

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

RO0000462

December 3, 2001

Mr. Peter Carrai
City of Alameda, Maintenance Garage
1616 Fortmann Way
Alameda, CA 94501

**SUBJECT: INTENT TO MAKE A DETERMINATION THAT NO FURTHER ACTION IS REQUIRED
OR ISSUE A CLOSURE LETTER FOR 2040 GRAND STREET, ALAMEDA, CA**

Dear Mr. Carrai:

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

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

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

Sincerely,

eva chu
Hazardous Materials Specialist

c: Chuck Headlee, RWQCB

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



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

November 12, 2000

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA 94501
STID 1550

RE: 2040 Grand Avenue, Alameda, CA 94501

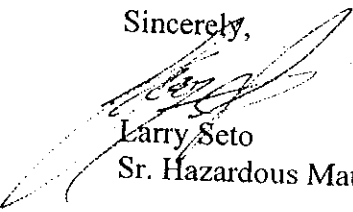
Dear Mr. Carrai:

A letter dated July 31, 2000 from this office was sent to you requesting information that was not in the site file. This information is going to be used in preparing the closure summary for the above site. As of this date, this information has not been received. Please forward this information to this office when it becomes available.

I have been assigned to another position within my Department. Effective January 2, 2001, Mr. Barney Chan @ 567-6765 will be the new caseworker for this site.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,


Larry Seto
Sr. Hazardous Materials Specialist

Enclosure (1) Letter dated July 31, 2000 from Alameda County Environmental Health

Cc: Files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

July 31, 2000

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA 94501
STID 1550

RE: 2040 Grand Avenue, Alameda, CA 94501

Dear Mr. Carrai:

I am preparing the case closure summary for the above site owned by the City of Alameda. To assist me in this task, please submit the following information to me:

- 1) The amount of soil removed from the remote fill area of the former underground tank
- 2) Copy of the manifest or receipt that identifies the location the impacted soil was transferred to for disposal or treatment.
- 3) A site map drawn to scale that clearly identifies the limits of the overexcavation that was performed in the remote fill area (The site maps dated 2/27/98 and 3/19/98 that was submitted on September 2, 1998 by Scott Co. are not drawn to scale, and does not identify the limits of the overexcavation)

I will continue preparing the closure summary for the above site once I receive this information.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Soto
Sr. Hazardous Materials Specialist

Cc: Files



City of Alameda • California

ENVIRONMENTAL
PROTECTION

00 MAR 20 PM 4:44

March 16, 2000

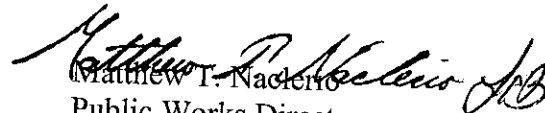
Mr. Larry Seto
Environmental Health Services
Environmental Protection (LOP)
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

Dear Mr. Seto:

The City of Alameda Central Garage is located at 2040 Grand Street, Alameda, CA 94501.

In accordance with Section 25297.15(a) of Chapter 6.7 of the Health and Safety Code, this letter is to certify that the City of Alameda is the sole landowner for the above location. If you have any questions, please call me at 510/749-5840, or Lance Bryant, Public Works Superintendent, at 510/748-4520.

Sincerely,


Matthew T. Nacervo
Public Works Director

MTN:sd

cc: Lance C. Bryant
Public Works Superintendent

Public Works Department

2250 Central Avenue, Room 280

Alameda, California 94501

510 748.4550 • Fax 510 748.4688 • TDD 510 522.7538

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

March 1, 2000

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA 94501
STID 1550

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

INTENT TO MAKE A DETERMINATION THAT NO FURTHER ACTION IS
REQUIRED OR ISSUE A CLOSURE LETTER FOR CITY OF ALAMEDA,
MAINTENANCE CENTER, 2040 GRAND AVENUE, ALAMEDA, CA 94501

Dear Mr. Carrai:

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

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

If you have any questions about these proposed actions, please contact Larry Seto at (510) 567-6774.

Sincerely,

Thomas Peacock
Manager, LOP

cc: Chuck Headlee, RWQCB
Leroy Griffin, City of Oakland Fire Department, 1603 Martin Luther King,
Oakland, CA 94612
Larry Seto, Alameda County Environmental Health
Files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



March 1, 2000

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA 94501
STID 1550

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

RE: City of Alameda, Maintenance Center 2040 Grand Avenue,
Alameda, CA 94501

LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS

Dear Mr. Carrai:

This letter is to inform you of new legislative requirements pertaining to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST). Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter. Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

For purposes of implementing these sections, you have been identified as the primary or active responsible party. Please provide to this agency, within twenty (20) calendar days of receipt of this notice, a complete mailing list of all current record owners of fee title to the site. You may use the enclosed "list of landowners" form (sample letter 2) as a template to comply with this requirement. If the list of current record owners of fee title to the site changes, you must notify the local agency of the change within 20 calendar days from when you are notified of the change.

If you are the sole landowner, please indicate that on the landowner list form. The following notice requirements do not apply to responsible parties who are the sole landowner for the site.

LANDOWNER NOTIFICATION

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA 94501
March 1, 2000
Page 2 of 4

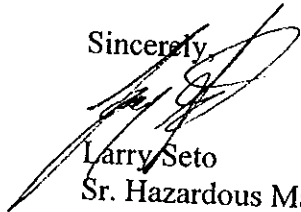
In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

- 1) consider a cleanup proposal (corrective action plan)
- 2) consider a site closure proposal
- 3) make a determination that no further action is required
- 4) issue a closure letter

You may use the enclosed "notice of proposed action" form (sample letter 3) as a template to comply with this requirement. Before approving a cleanup proposal or site closure proposal, determining that no further action is required, or issuing a closure letter, the local agency will take all reasonable steps necessary to accommodate responsible landowner participation in the cleanup and site closure process and will consider all input and recommendations from any responsible landowner.

Please call me at (510) 567-6774 should you have any questions about the content of this letter.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Attachments

cc: Chuck Headlee, RWQCB

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA 94501
March 1, 2000
Page 3 of 4

SAMPLE LETTER (2): LIST OF LANDOWNERS FORM

Name of local agency
Street address
City

SUBJECT: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR (*Site Name and Address*)

(Note: Fill out item 1 if there are multiple site landowners. If you are the sole site landowner, skip item 1 and fill out item 2.)

1. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site:
2. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I am the sole landowner for the above site.

Sincerely,

Signature of primary responsible party

Name of primary responsible party

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA 94501
March 1, 2000
Page 4 of 4

SAMPLE LETTER 3: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY

Name of local agency
Street address
City

SUBJECT: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY
FOR *(Site Name and Address)*

In accordance with section 25297,15(a) of Chapter 6.7 of the Health & Safety Code, I, *(name of primary responsible party)*, certify that I have notified all responsible landowners of the enclosed proposed action. Check space for applicable proposed action(s):

- cleanup proposal (corrective action plan)
- site closure proposal
- local agency intention to make a determination that no further action is required
- local agency intention to issue a closure letter

Sincerely,

Signature of primary responsible party

Name of primary responsible party

cc: Names and addresses of all record fee title owners

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES

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

July 8, 1999

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA 94501
STID 1550

RE: City of Alameda, Maintenance Center, 2040 Grand Avenue, Alameda, CA

Dear Mr. Carrai:

I have reviewed the Boring Investigation Work Plan dated June 9, 1999 that was prepared by ACC Environmental. It is acceptable.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: Stephen Southern, ACC Environmental, 7977 Capwell Drive, Suite 100,
Oakland, CA 94621
Files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



July 6, 1999

ENVIRONMENTAL HEALTH SERVICES

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

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA 94501
STID 1550

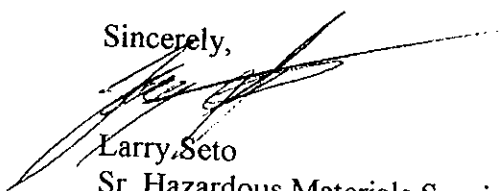
RE: City of Alameda Maintenance Center, 2040 Grand Ave., Alameda, CA

Dear Carrai:

I have reviewed the Boring Investigation Work Plan dated June 9, 1999 that was prepared by ACC Environmental. Before I can approve this workplan, a site plan identifying the proposed boring location must be submitted for review.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto

Sr. Hazardous Materials Specialist

Cc: David DeMent, ACC Environmental, 7977 Capwell Drive, Suite 100,
Oakland, CA 94621

Files

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

May 26, 1999

ENVIRONMENTAL HEALTH SERVICES

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

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA 94501
STID 1550

RE: City of Alameda Maintenance Center, 2040 Grand Ave., Alameda, CA

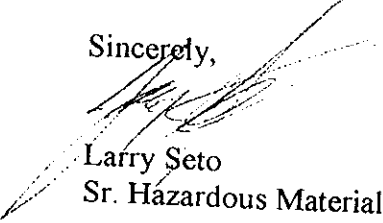
Dear Mr. Carrai:

During our phone conversation on March 23, 1999 you informed me that ACC Environmental would submit a subsurface investigation workplan for the above site. On May 14, 1999 this office received a Boring Investigation Report dated May 13, 1999 prepared by ACC Environmental. **A workplan was not submitted to this office for approval prior to commencing the investigation that is detailed in this Report dated May 13, 1999. In addition, ACC Environmental did not contact me prior to the investigation.**

Soil samples were not collected during this investigation. The groundwater samples collected were not tested as required by the Regional Water Quality Control Board (RWQCB) for the presence of metals (Cd, Cr, PB, Zn, and Ni), PCB, PCP, PNA and creosote. **Additional soil and groundwater samples must be collected and analyzed to fulfill the requirements of the RWQCB.**

If you have any questions, please contact me at (510) 567-6774.

Sincerely,


Larry Seto
Sr. Hazardous Materials Specialist

Cc: Stephen Southern, ACC Environmental, 7977 Capwell Drive, Suite 100,
Oakland, CA 94621

Files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



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

March 8, 1999

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA 94501
STID 1550

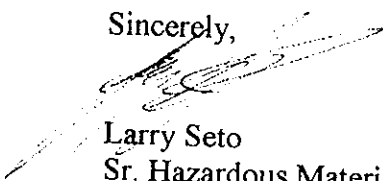
RE: City of Alameda Maintenance Center, 2040 Grand Ave., Alameda, CA

Dear Mr. Carrai:

A letter was sent to you from this office dated September 8, 1998 requesting a site map drawn to scale, a site health and safety plan, and a workplan submitted under the seal of a California Registered Geologist or Registered Civil Engineer. As of this date, these materials have not been received.

Please submit the information requested above, and the current status of your investigation/remediation.

Sincerely,


Larry Seto
Sr. Hazardous Materials Specialist

Cc: Paul Ferreira, Scott Co., 1717 Doolittle Drive, San Leandro, CA 94577

LOP - RECORD CHANGE REQUEST FORM

printed:
09/30/98

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

Insp: LS

AGENCY # : 10000 SOURCE OF FUNDS: F
StID : 1550 LOC:
SITE NAME: City Of Alameda Muni Garage
ADDRESS : 2040 Grand St
CITY/ZIP : Alameda 94501

SUBSTANCE: 12035

DATE REPORTED : 03/05/98
DATE CONFIRMED: 06/10/98
MULTIPLE RPS : N

SITE STATUS

CASE TYPE: S CONTRACT STATUS: 2 PRIOR CODE: EMERGENCY RESP:
RP SEARCH: s DATE COMPLETED:
PRELIMINARY ASMNT: DATE UNDERWAY: DATE COMPLETED:
REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 09/08/98
LUFT FIELD MANUAL CONSID:
CASE CLOSED: DATE CASE CLOSED:
DATE EXCAVATION STARTED : REMEDIAL ACTIONS TAKEN:

RESPONSIBLE PARTY INFORMATION

#1-CONTACT NAME: Pete Carrai
COMPANY NAME: City Of Alameda
ADDRESS: 1616 Fortman
CITY/STATE: Alameda, Ca 94501

INSPECTOR VERIFICATION:			
NAME	SIGNATURE	DATE	
Name/Address Changes Only	DATA ENTRY INPUT:		
ANPNPGMS	LOP	DATE	Case Progress Changes
			LOP DATE

