0g	0g	3g	N/D
D-10	Water	30g	0"	0g	0g	30g	N/D
D-11	Water	15g	1"	0g	0g	15g	N/D
D-12	Empty	0g	0"	0g	0g	0g	No Test
D-13	Sludge	0g	3"	0g	0g	0g	No Test
D-14	Diesel	2g	0"	2g	0g	0g	600
D-15	Solvent	50g	0"	0g	50g	0g	3000
D-16	Thinner & Solvent	50g	0"	0g	50g	0g	3100
D-17	Quick Dry and Water	50g	0"	0g	33g	17g	N/D
D-18	Solvent	55g	3"	0g	55g	0g	4000+
D-19	Oil and Water	40g	0"	8g	0g	32g	300
D-20	Diesel and Oil	30g	0"	30g	0g	0g	100
D-21	90 Wt. Baseoil	30g	0"	30g	0g	0g	100
D-22	Red Diesel	55g	0"	55g	0g	0g	100
D-23	Dry Cleaning Solvent w/Perc.	40g	90%	10%	0g	0g	4000+
D-24	Oil and Solvent	30g	0"	15g	15g	0g	100
D-25	Solvent	30g	0"	0g	30g	0g	4000+
D-26	Solvent and Oil w/ Perc.	40g	3"	20g	20g	0g	2000
D-27	Solvent w/ Perc.	50g	0"	0g	50g	0g	4000+
D-28	Solvent w/ Perc.	40g	0"	0g	40g	0g	1300
D-29	Solvent w/ Perc.	5g	3"	0g	5g	0g	4000
D-30	Water	30g	0"	0g	0g	30g	N/D
D-31	Pale oil	35g	0"	35g	0g	0g	200
D-32	Solvent	40g	0"	0g	40g	0g	1800
D-33	Solvent	40g	0"	0g	40g	0g	4000
D-34	Solvent	40g	0"	0g	40g	0g	4000
D-35	Solvent	30g	0"	0g	30g	0g	4000
D-36	Solvent	25g	0"	0g	25g	0g	4000
D-37	17 Empty Drums						No Test
D-38	Empty	0g	0"	0g	0g	0g	No Test
D-39	Oil and Water	55g	0"	27	0g	26	3000
D-40	Solvent	55g	0"	0g	55g	0g	1400
D-41	Grey (Solid)	55g	0"	0g	0g	0g	No Test
D-42	Brown Grey Solid	55g	0"	0g	0g	0g	No Test
D-43	Brown Grey Solid	55g	0"	0g	0g	0g	No Test

D-44	Brown Grey Solid	55g	0"	0g	0g	0g	No Test
D-45	Brown Grey Solid	55g	0"	0g	0g	0g	No Test
D-46	Brown Grey Solid	55g	0"	0g	0g	0g	No Test
D-47	Brown Grey Solid	55g	0"	0g	0g	0g	No Test
D-56	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-57	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-58	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-59	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-60	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-61	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-62	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-63	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-64	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-65	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-66	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-67	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-68	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-69	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-70	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-71	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+
D-72	Perc. (Dry Cleaning)	55g	0"	0g	55g	0g	4000+



North State Environmental
Chemical Waste Disposal · Trucking · Consulting

CERTIFICATE OF ANALYSIS

Lab Number: 97-491
Client: Semco HK2
Project: Depper 38th&Broadway, Oakland 97-0163

Date Reported: 06/11/97

8010 Halogenated Hydrocarbons by GC/MS EPA 8260
Benzene, Toluene, Ethylbenzene and Xylenes by Method 8020
Diesel Range Hydrocarbons by Method 8015 M

Analyte	Method	Result	Unit	Date Sampled	Date Analyzed
Sample: 97-491-01 Client ID: T-1-6-COMP					WATER
Benzene	8020	25	ug/L	06/10/97	06/11/97
Ethylbenzene	8020	64	ug/L		06/11/97
Toluene	8020	680	ug/L		06/11/97
Xylenes	8020	630	ug/L		06/11/97
Diesel	8015M	1000	ug/L	06/10/07	06/11/97



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CERTIFICATE OF ANALYSIS

Quality Control/Quality Assurance

Lab Number: 97-491
Client: Semco HK2
Project: Depper 38th&Broadway, Oakland 97-0163

Date Reported:06/11/97

8010 Halogenated Hydrocarbons by GC/MS EPA 8260
Benzene, Toluene, Ethylbenzene and Xylenes by Method 8020
Diesel Range Hydrocarbons by Method 8015 M

Analyte	Method	Reporting Limit	Unit	Blank	MS/MSD Recovery	RPD
Benzene	8020	.005	ug/L	ND	125	6
Toluene	8020	.005	ug/L	ND	118	10
Ethylbenzene	8020	.005	ug/L	ND	110	14
Xylenes	8020	.010	ug/L	ND	96	
Diesel	8015M	50	ug/L	ND	94	3