Digest of New Regulations
Digest may be placed in a separate three ring binder.
Filing Instructions
Place Filing Instructions at the beginning of the Code for your update history.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



September 8, 1998

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

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA 94501
STID 1550

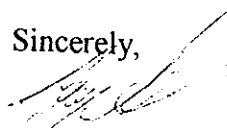
RE: City of Alameda Maintenance Center, 2040 Grand Ave., Alameda, CA

Dear Mr. Carrai:

I have received a site map from Scott Company with a cover letter dated September 2, 1998. The site map needs to be drawn to scale, with permanent landmarks to be used for reference points. In addition, a workplan must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a site health and safety plan.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,


Larry Seto
Sr. Hazardous Materials Specialist

Cc: Paul Ferreira, Scott Co., 1717 Doolittle Drive, San Leandro, CA 94577
Files

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mailer# P 143 589 269

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

August 31, 1998

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA 94501
STID 1550

RE: City of Alameda Maintenance Center, 2040 Grand Ave., Alameda, CA

Dear Mr. Carrai:

A letter dated June 23, 1998 was sent to you requesting a workplan identifying your proposed groundwater sampling locations to verify impact to groundwater due to hydrocarbons. In addition, a site map identifying the sampling locations, and limit of each of the overexcavation was also requested. As of this date, they have not been received in this office. Please submit this information within 30 days of the receipt of this letter.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: Files

#1550 P 143 589 269
L. Seto

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Mr. Pete Carrai	
City of Alameda	
Street & Number 1616 Fortman	
Post Office, State, & ZIP Code Alameda CA 94501	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800 April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none"> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: L. Seto #1550 Mr. Pete Carrai City of Alameda 1616 Fortman Alameda CA 94501		4a. Article Number P 143 589 269	
5. Received By: (Print Name) 6. Signature (Addressee or Agent) <i>Sharon L. Dickson</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 9/1/94	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



June 23, 1998

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA
STID 1550

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

RE: City of Alameda Maintenance Center, 2040 Grand Ave., Alameda, CA

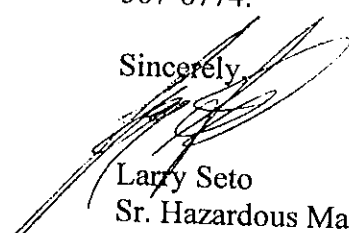
Dear Mr. Carrai:

I have reviewed the closure report for the 500 gallon waste oil tank that was removed from the above site. The groundwater sample collected during the tank removal contained 22,000 parts per billion (ppb) of Total Extractable Petroleum Hydrocarbons (TEPH). The confirmatory soil sample taken after the second overexcavation contained 3,000 parts per million (ppm) of TEPH. Before this site can be considered for closure, the following needs to be performed:

- 1) A site map identifying the sampling locations, and limits of each of the overexcavation must be submitted to this office.
- 2) A grab groundwater sample must be taken near the former underground tank and remote fill to verify the impact to groundwater. The samples must be tested for the presence of TPH(gas), TPH (diesel), BTEX, TEPH, MTBE and chlorinated hydrocarbons.

Please submit a workplan identifying your groundwater sampling locations within 45 days of the receipt of this letter. If you have any questions, please contact me at (510) 567-6774.

Sincerely,


Larry Seto
Sr. Hazardous Materials Specialist

Cc: Files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

June 2, 1998

Mr. Pete Carrai
City of Alameda
1616 Fortman
Alameda, CA 94501
STID 1550

RE: City of Alameda Maintenance Center, 2040 Grand Ave., Alameda, CA

Dear Mr. Carrai:

A 500 gallon waste oil underground tank was removed from the above site on February 19, 1998. On February 27, 1998, the remote fill was removed, and on March 19, 1998, the soil around this fill pipe was overexcavated. As of this date, this office has not received the final underground tank closure report with copies of the all manifest and receipts. Please submit a copy of this report within 15 days of the receipt of this letter.

If you have any questions, please contact me at (510)567-6774.

Sincerely,


Larry Seto

Sr. Hazardous Materials Specialist

Cc: Paul Ferreira, Scott Company, 1717 Doolittle Drive, San Leandro, CA 94577
Files

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

May 29, 1998

ENVIRONMENTAL HEALTH SERVICES

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

Paul Ferreira
Scott Company of California
1717 Doolittle Drive
San Leandro CA 94577

Re: Project # 6277A, City of Alameda Maintenance Center, 2040
Grand Street, Alameda CA 94501

Dear Mr. Ferreira:

Our records indicate that the deposit account established to fund staff time dedicated to your project for the removal of one waste oil tank at the above address is now a negative balance. In order to close the account out please submit an additional deposit of \$107.90, payable to "Alameda County, Environmental Health Services".

The deposit refund mechanism is authorized in Section 6.92.040L of the Alameda County Ordinance Code. Work on this project is debited at the Ordinance specified rate, currently \$94 per hour.

Please indicate on your check the following information to assure proper credit to the account: project # 6277A
type of project--R
site address

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

Sincerely,

Robert Weston
Sr. Hazardous Materials Specialist

cc: file

Transfer of Eligible Local Oversight Case

STID 1550 Date of input/By: NO 4/14/98

Date: 4-1-98 From: RW - Larry Seto

Site Name: CITY OF ALAMEDA MUNI GARAGE

Address: 2040 GRAND ST City: ALAMEDA Zip: 94501

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

1. N Tanks Removed? # of removed? 1 Date removed: 3/19/98
2. N Samples received? Contamination level: 1300 ppm Diesel - remote fill
Type of test 8015M
Contamination should be over 100 ppm TPH to qualify for LOP
3. N Petroleum? Circle Type(s): • Avgas • diesel • waste oil • leaded • unleaded • fuel oil • jet • kerosene • solvents

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

1.
 - a. Close the deposit refund case.
 - b. Account for **ALL** time you have spent on the case.
 - c. Turn in account sheet to Leslie.
If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s:

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

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

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name CITY OF ALAMEDA GARAGE Today's Date 3/19/98

II.A BUSINESS PLANS (Title 19)

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

Site Address 2040 GRAND STREET

City ALAMEDA Zip 94501 Phone _____

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

Inspection Categories:

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

II.B ACUTELY HAZ. MATLS

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

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

III. UNDERGROUND TANKS (Title 23)

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

Monitoring for Existing Tanks

- ___ 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose
 - Semi-annual groundwater
 - One time soils
 - 3) Daily Vadose
 - One time soils
 - Annual tank test
 - 4) Monthly Gndwater
 - One time soils
 - 5) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - Vadose/gndwater mon.
 - 6) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - 7) Weekly Tank Gauge
 - Annual tank tsg
 - 8) Annual Tank Testing
 - Daily inventory
 - 9) Other _____

- ___ 7. Precs Tank Test 2643
 - Date: _____
- ___ 8. Inventory Rec. 2644
- ___ 9. Sol Testing 2646
- ___ 10. Ground Water. 2647

New Tanks

- ___ 11. Monitor Plan 2632
- ___ 12. Access. Secure 2634
- ___ 13. Plans Submit 2711
 - Date: _____
- ___ 14. As Built 2635
 - Date: _____

Comments:
 ON THE JOB TODAY TO WITNESS
 OVER EXCAVATION OF SOIL AROUND
 FORMER WASTE OIL FILL PIPE.
 Lot 6'
 CEMENT REMOVED IN A SQUARE TO
 REVEAL SOIL AND FIND CONTAMINATED
 AREA. GALVANIZED PIPE 3" REMOVED
 IN ORDER TO GAIN ACCESS TO STAINED
 SOIL. GOAL IS TO REMOVE STAINED
 SOIL DOWN TO TAN COLORED FILL.
 PHOTOS SHOW AREA UNCOVERED IN
 ORDER TO CHARACTERIZE AREA.
 SAMPLE TAKEN AT 42" BG
 IN TAN COLORED SOIL.
 RESULTS TO BE SUBMITTED
 PRIOR TO BACK FILLING.

Rev 6/88

Contact: _____

Title: _____

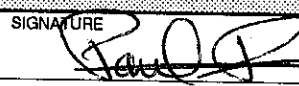
Signature: _____

Inspector: ROBERT WESTON

Signature: _____

II, III

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE. SIGNED: <u>Robert Weston</u> DATE: <u>3-5-98</u>	
REPORT DATE <u>02/21/98</u>		CASE # _____			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>Paul Ferreira</u>		PHONE <u>(510) 895-2333</u>		SIGNATURE 
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER _____		COMPANY OR AGENCY NAME <u>SCOTT Company</u>		
	ADDRESS <u>2040 Grand Ave</u> STREET <u>Alameda</u> CITY <u>Ca</u> STATE <u>94501</u> ZIP				
RESPONSIBLE PARTY	NAME <u>City of Alameda</u> <input type="checkbox"/> UNKNOWN		CONTACT PERSON <u>Pete Carrai</u>		PHONE <u>(510) 748-4522</u>
	ADDRESS <u>1616 Portman</u> STREET <u>Alameda</u> CITY <u>CA</u> STATE <u>94501</u> ZIP				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>City of Alameda Maintenance</u>		OPERATOR <u>City of Alameda</u>		PHONE <u>(510) 748-4519</u>
	ADDRESS <u>2040</u> STREET <u>Grand Ave</u> CITY <u>Alameda</u> COUNTY <u>Alameda</u> ZIP <u>94501</u>				
	CROSS STREET <u>Lincola</u>				
IMPLEMENTING AGENCIES	LOCAL AGENCY <u>Alameda County Env. Health</u>		AGENCY NAME <u>Alameda County Env. Health</u>		CONTACT PERSON <u>Robert Weston</u>
	REGIONAL BOARD _____		_____		PHONE () _____
SUBSTANCES INVOLVED	(1) NAME <u>Waste Oil</u>				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) _____ <input type="checkbox"/> UNKNOWN				
DISCOVERY/ABATEMENT	DATE DISCOVERED <u>02/19/98</u>		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER _____		
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER <u>Remove tank</u>		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <u>02/22/98</u>				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER <u>Remote fill</u>		CAUSE(S) <input checked="" type="checkbox"/> OVERFILL/overspill <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____		
	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input checked="" type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT) _____				
COMMENTS	<u>overspill/overflow most likely occurred since remote fill had no containment. Level of contaminants unconfirmed until analysis is reviewed on 3-9-98. At this time visual confirmation of w/o release around remote fill.</u>				
	<u>ST101551</u>				

Roll 462 ec

Clipboard

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25100.7 OF THE HEALTH AND SAFETY CODE. <i>Robert Weston</i> SIGNED _____ DATE <u>3-5-98</u>
--	--	---

REPORT DATE <u>0</u> M <u>2</u> M <u>2</u> D <u>7</u> D <u>9</u> Y <u>8</u> V	CASE #
--	--------

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>Paul Ferreira</u>	PHONE <u>(510) 895-2333</u>	SIGNATURE <i>Paul Ferreira</i>
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <u>SCOTT COMPANY</u>	
	ADDRESS <u>2040 Grand Ave</u> STREET <u>Alameda</u> CITY <u>Ca</u> STATE <u>94501</u>		

RESPONSIBLE PARTY	NAME <u>City of Alameda</u> <input type="checkbox"/> UNKNOWN	CONTACT PERSON <u>Pete Carrai</u>	PHONE <u>(510) 748-4520</u>
	ADDRESS <u>1414 Fortman</u> STREET <u>Alameda</u> CITY <u>CA</u> STATE <u>94501</u> ZIP		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>City of Alameda Maintenance</u>	OPERATOR <u>City of Alameda</u>	PHONE <u>(510) 748-4514</u>
	ADDRESS <u>2040</u> STREET <u>Grand Ave</u> CITY <u>Alameda</u> COUNTY <u>Alameda</u>		
	CROSS STREET <u>Lincoln</u>		

IMPLEMENTING AGENCIES	LOCAL AGENCY <u>Alameda County Env. Health</u>	AGENCY NAME	CONTACT PERSON <u>Robert Weston</u>	PHONE <u>(510) 567-6781</u>
	REGIONAL BOARD			PHONE ()

SUBSTANCES INVOLVED	(1) NAME <u>Waste Oil</u>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED <u>0</u> M <u>2</u> M <u>1</u> D <u>9</u> D <u>9</u> Y <u>8</u> V	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER <u>Remove tank</u>
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <u>0</u> M <u>2</u> M <u>2</u> D <u>9</u> D <u>9</u> Y <u>8</u> V	

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

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

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

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

OVERSPILL/OVERFILL most likely occurred since remote fill had no containment. Level of contaminants unconfirmed until analytical is reviewed on 3-9-98. At this time visual confirmation of w/o release around remote fill.