ELAP Certificate NO:1753

Reviewed and Approved

John A. Murphy, Laboratory Director

Page 2 of 2



CERTIFICATE OF ANALYSIS

JOB NO: 97-491
CLIENT: Semco/HK2 Inc.
PROJECT ID: Depper 38th at Broadway

DATE SAMPLED: 06/10/97
DATE ANALYZED: 06/11/97
DATE REPORTED: 06/11/97

8010 Volatile halogenated organics by GC/MS Method 8260

Laboratory Number 97-491-01
Client ID T-1-6-Comp
Matrix Water
Results
Analyte ug/L

Chlormethane	ND<5
Vinyl Chloride	ND<5
Bromomethane	ND<5
Chloroethane	ND<5
Trichlorofluoroethane	24
1,1-Dichloroethene	ND<1
Methylene Chloride	ND<1
trans-1,2-Dichloroethene	ND<1
1,1-Dichloroethane	ND<1
cis-1,2-Dichloroethene	ND<1
Chloroform	45
1,1,1-Trichloroethane	ND<1
Carbon Tetrachloride	ND<1
1,2-Dichloroethane	ND<1
Trichloroethene	180
Bromodichloroethane	ND<1
trans-1,3-Dichloropropene	ND<1
cis-1,3-Dichloropropene	ND<1
1,1,2-Trichloroethane	ND<1
Tetrachloroethene	430
Dibromobenzene	ND<1
Chlorobenzene	ND<1
1,1,2,2-Tetrachloroethane	ND<1
1,3-Dichlorobenzene	ND<1
1,4-Dichlorobenzene	ND<1
1,2-Dichlorobenzene	ND<1

Surrogate Recoveries %

1,2-Dichloroethane d4	108
Toluene d8	110
4-Bromofluorobenzene	105



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CERTIFICATE OF ANALYSIS

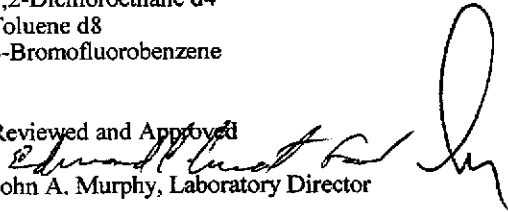
JOB NO: 97-491
CLIENT: Semco/HK2 Inc.
PROJECT ID: Depper 38th at Broadway

DATE SAMPLED: 06/10/97
DATE ANALYZED: 06/11/97
DATE REPORTED: 06/11/97

8010 Volatile halogenated organics by GC/MS Method 8260 Quality Control/Quality Assurance Summary

Laboratory Number	97-491	MS/MSD recoveries	RPD
Client ID	Blank		
Matrix	Water		
Analyte	Results ug/L		
Chlormethane	ND<5		
Vinyl Chloride	ND<5		
Bromomethane	ND<5		
Chloroethane	ND<5		
Trichlorofluoroethane	ND<1		
1,1-Dichloroethene	ND<1	98/104	1
Methylene Chloride	ND<1		
trans-1,2-Dichloroethene	ND<1		
1,1-Dichloroethane	ND<1		
cis-1,2-Dichloroethene	ND<1		
Chloroform	ND<1		
1,1,1-Trichloroethane	ND<1		
Carbon Tetrachloride	ND<1		
1,2-Dichloroethane	ND<1		
Trichloroethene	ND<1	88/94	7
Bromodichloroethane	ND<1		
trans-1,3-Dichloropropene	ND<1		
cis-1,3-Dichloropropene	ND<1		
1,1,2-Trichloroethane	ND<1		
Tetrachloroethene	ND<1		
Dibromobenzene	ND<1		
Chlorobenzene	ND<1	100/101	1
1,1,2,2-Tetrachloroethane	ND<1		
1,3-Dichlorobenzene	ND<1		
1,4-Dichlorobenzene	ND<1		
1,2-Dichlorobenzene	ND<1		
Surrogate Recoveries			
1,2-Dichloroethane d4	109%	134/138	3
Toluene d8	100%	97/100	3
4-Bromofluorobenzene	101%	100/96	4

Reviewed and Approved


John A. Murphy, Laboratory Director



North State Environmental Analytical Laboratory

Phone: (415) 588-9652 Fax: (415) 588-1950

Chain of Custody / Request for Analysis
Lab Job No.: _____ Page ___ of ___

91-991

Client: SEMCO	Report to: Chuck Kiper	Phone: (415) 572-7033	Turnaround Time
Mailing Address: 1751 Leslie St San Mateo Ca	Billing to: SDME	Fax:	8 hour or less
		PO# / Billing Reference: 97-0163	Date: 6-11-97
			Sampler: Keith Craig

Project / Site Address: Depper 38th at Broadway Oakland Ca					Analysis Requested				Comments/Hazards
Sample ID	Sample Type	Container No. / Type	Pres.	Sampling Date / Time	TPH-diesel 8015(m)	8020 BTEX only	8010 HVOCS		
T-1-6-comp	Water	2 Amber liter	no	6-10-97 1700	<input checked="" type="checkbox"/>				
T-1-6-comp	Water	3 40 ml VIALS	no	6-10-97 1700		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Relinquished by: Keith Craig	Date: 6-11-97 Time: 815	Received by: J.M.M.P.	NSL LABS	Lab Comments
Relinquished by: _____	Date: / Time: /	Received by: _____		
Relinquished by: _____	Date: / Time: /	Received by: _____		