STID/551

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

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

II, III

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

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

Site ID # _____ Site Name City of Alameda Today's Date 2/27/98

Site Address 2040 GRAND
 City ALAMEDA Zip 94 Phone _____

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

Inspection Categories:

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

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

Comments:

(1) HAVE FROM COV
me 6/2/98

START 1:15

USI - REMOTE W/ FILL REMOVAL

SO PHOTO TAKEN

SAMPLE WILL BE TAKEN FROM BELOW FILL S/BOW.

SOIL BELOW FILL APPEARS OILY.

FILL APPEARS TO HAVE NOT BEEN CONNECTED TO PIPE.

SAMPLE TAKEN IN GLASS SAMPLE JARS. SOIL TOO ROCKY TO ALLOW DRIVER TO PUSH TUBE INTO SOIL. SAMPLED SOIL WAS DISTURBED

2 PHOTOS TAKEN

FINISH 2:45

- NEED HAZ WASTE STICKER FOR W/L

Rev 6/88

Contact: _____

Title: _____

Signature: _____

Inspector: A. LEVI

Signature: _____

II, III

BILLING ADJUSTMENT FORM

Date: 2/24/98

STID#: 1550

Caller: _____ Phone: _____

Business Name: City of Alameda Central Garage

Site Address: 2040 Grand Ave. City Alameda Zip 94501

REQUESTED CHANGES: R. Weston oversaw Removal of 1 ust
on 2/19/98

WASTE OIL TANK SW STEEL

Received by: N. Arreguin

Billing Acct#	
<input type="checkbox"/> Generator....H	_____
<input type="checkbox"/> HMMP.....L	_____
<input checked="" type="checkbox"/> UST.....T	<u>31028</u>

Discontinue billing with explanation and date:

- Generator _____
- HMMP (AB2185) _____
- UST 1 ust removed

Continue billing with following changes:

- Change number of EMPLOYEES From: _____ To: _____
- Change number of TANKS From: 1 To: 0
- HMMP (AB2185) - See Attachment
- Updated information below:

Business Name _____ Phone _____

Site address _____ City _____ Zip _____

Business Owner _____ Phone _____

BILLING address _____ City _____ Zip _____

Specialist: Robert Weston

Date: 2-25-98

<input checked="" type="checkbox"/> Sent to billing	<u>re</u>
on	<u>2/25/98</u>

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MAT'LS

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

III. UNDERGROUND TANKS (Title 23)

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

Site ID # 1550 Site Name CITY OF ALAMEDA Today Date 2-19-98

Site Address 2040 GRAND AVE

City ALAMEDA Zip 94 Phone _____

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

Inspection Categories:

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

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

Comments:

ON SITE FOR UST
WASTE OIL REMOVAL. TANK
INVENTED. VERY STORMY
DAY WATER IN PIT.
WATER SAMPLE TAKEN FOR
ANALYSIS. SOIL PIVE SAMPLE
ALSO TAKEN.
REMOVE PIV TO BE REMOVED
AT A LATER DATE.
NO HOUS OBSERVED IN TANK.
SITE SAFETY PLAN NOT AT THE
JOB.

Contact: _____

Title: _____

Signature: _____

Inspector: Robert Watson II, III

Signature: _____

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621
 PHONE NO. 510/271-4320

ACCEPTED

Underground Storage Tank Closure Permit Application
 Alameda County Division of Hazardous Materials
 1151 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577

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

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

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

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

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist

ROBERT WESTON 1/26/98

SEE TABLE Z
 FOR REQUIRED ANALYSES.
 PROVIDE DOE # ON FORM A.

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name City of Alameda Maintenance Central Equipment Garage
 Business Owner City of Alameda
2. Site Address 2040 Grand Ave
 City Alameda zip 94501 Phone 748-4579
3. Mailing Address 2040 Grand Ave
 City Alameda zip 94501 Phone 748-4569
4. Land Owner City of Alameda
 Address 1616 Fortman City, State Alameda zip 94501
5. Generator name under which tank will be manifested City of Alameda
 EPA I.D. No. under which tank will be manifested CAL 000 064 322

98 JAN 22 PM 4:05

ENVIRONMENTAL PROTECTION

1532

6. Contractor SWATT Company
Address 1717 Pootittle Dr
City San Leandro CA Phone (510) 895-2333
License Type* AGEN ID# 184480

*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. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Consultant N/A
Address _____
City _____ Phone _____

8. Contact Person for Investigation
Name Paul Ferreira Title Project Manager
Phone (510) 895-2333 X385

9. Number of tanks being closed under this plan One
Length of piping being removed under this plan less 20'
Total number of tanks at facility One

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

** Underground tanks are hazardous waste and must be handled **
as hazardous waste

a) Product/Residual Sludge/Rinsate Transporter

Name Erickson Inc EPA I.D. No. CA 009 466 392
Hauler License No. 0019 License Exp. Date on going
Address 235 Parc Blvd
City Richmond State Ca Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson Inc EPA I.D. No. _____
Address SAME AS ABOVE
City _____ State _____ Zip _____

c) Tank and Piping Transporter

Name ENCKSON Inc EPA I.D. No. CAD 009 466 392
Hauler License No. 0019 License Exp. Date on going
Address 235 Parc Blvd
City Richmond State CA zip 94801

d) Tank and Piping Disposal Site

Name SAME AS EPA I.D. No.
Address BOVE
City State Zip

11. Experienced Sample Collector

Name Representative of North State Environ.
Company
Address
City State Zip Phone

12. Laboratory

Name North State Environmental
Address PO Box 5624
City So San Francisco state CA zip 94083
State Certification No. # 1753

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

If yes, describe.

14. Describe methods to be used for rendering tank inert

Addition of 30 lbs of dry ice per
1000 gallons

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 plugged.

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
500 gallons	Waste oil	Soil Water if present	5-6 feet below grade

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan (1) Sample per every 20ft ³

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

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.

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPH Gasoline	8015 M		Soil:
TPH Diesel	" "		
BTEX	8020		
MTBE	"		
LUFT SWMMS	VARIES		
O&G	SM 5520		
PCBS	8080		
PNA's	8270		
HVOC's	8010		

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer CNA # WC 9025 22155

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

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

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

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

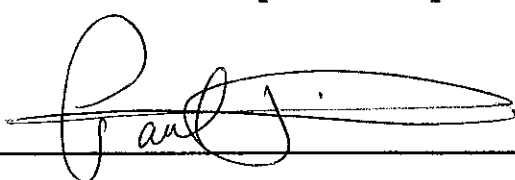
I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I 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.

Signature of Contractor

Name (please type) _____

 Paul Ferreira

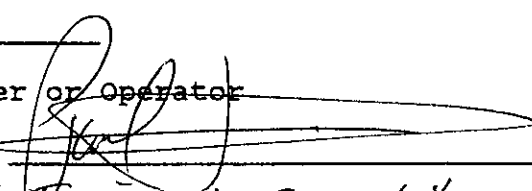
Signature _____

Date

1/22/98

Signature of Site Owner or Operator

Name (please type) _____



Signature

Paul Ferreira, For City of Alameda

Date

1/22/98

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND	BTX&E 8260		
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND	BTX&E 8260	TOTAL LEAD	AA
	TOTAL LEAD AA			
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
	EDB	DHS-AB1803	EDB	DHS-AB1803
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND	BTX&E 8260		
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND	BTX&E 8260		
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND	BTX&E 8260		
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND	BTX&E 8260	CL HC AND	BTX&E 8260
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND	BTX&E 8260	TPH and	BTX&E 8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND	BTX&E 8260		
	O & G	5520 D & F	O & G	5520 C & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni			
	METHOD 8270 FOR SOIL OR WATER TO DETECT:			
	PCB*		PCB	
	PCP*		PCP	
	PNA		PNA	
	CREOSOTE		CREOSOTE	

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990



Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: STEVEN DALE SANDKOHL

License No.: 587817

Namestyle: SCOTT CO. ENVIRONMENTAL DIVISION OF SCOTT CO. OF CALIFORNIA

WITNESS my hand and official seal this
20TH day of JUNE, 1990

Dennis R. Bellini
Registrar of Contractors

131-36 (7/88)

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

A3495

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR CL SCOTTCL DATE (MM/DD/YY) 05/02/97

PRODUCER
 Lamberson Koster & Company
 100 California St., Suite 1100
 San Francisco CA 94104-1032

INSURED
 Lamberson Koster & Company/n
 Phone No. 415-391-1500 Fax No.

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

COMPANIES AFFORDING COVERAGE

- COMPANY A Underwriters Insurance Co.
- COMPANY B Continental Casualty Co. (CNA)
- COMPANY C American Casualty Company
- COMPANY D

Scott Co. of California
 P.O. Box 5555
 San Leandro, CA 94577

COVERAGES

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

DESCRIPTION	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
1	GENERAL LIABILITY	00104	05/01/97	05/01/98	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$
3	AUTOMOBILE LIABILITY	BUA66796457	05/01/97	05/01/98	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 166796331	05/01/97	05/01/98	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$ 1,000,000
					EL DISEASE - POLICY LIMIT \$ 1,000,000
					EL DISEASE - EA EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Certificate Holder can be named Additional Insured per document CG20101185 as required per contract if project is awarded.

CERTIFICATE HOLDER
 SPECIMEN FOR BID PURPOSES ONLY
 SPECIM1

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

AUTHORIZED REPRESENTATIVE
 Lamberson Koster & Company
Thelma Rojas
 © ACORD CORPORATION 1988



CONTRACTORS STATE LICENSE BOARD
 9835 GOETHE ROAD, SACRAMENTO, CALIFORNIA
 MAILING ADDRESS: P.O. BOX 26000
 SACRAMENTO, CALIFORNIA 95826
 1/916/255-3900
 1/800/321-CSLB
 Automated Phone System



License Number: 184480

Entity: CORP

SCOTT CO OF CALIFORNIA
 1717 DOOLITTLE DRIVE
 SAN LEANDRO, CA 94577



State of California
 CONTRACTORS STATE LICENSE BOARD
 ACTIVE LICENSE

License Number: 184480 Entity: CORP

Business Name: SCOTT CO OF CALIFORNIA

Classification: A B C-4 C12 C16 C20 C34
 C36 C38 C42 C43 C60

Expiration Date: 04/30/1999



STATE OF CALIFORNIA
 STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A
Removed List 2/19/98; R. Weston



1550

COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM

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

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

DBA OR FACILITY NAME <i>City of Alameda Maintenance Center</i>		NAME OF OPERATOR <i>City of Alameda</i>	
ADDRESS <i>2040 Grand Ave</i>		NEAREST CROSS STREET <i>Grand</i>	PARCEL # (OPTIONAL)
CITY NAME <i>Alameda</i>		STATE <i>CA</i>	ZIP CODE <i>94501</i>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP		<input checked="" type="checkbox"/> LOCAL AGENCY DISTRICTS	<input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <i>One</i>
		E. P. A. (L.D.) # (optional) <i>CAC 000 014 322</i>	
SITE PHONE # WITH AREA CODE <i>(510) 748-4519</i>			

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Pete Currai</i>	PHONE # WITH AREA CODE <i>325-4086</i>	DAYS: NAME (LAST, FIRST) <i>Paul Ferreira</i>	PHONE # WITH AREA CODE <i>(510) 895-2333</i>
NIGHTS: NAME (LAST, FIRST) <i>Pete Currai</i>	PHONE # WITH AREA CODE <i>748-4520</i>	NIGHTS: NAME (LAST, FIRST) <i>Paul Ferreira</i>	PHONE # WITH AREA CODE <i>800 822-2333</i>

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>City of Alameda</i>	CARE OF ADDRESS INFORMATION
MAILING OR STREET ADDRESS <i>1616 Fortman</i>	<input checked="" type="checkbox"/> box to indicate
CITY NAME <i>Alameda</i>	<input type="checkbox"/> INDIVIDUAL <input checked="" 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
STATE <i>CA</i>	ZIP CODE <i>94501</i>
	PHONE # WITH AREA CODE <i>(510) 748-4519</i>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>City of Alameda</i>	CARE OF ADDRESS INFORMATION
MAILING OR STREET ADDRESS <i>1616 Fortman</i>	<input checked="" type="checkbox"/> box to indicate
CITY NAME <i>Alameda</i>	<input type="checkbox"/> INDIVIDUAL <input checked="" 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
STATE <i>CA</i>	ZIP CODE <i>94501</i>
	PHONE # WITH AREA CODE <i>(510) 748-4519</i>

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

TY (TK) HQ -

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

box to indicate

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

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

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

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

I. II. III.

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>Scott Co. For City of Alameda</i>	APPLICANT'S TITLE <i>Environmental Manager</i>	DATE MONTH/DAY/YEAR <i>1/22/98</i>
--	---	---------------------------------------

COUNTY # <input type="text" value="01"/>	JURISDICTION # <input type="text" value="000"/>	FACILITY # <input type="text" value="000267"/>	<i>MR</i> <i>2/24/98</i>
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.

REMOVED

on 2/19/98; R. Weston

STATE OF CALIFORNIA

STATE WATER RESOURCES CONTROL BOARD

UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



#1550

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Art's of Alameda 2400 Harvard Ave S Alameda

I. TANK DESCRIPTION

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

II. TANK CONTENTS

IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED: <u>Spot Crank Case Motor Oil</u>			<input type="checkbox"/> 2 LEADED	<input checked="" type="checkbox"/> 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"/> 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 checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 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) DROP TUBE YES <input checked="" type="checkbox"/> NO ___		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) STRIKER PLATE YES ___ NO <input checked="" type="checkbox"/> DISPENSER CONTAINMENT YES ___ NO <input checked="" type="checkbox"/>	

IV. PIPING INFORMATION

CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

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

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

1. ESTIMATED DATE LAST USED (MO/DAY/YR): <u>In Use</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING: <u>100</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	---

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

TANK OWNER'S NAME (PRINTED & SIGNATURE): <u>Scott Co. FR: City of Alameda</u>	DATE: <u>1/22/98</u>
---	----------------------

LOCAL AGENCY USE ONLY

THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>000</u>	FACILITY # <u>000267</u>	TANK # <u>060001</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE: <u>2/24/98</u>	

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

1400 Central Expressway, Alameda, CA 94501
Agency Director



CYNTHIA A. SHAHID, Assistant Agency Director

December 28, 1993

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

CERTIFIED MAILER #: P 386 338 229

City Of Alameda Central Garage
2040 Grand St.
Alameda, 94501

UGTID:1550

**Re: FIVE-YEAR PERMITS FOR OPERATION OF UNDERGROUND STORAGE TANK(S)
2040 Grand St. Alameda, 94501**

Dear Owner/Operator:

According to our records your facility referenced above has not received a five-year permit to operate UST's. In order to obtain a permit you must complete the following items marked below and return them within 30 DAYS. The necessary forms are enclosed. You may complete a "Consolidated Underground Tank Management Plan" which will assist you in preparing a monitoring plan, site plot plan and spill response plan for your tank(s). If supplemental information or forms are required, please submit it to this office with the completed questionnaire and application forms:

1. An accurate and complete plot plan.
2. A written spill response plan. (enclosed)
3. A written tank monitoring plan. (enclosed)
4. Results of precision tank test(s), (initial and annual).
5. Results of precision pipeline leak detector tests (initial and annual).
6. Complete UST PERMIT FORM A-one per facility. (enclosed)
7. Complete UST PERMIT FORM B-one per tank. (enclosed)
8. Complete UST PERMIT FORM C-one per tank if information is available. (enclosed)
9. Letter stating how the tank is to be maintained during one year closure.

Be advised that Title 23 of the California Code of Regulation prohibits the operation of "ANY" UST without a permit. If our records are in error, you must contact this office immediately TO AVOID POSSIBLE ENFORCEMENT ACTION. Please feel free to contact this office at (510) 271-4320; to answer any questions which may arise in completing the mandatory five-year permit process. Be prepared to provide your zip code to speak with the Hazmat Specialist handling your case.

Sincerely,

Cynthia Manji for LARRY SETO.

LARRY SETO
Sr HazMat Specialist

c: Edgar Howell, Chief, Hazardous Materials Div. (files)

FORM 3800



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

L.S

PS Form 3800, June 1991

Send To:	
City of Alameda Central Garage	
Street and No.	
2040 Grand Ave	
P.O. Office and ZIP Code	
Alameda 94501	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
12/27/93	

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

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

II, III

Site ID # 155 Site Name City of Alameda Today's Date 3/31/93

II.A BUSINESS PLANS (Title 19)

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

Site Address 2040 Grand St.

City Alameda Zip 94501 Phone 748-4519

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

Inspection Categories:

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

II.B ACUTELY HAZ. MATLS

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

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

III. UNDERGROUND TANKS (Title 23)

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

Comments: 550 GALLON WASTE OIL TANK.

Site visit was made 3/29/93. Disposal records show tank is emptied every 6 wks. The facility manager doesn't have a dip stick to gauge tank contents. Also a monitoring plan or spill plan is not on file at this time. A 5-year permit has not been issued.

Rev 8/88

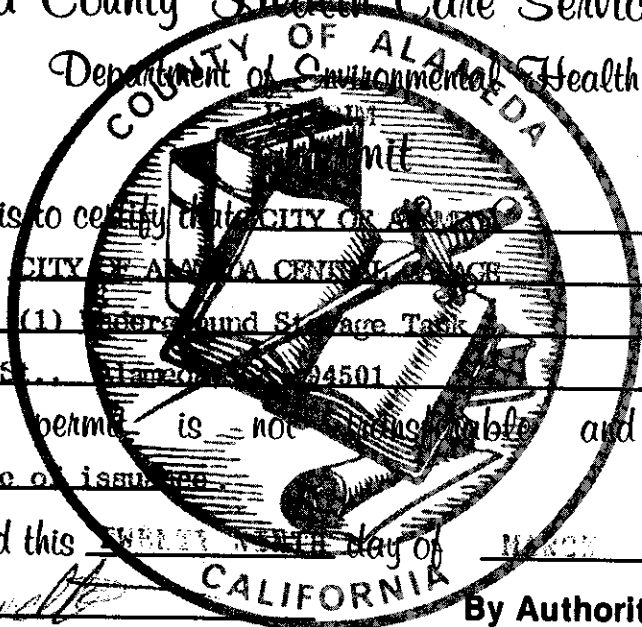
II, III

Contact: File
 Title: _____
 Signature: _____

Inspector: Kevin Tinsley
 Signature: _____

Alameda County Health Care Services Agency

Department of Environmental Health



This is to certify that CITY OF ALAMEDA
doing business as CITY OF ALAMEDA CENTRAL OFFICE, is permitted
to operate a One (1) Underground Storage Tank
at 2040 Grand St., Alameda, CA 94501

This permit is not renewable and is good until
6 Months from date of issuance

Issued this THIRTY-NINTH day of MARCH, 1990

Edgar B. Howlett
LABORATORIAN
Sanitarian

By Authority of
County Health Officer



CITY OF ALAMEDA • CALIFORNIA

CITY HALL • SANTA CLARA AT OAK STREET 94501 • (415) 748-4500

90 JAN -9 AM 11:51

MAINTENANCE SERVICE CENTER
1616 FORTMANN WAY
ALAMEDA, CA 94501

January 8, 1990

Department of Environmental Health
Hazardous Materials Program
80 Swan Way, Suite 200
Oakland, CA 94621

Re: 2040 Grand Street

Gentlemen:

Enclosed is the Facility/Site, Information and/or Permit Application (Form A) and Tank Permit Application Information (Form B) for 2040 Grand Street, Alameda.

When the City of Alameda Central Garage was built in 1969 at 2040 Grand Street, it included an underground 550-gallon tank to be used as a temporary waste container for engine oil. This tank has been/is used on an on-going basis. The tank is emptied every two or three months, when filled, by Artesian Oil Recovery. Artesian tests the waste oil each time prior to removal to determine that it is not hazardous. The City does not use toxic additives to its vehicle oil.

If you have any questions concerning this matter, please contact me at 748-4520.

Very truly yours,

Jerry R. Eichelberger
R.W. Maintenance Superintendent

JRE:sm
Enclosures



FORM 'A':
SITE

UNDERGROUND STORAGE TANK PROGRAM
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION
COMPLETE THIS FORM FOR EACH FACILITY/SITE

No 35328

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

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

FACILITY/SITE NAME City of Alameda Central Garage		CARE OF ADDRESS INFORMATION City of Alameda, Maint. Service Center 1616 Fortmann Way, Alameda, CA 94501		
ADDRESS 2040 Grand Street		NEAREST CROSS STREET Grand Street		
CITY NAME Alameda		STATE CA	ZIP CODE 94501	SITE PHONE #, WITH AREA CODE 415/748-4519
TYPE OF BUSINESS: <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		EPA ID # None		# of TANK's AT THIS SITE 1
<input checked="" type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS <input type="checkbox"/>				
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)		
DAYS: NAME (LAST, FIRST) Eichelberger, Jerry		PHONE # WITH AREA CODE 415/748-4520		DAYS: NAME (LAST, FIRST) Roth, Sig
				PHONE # WITH AREA CODE 415/748-4519
NIGHTS: NAME (LAST, FIRST) Alameda Police Dept.		PHONE # WITH AREA CODE 748-4508		NIGHTS: NAME (LAST, FIRST)
				PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME City of Alameda		CARE OF ADDRESS INFORMATION City of Alameda, Maint. Service Center 1616 Fortmann Way, Alameda, CA 94501		
MAILING or STREET ADDRESS 2263 Santa Clara Avenue		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> FEDERAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY		
CITY NAME Alameda		STATE CA	ZIP CODE 94501	PHONE #, WITH AREA CODE 415/748-4510

III. TANK OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME City of Alameda		CARE OF ADDRESS INFORMATION City of Alameda, Maint. Service Center 1616 Fortmann Way, Alameda, CA 94501		
MAILING or STREET ADDRESS 2263 Santa Clara Avenue		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> FEDERAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY		
CITY NAME Alameda		STATE CA	ZIP CODE 94501	PHONE #, WITH AREA CODE 415/748-4510

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION 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)	DATE
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LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	# of TANKS at SITE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
<input type="text"/>		<input type="text"/>		<input type="text"/>
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
LOCATION CODE	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT # BY:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
FORM A (3-2-88)

LOCAL AGENCY COPY



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

N9 23623

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED TANK
	<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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: City of Alameda Central Garage FARM TANK - YES NO

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

A. OWNERS TANK ID # <u>Unknown</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. YEAR INSTALLED <u>1969</u>	D. TANK CAPACITY IN GALLONS: <u>550</u>

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

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

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

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALLED <input checked="" type="checkbox"/> 2 SINGLE WALLED <input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	B. TANK MATERIAL <input checked="" type="checkbox"/> 1 STEEL/IRON <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 FRP <input type="checkbox"/> 9 BRONZE <input type="checkbox"/> 10 GALVANIZED STEEL <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 5 GLASS LINING <input checked="" type="checkbox"/> 6 UNLINED <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 99 OTHER	D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 2 TAR OR ASPHALT <input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 5 CATHODIC PROTECTION <input checked="" type="checkbox"/> 91 NONE <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
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IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND, U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A <u>U</u> 3 GRAVITY	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
B. CONSTRUCTION	A <u>U</u> 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL	A <u>U</u> 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	A U 91 NONE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP		
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER			

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P <u>S</u> 1 VISUAL CHECK	P S 2 INVENTORY RECONCILIATION	P S 3 WADOSE WELLS	P S 4 ELECTRONIC MONITOR	P S 5 GROUND WATER MONITORING WELLS
P S 6 PRECISION TESTING	P S 7 PRESSURE TESTING	P S 91 NONE	P S 95 UNKNOWN	P S 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT LOCAL AGENCY FACILITY ID #	APPROVED BY NAME	PHONE # WITH AREA CODE		
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
				BY: