

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

March 6, 2001

Mr. Rod Freitag, PE
County of Alameda
General Services Agency
Technical Services Drive
1401 Lakeside Drive
Oakland, CA 94612

RE: Parcel 16A-Santa Rita Property, Hacienda Dr. & Dublin Blvd, Dublin, CA

Dear Mr. Freitag:

I have reviewed the Soil Sampling During Diesel UST Removal at Parcel 16A Santa Rita Property Report dated January 3, 2001 that was prepared by Gettler-Ryan Inc. Two confirmatory soil samples were taken during the UST removal on December 8, 2000 that contained 720 ppm and 1.5 ppm of TPH(diesel) and were non-detect for BTEX and MTBE. The concrete pad that the UST rested on located approximately 8 feet below ground surface was removed on December 21 & 22, 2000. This work was performed without the knowledge of this office. No soil samples were collected underneath the concrete pad after it was removed.

With the information that is currently available to this office, no further action is required at this time. In the future, if information becomes available to this office that the levels of contamination left in place poses a threat to the public health and environment, your Agency maybe require to perform a subsurface investigation.

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

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: Ariu Levi, Chief Hazardous Materials, Alameda County Environmental Health
Susan Hugo, Acting Supervisor-Hazardous Materials, Alameda County
Environmental Health
Chuck Headlee, San Francisco Bay Region, RWQCB
Files

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 03/14/01		CASE #		SIGNED: <i>[Signature]</i> DATE: 3-20-2001		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT ROD FREITAG		PHONE (510) 208-9522		SIGNATURE <i>[Signature]</i>	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME ALAMEDA COUNTY			
	ADDRESS 1401 LAKESIDE DR., OAKLAND, CA 94612					
RESPONSIBLE PARTY	NAME ALAMEDA COUNTY <input type="checkbox"/> UNKNOWN		CONTACT PERSON ROD FREITAG		PHONE (510) 208-9522	
	ADDRESS 1401 LAKESIDE DR., OAKLAND, CA 94612					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) PARCEL 16A, SANTA RITA PROPERTY		OPERATOR ALAMEDA COUNTY		PHONE (510) 208-9525	
	ADDRESS S.W. QUADRANT OF DUBLIN BLVD. & HACIENDA, DUBLIN, ALAMEDA COUNTY					
	CROSS STREET					
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA COUNTY HCSA		AGENCY NAME		CONTACT PERSON LARRY SETO	
	REGIONAL BOARD SF. BAY RWQCR				PHONE ()	
SUBSTANCES INVOLVED	(1) NAME DIESEL				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) <input type="checkbox"/> UNKNOWN					
DISCOVERY/ABATEMENT	DATE DISCOVERED 1/20/01		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1/20/01					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" 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 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 checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input checked="" type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HL) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)					
COMMENTS	COMMENTS					



General Services Agency

Aki K. Nakao, Director

January 24, 2001

Mr. Larry Seto
Alameda County Health Care Services Agency
Department of Environmental Health
1131 Harbor Bay Pkwy., Ste. 250
Alameda, California 94502-6577

SUBJECT: REQUEST FOR UST SITE CLOSURE
PARCEL 16A – SANTA RITA PROPERTY
HACIENDA DR. & DUBLIN BLVD., DUBLIN, CA

Dear Mr. Seto:

Alameda County General Services Agency requests regulatory case closure for the underground storage tank (UST) site located on Parcel 16A. Gettler-Ryan's January 3, 2001 report documenting UST closure work is enclosed.

Thank you for your attention to this matter. Please call me at (510) 208-9522 if you have questions or need additional information.

Sincerely,

Rod Freitag, P.E.
Environmental Program Manager, GSA-TSD

RDF:rdfi:\e&em\prj\env\7200\Request for UST Case Closure.doc

enclosure

cc: Jim Kachik, Deputy Director, GSA-TSD (w/o enclosure)
Pat Cashman, Project Director, Surplus Property Authority

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

December 28, 2000

Mr. Rod Freitag
Alameda County General Services Agency
1401 Lakeside Drive
Room 1115
Oakland, CA 94612
STID 6707

RE: Parcel 16A, Santa Rita Property, Dublin, CA

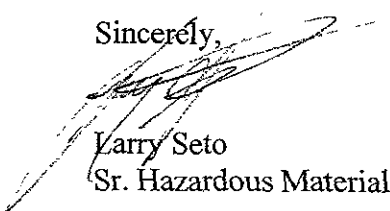
Dear Mr. Freitag:

I have reviewed the analytical results for the soil samples taken during the underground storage tank removal at the above site on December 8, 2000. It is acceptable to backfill the excavation with clean, imported fill material.

Please include in your Underground Storage Tank Closure Report a copy of the original laboratory report, and a copy of the receipt from the Class II landfill for the disposal of the stockpile soil.

If you have any questions, please contact me at (510) 567-6774 or Mr. Barney Chan, the new caseworker overseeing this site at (510) 567-6765.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: Doug Lee, Gettler-Ryan, 6747 Sierra Court, Suite J, Dublin, CA 94568
Barney Chan, Alameda County Environmental Health
Files



GETTLER-RYAN INC.

December 20, 2000

Mr. Larry Seto
Alameda County Health Care Services
Environmental Health Services
1131 Harbor Bay Parkway, Suite 250
Alameda, California 94502-6577

Subject: Parcel 16A, Santa Rita Property, Dublin, California

Mr. Seto:

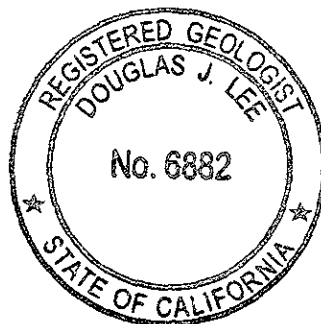
At the request of the Alameda County General Services Agency (ACGSA), Gettler-Ryan Inc. (GR) has prepared this letter to follow up on the analytical results faxed to you attention on December 13, 2000. The results were for soil samples collected following the removal of one 1,000 gallon diesel underground storage tank (UST) at the referenced site on December 8, 2000.

Based on the low concentrations of petroleum hydrocarbons present in these soil sample, no further excavation or sampling is warranted and GR is recommending that the former diesel UST pit be backfilled. In addition, GR is proposing that the pit be backfilled with clean, imported fill material. The existing soil stockpiles, represented by composite samples ST1(A-D) and ST2(A-D), are to be offhauled by a licensed hauler and transported to an approved Class II landfill for disposal.

On behalf of the ACGSA, GR is seeking you approval for the proposed course of action. If you have any questions, please do not hesitate to call me at (925) 551-7555.

Sincerely,
Gettler-Ryan Inc.

Douglas J. Lee
Project Manager
R.G. No. 6882



cc: Mr. Rod Freitag, Alameda County General Services Agency

102890.01

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

STIDA
 6707

12-6-00
 2.8

ACCEPTED

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

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

- 12-8-00 Removal of Tank(s) and Piping
- 12-8-00 Sampling
- 12-8-00 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

ENVIRONMENTAL PROTECTION
 00 DEC 04 PM 3:08

See Notes on back of last page.

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business COUNTY OF ALAMEDA GENERAL SERVICES AGENCY
 Business Owner or Contact Person (PRINT) ROD FREITAG
2. Site Address PARCEL D SANTA RITA PROPERTY
 City DUBLIN Zip 94568 Phone (510) 208-9522
3. Mailing Address SEE BELOW
 City _____ Zip _____ Phone _____
4. Property Owner COUNTY OF ALAMEDA GSA
 Business Name (if applicable) _____
 Address 1401 LAKESIDE DRIVE, ROOM 1115
 City, State OAKLAND, CA Zip 94612
5. Generator name under which tank will be manifested
COUNTY OF ALAMEDA

ENVIRONMENTAL PROTECTION
 00 DEC 04 PM 3:18

EPA ID# under which tank will be manifested CA C 0 0 2 3 4 3 7 0 3

6. Contractor GETTLER- RYAN INC
Address 6747 SIERRA CT, STE J
City DUBLIN, CA 94568 Phone (925) 551-7555
License Type HAZ A, C-57 ID# 220793

7. Consultant (if applicable) GETTLER- RYAN INC
Address 6747 SIERRA CT, STE J
City, State DUBLIN, CA 94568 Phone (925) 551-7555

8. Main Contact Person for Investigation (if applicable)
Name GREGG GURSS Title ENVIRONMENTAL PROJECT MANAGER
Company GETTLER- RYAN INC
Phone (916) 631-1314

9. Number of underground tanks being closed with this plan 1
Length of piping being removed under this plan 10ft

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

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 ECI EPA I.D. No. CAD009466392
Hauler License No. 0019 License Exp. Date _____
Address 255 PARA BLVD
City RICHMOND State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name EVERGREEN ENVIRONMENTAL EPA ID# CAD 980695761
Address 6880 SMITH AVE
City NEWARK State CA Zip 94560

c) Tank and Piping Transporter

Name ECI Inc EPA I.D. No. CAD009466392
Hauler License No. 0019 License Exp. Date _____
Address 255 Parr Blvd
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name ECI Inc EPA I.D. No. CAD009466392
Address 255 Parr Blvd
City RICHMOND State CA Zip 94801

11. Sample Collector

Name BARBARA SIEMINSKI
Company GETTLER- RYAN INC
Address 6747 SIERRA CT, STE J
City DUBLIN State CA Zip 94568 Phone (925) 551-7555

12. Laboratory

Name McCAMPBELL ANALYTICAL
Address 110 2nd AVE SOUTH, UNIT D-7
City PACHECO State CA Zip 94553
State Certification No. 1644

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

If yes, describe. _____

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

TANK IS CURRENTLY FULL OF WATER, REMOVE ALL WATER
AND PLACE SOLID DRYICE IN TANK.

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
1000 GAL (EST)	1955 HEATING OIL	SOIL ground water if present	2 ft below bottom of TANK 1 Sample @ each end. Sidewalks above groundwater level 1 each side

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) 104ds³

Sampling Plan

1 COMPOSITE SAMPLE OF
4 BRASS SAMPLING CYLINDERS
ANALYZED FOR TPH D, BTEX.
IF DETECTABLE AMOUNTS OF HYDROCARBONS
ARE FOUND, SAMPLES WILL BE TESTED
FOR LEAD.

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

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

If yes, explain reasoning _____

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

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

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

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPH-D BTXE MTBE	GCFID 3550	8020 or 8240 WATER 8020	SOIL 1.0 .005 WATER .5

18. Submit Worker's Compensation Certificate copy

Name of Insurer FREMONT COMPENSATION INC CO

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

20. Enclose Deposit (See Instructions) ALAMEDA COUNTY INTER DEPARTMENT

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

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

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business GETTLER- RYAN INC

Name of Individual BARRY E MCCOY

Signature *Barry E McCoy* Date 11-30-00

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business ALAMEDA COUNTY GENERAL SERVICES AGENCY

Name of Individual RODMAN D. FREITAG

Signature _____ Date _____

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and a deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department approval.
- * One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.
- * State of California Permit Application Forms A and B are to be submitted to this office. One Form A per site, one Form B for each removed tank.

Line Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION
Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

16. CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS

See attached Table 2.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions which will trigger changes in work habits to ensure workers are not exposed to unsafe chemical levels or physical conditions;
- e) Description of the work habit changes triggered by the above action levels or physical conditions;
- f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
- g) Confined space entry procedures (if applicable);
- h) Decontamination procedures;
- i) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guards, etc.);
- j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- k) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- l) A page for employees to sign acknowledging that they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120(b)(4), Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tank(s) and piping in addition to the tank(s) being removed.

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 GETTLER-RYAN INC

Name of Individual BARRY E MCCOY

Signature *Barry E McCoy* Date 11-30-00

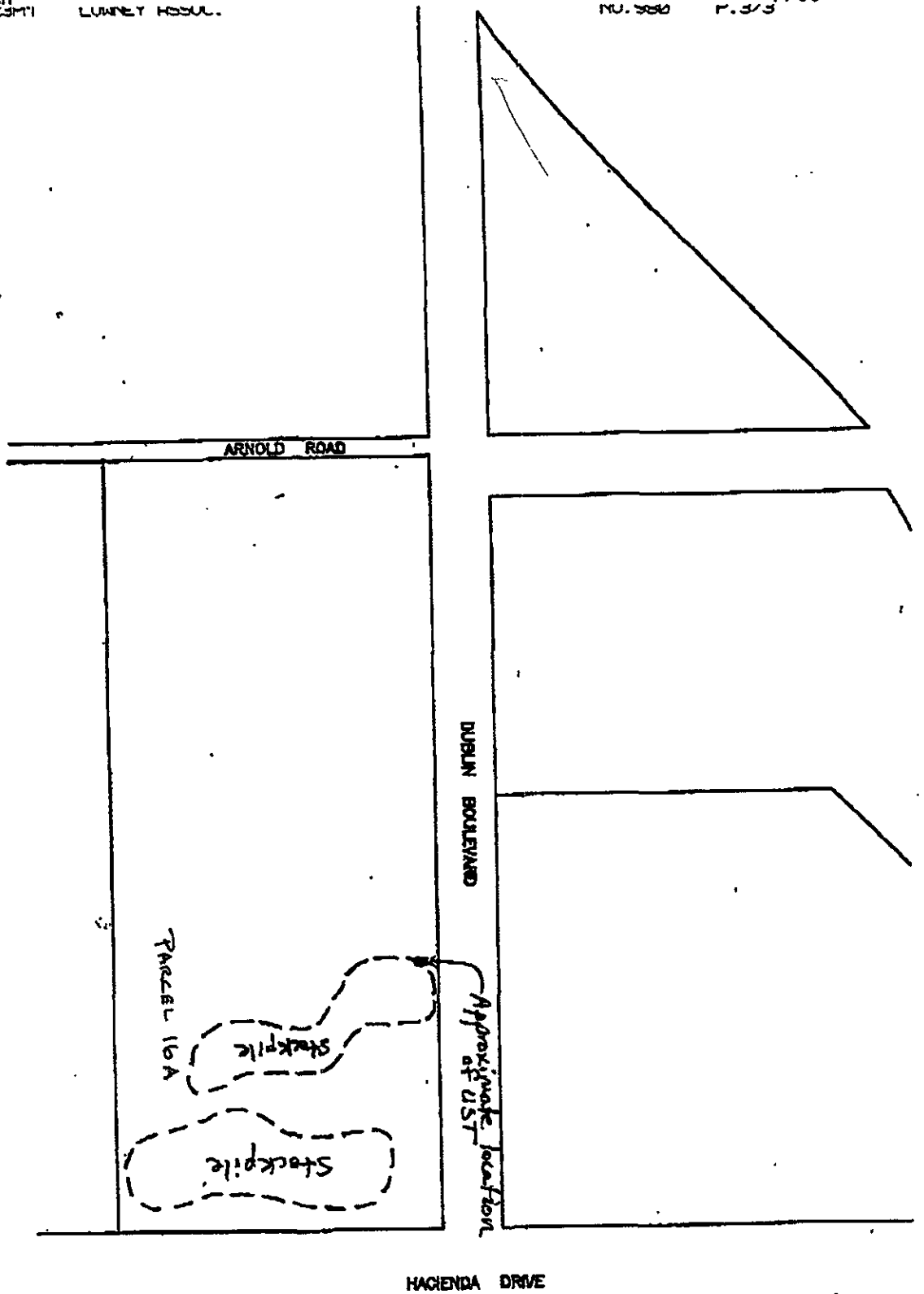
PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business ALAMEDA COUNTY GENERAL SERVICES AGENCY

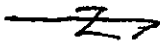
Name of Individual RODMAN D. FREITAG

Signature *RDF* Date 12/4/00

rev. 11/01/96
use closure plan



Base: by Aerial Photo (Positive Aerial Survey) dated 6/28/89



101
ZENTRAX

UNIFIED PROGRAM CONSOLIDATED FORM

UNDERGROUND STORAGE TANKS - FACILITY

TANKS

TYPE OF ACTION (Check one item only)

1. NEW SITE PERMIT
 2. RENEWAL PERMIT
 3. CHANGE OF INFORMATION (Specify change - local use only)
 4. AMENDED PERMIT
 5. TEMPORARILY CLOSED SITE
 6. TANK REMOVED
 7. PERMANENTLY CLOSED SITE

III. FACILITY/SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) **ALAMEDA COUNTY PARCEL 16A**

NEAREST CROSS STREET **DUBLIN BLVD**

BUSINESS TYPE: 1. GAS STATION 2. DISTRIBUTOR 3. FARM 4. PROCESSOR 5. COMMERCIAL 6. OTHER

TOTAL NUMBER OF TANKS REMAINING AT SITE: **0**

Is facility on Indian Reservation or trustland? Yes No

If owner of UST is a public agency, name of supervisor of division, section or office which operates the UST. (This is the contact person for the tank records.)

IV. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME **ALAMEDA COUNTY** PHONE **510 208 9522**

MAILING OR STREET ADDRESS **1401 LAKESIDE DR., Rm 1115**

CITY **OAKLAND** STATE **CA** ZIP CODE **94612**

PROPERTY OWNER TYPE: 1. CORPORATION 2. INDIVIDUAL 3. PARTNERSHIP 4. LOCAL AGENCY/DISTRICT 5. COUNTY AGENCY 6. STATE AGENCY 7. FEDERAL AGENCY

V. TANK OWNER INFORMATION

TANK OWNER NAME **SAME AS PROPERTY OWNER** PHONE

MAILING OR STREET ADDRESS

CITY STATE ZIP CODE

TANK OWNER TYPE: 1. CORPORATION 2. INDIVIDUAL 3. PARTNERSHIP 4. LOCAL AGENCY/DISTRICT 5. COUNTY AGENCY 6. STATE AGENCY 7. FEDERAL AGENCY

VI. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TQ HQ) **4 4 - 000324** Call (916) 322-9659 if questions arise

VII. PETROCELU UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(S): 1. SELF-INSURED 2. GUARANTEE 3. INSURANCE 4. SURETY BOND 5. LETTER OF CREDIT 6. EXEMPTION 7. STATE FUND 8. STATE FUND & CFO LETTER 9. STATE FUND & CD 10. LOCAL GOVT MECHANISM 11. OTHER

VIII. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which entity should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.

1. FACILITY 2. PROPERTY OWNER 3. TANK OWNER

IX. APPLICANT SIGNATURE

Certification: I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT *[Signature]* DATE **12/4/00** PHONE **510 208 9522**

NAME OF APPLICANT (PRINT) **ROD FREITAS** TITLE OF APPLICANT **ENVIRONMENTAL PROGRAM MANAGER**

STATE UST FACILITY NUMBER (For new UST only) UST UPGRADE CERTIFICATE NUMBER (For local use only)

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - TANK PAGE 1

(Two pages per tank)

Page 1 of 1

TYPE OF ACTION (Check one item only)

1. NEW SITE PERMIT 2. RENEWAL PERMIT 3. AMENDED PERMIT 4. CHANGE OF INFORMATION 5. TEMPORARY SITE CLOSURE 6. PERMANENTLY CLOSED ON SITE 7. TANK REMOVED

BUSINESS NAME (Same as FACILITY NAME or DEA - Doing Business As) ALAMEDA COUNTY FACILITY ID#

LOCATION WITHIN SITE (Optional) PARCEL 16A

I. TANK DESCRIPTION (A coded plot plan with the location of the UST system including buildings and structures shall be prepared by the local agency)

TANK ID# NA TANK MANUFACTURER UNK COMPARTMENTALIZED TANK Yes No

DATE INSTALLED (YEAR/MO) 1940'S TANK CAPACITY IN GALLONS 1000 gal NUMBER OF COMPARTMENTS 1

ADDITIONAL DESCRIPTION (For local use only) PREVIOUSLY UNKNOWN. TANK FOUND ON PARCEL 16A SANTA RITA PROPERTY, DUBLIN

II. TANK CONTENTS

TANK USE 1. MOTOR VEHICLE FUEL (If motor fuel, complete Petroleum Type) 2. NON-FUEL PETROLEUM 3. CHEMICAL PRODUCT 4. HAZARDOUS WASTE (includes liquid oil) 5. UNKNOWN

PETROLEUM TYPE 1. REGULAR UNLEADED 2. DIESEL 3. PREMIUM UNLEADED 4. GASOLINE 5. JET FUEL 6. AVIATION FUEL 7. OTHER HEATING OIL

COMMON NAME (from Hazardous Materials Inventory page) CAS # (from Hazardous Materials Inventory page)

III. TANK CONSTRUCTION

TYPE OF TANK 1. SINGLE WALL 2. DOUBLE WALL 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER 4. SINGLE WALL IN A VAULT 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 6. UNKNOWN 7. OTHER

TANK MATERIAL - primary tank 1. BARE STEEL 2. STAINLESS STEEL 3. FIBERGLASS / PLASTIC 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (SRP) 5. CONCRETE 6. FRP COMPATIBLE W/100% METHANOL 7. FRP NON-CORRODIBLE JACKET 8. COATED STEEL 9. UNKNOWN 10. OTHER

TANK MATERIAL - secondary tank 1. BARE STEEL 2. STAINLESS STEEL 3. FIBERGLASS / PLASTIC 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (SRP) 5. CONCRETE 6. FRP COMPATIBLE W/100% METHANOL 7. FRP NON-CORRODIBLE JACKET 8. COATED STEEL 9. UNKNOWN 10. OTHER

TANK INTERIOR LINING OR COATING 1. RUBBER LINING 2. EPOXY LINING 3. GLASS LINING 4. UNKNOWN 5. ALKID LINING 6. PHENOLIC LINING 7. UNLINED 8. OTHER

OTHER CORROSION PROTECTION IF APPLICABLE 1. MANUFACTURED CATHODIC PROTECTION 2. FIBERGLASS REINFORCED PLASTIC 3. UNLINED 4. IMPRESSED CURRENT 5. OTHER

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency)

IF SINGLE WALL TANK (Check all that apply): 1. VISUAL (EXPOSED PORTION ONLY) 2. AUTOMATIC TANK GAUGING (ATG) 3. CONTINUOUS ATG 4. STATISTICAL INVENTORY RECONCILIATION (SIR) 5. MANUAL TANK GAUGING (MTG) 6. VADDS ZONE 7. GROUNDWATER 8. TANK TESTING 9. OTHER NA

IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only): 1. VISUAL (SINGLE WALL IN VAULT ONLY) 2. CONTINUOUS INDUSTRIAL MONITORING 3. MANUAL MONITORING

V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE BY PLACEMENT OF INERT MATERIAL?

ESTIMATED DATE LAST USED (YEAR/MO) 1950'S ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0 gallons TANK FILLED WITH INERT MATERIAL? Yes No

UNIFIED PROGRAM CONSOLIDATED FORM		TANKS
UNDERGROUND STORAGE TANKS - TANK PAGE 2		Page 2 of 2
II. PIPING CONSTRUCTION (Check all that apply)		
<p style="text-align: center;">UNDERGROUND PIPING</p> <p>SYSTEM TYPE: <input type="checkbox"/> 1. PRESSURE <input checked="" type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY 488</p> <p>CONSTRUCTION: <input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. LINED TRENCH <input type="checkbox"/> 3. OTHER 489</p> <p>MANUFACTURER: <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 4. OTHER 491</p> <p>MATERIALS AND CORROSION PROTECTION: <input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 4. FRP COMPATIBLE W/ 100% METHANOL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 9. OTHER 492</p> <p><input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 5. UNKNOWN <input type="checkbox"/> 6. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 9. OTHER 493</p> <p><input type="checkbox"/> 3. PLASTIC COMPATIBLE WITH CONTENTS <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 5. STEEL W/ COATING <input type="checkbox"/> 9. CATHODIC PROTECTION 494</p>	<p style="text-align: center;">ABOVEGROUND PIPING</p> <p>SYSTEM TYPE: <input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY 495</p> <p>CONSTRUCTION: <input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 4. OTHER 496</p> <p>MANUFACTURER: <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 3. OTHER 497</p> <p>MATERIALS AND CORROSION PROTECTION: <input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE W/ 100% METHANOL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 9. OTHER 498</p> <p><input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 3. PLASTIC COMPATIBLE WITH CONTENTS <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 5. STEEL W/ COATING <input type="checkbox"/> 6. CATHODIC PROTECTION <input type="checkbox"/> 9. UNKNOWN 499</p>	
III. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted in the first appendix)		
<p style="text-align: center;">UNDERGROUND PIPING</p> <p style="text-align: center;">SINGLE WALL PIPING 498</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>CONVENTIONAL SUCTION SYSTEMS:</p> <p><input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p>GRAVITY FLOW:</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p style="text-align: center;">SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one):</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM:</p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p style="text-align: center;">EMERGENCY GENERATORS ONLY (Check all that apply):</p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>	<p style="text-align: center;">ABOVEGROUND PIPING</p> <p style="text-align: center;">SINGLE WALL PIPING 499</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 4. DAILY VISUAL CHECK</p> <p>CONVENTIONAL SUCTION SYSTEMS (Check all that apply):</p> <p><input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM</p> <p><input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p>GRAVITY FLOW (Check all that apply):</p> <p><input type="checkbox"/> 8. DAILY VISUAL MONITORING</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p style="text-align: center;">SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (check one):</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM:</p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR - AUDIBLE AND VISUAL ALARMS</p> <p style="text-align: center;">EMERGENCY GENERATORS ONLY (Check all that apply):</p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>	
IV. DISPENSER CONTAINMENT		
<p>DISPENSER CONTAINMENT: <input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE <input type="checkbox"/> 4. DAILY VISUAL CHECK</p> <p>DATE INSTALLED: 488 <input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR - AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 5. TRENCH LINER / MONITORING</p> <p><u>N/A</u> <input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 6. NONE 499</p>		
OWNER/OPERATOR SIGNATURE		
<p>I certify that the information provided herein is true and accurate to the best of my knowledge.</p> <p>SIGNATURE OF OWNER/OPERATOR: <u>[Signature]</u> DATE: <u>12/31/00</u></p> <p>NAME OF OWNER/OPERATOR: <u>ROD FRIEITAG</u> TITLE OF OWNER/OPERATOR: <u>ENVIRONMENTAL PROGRAM MANAGER</u></p>		
<p>Permit number (For local use only) 473 Permit Approved (For local use only) 474 Permit Expiration Date (For local use only) 475</p>		

NA



SITE SAFETY PLAN JOB #102840.01

GENERAL INFORMATION:

SITE: **Company:** Alameda County - Santa Rita Facility, Parcel 16A
 Location: Hacienda & Dublin Blvd. (East of Arnold Drive)
 City: Dublin, California

PLAN PREPARED BY: Gettler-Ryan Inc.

Date: Nov. 30, 2000

OBJECTIVES: To provide a plan for the safe completion of the site work.

**PROPOSED DATE
OF SITE WORK:** Upon receipt of permits.

**DOCUMENTATION/
SUMMARY:** Hazardous materials may be present, caution is advised.
 Site work includes:

Remove one 1,000-gallon heating oil underground storage tank (UST) and piping.

SITE/WASTE CHARACTERISTICS:

WASTE TYPE(S): Liquid Solid Gas

CHARACTERISTIC(S): Volatile Flammable Toxic

FACILITY DESCRIPTION: Vacant lot within former Santa Rita Facility. Bordered by Dublin Blvd., Arnold Drive, I-580 and Hacienda.

STATUS: Vacant Lot; other construction activities to remain in operation.

HAZARD EVALUATION:

PARAMETER: TLV: 300 ppm THC
HEALTH: Ingestion, inhalation, absorption
LEL: 10% Gastechtor max.

**SPECIAL PRECAUTIONS
AND COMMENTS:**

Correct safety procedures must be followed, per G-R Health and Safety Plan. Use 50-lb. dry ice to inert tank prior to removal. All roads must remain open to provide access for emergency vehicles.

SITE SAFETY WORKPLAN:

PERIMETER ESTABLISHMENT: Excavation area for UST removal will be fenced. Use barricades and flagging to restrict access to work zones as necessary.

PERSONAL PROTECTION: Level of Protection: EPA Level D
Modifications: Hard hats, orange vests, safety glasses, hearing protection as needed.
Surveillance Equipment and Material: Gastech

SITE ENTRY PROCEDURES: All visitors to site must wear same PPE as required of G-R personnel.

DECONTAMINATION PROCEDURES: Personnel: Wash thoroughly with detergent solution and water.

Equipment: Steam clean if necessary.

FIRST AID: As applicable.

WORK LIMITATIONS: (Time of day, weather, heat/cold stress): None.

PROJECT-DERIVED MATERIAL DISPOSAL: Excavated soil from UST excavation to be placed on visqueen, sampled, and analyzed for proper disposal. Or reuse. Stockpile to be covered during waiting period. Recycle other materials to maximum extent possible. Rinsate and tank to be disposed of by ECI.

Site Safety Plan
Job #102844.01

TEAM COMPOSITION: Barry McCoy - Job Foreman, Site Safety Officer,
& Competent Person
2 Laborers
1 Operator
See Subcontractor List

EMERGENCY INFORMATION:

LOCAL RESOURCES: Ambulance/Hospital Dial 911
Police/Sheriff/Hwy.Patrol Dial 911
Fire Department Dial 911

SITE RESOURCES: Water Supply
Telephone
Visqueen
Fire Extinguisher
First Aid Kit
Sorbant Pads

EMERGENCY CONTACT: Gettler-Ryan Inc. (925) 551-7555
Project Manager, Dave Byron (925) 551-7555 x115
Safety Manager, Barry McCoy (925) 551-7555 x153
Alameda County Engineer,
Rod Freitag (925) 208-9522

EMERGENCY ROUTES: Nearest emergency hospital is:

Valley Care Medical Center (925) 416-3418
5555 W. Las Positas Blvd.
Pleasanton, CA

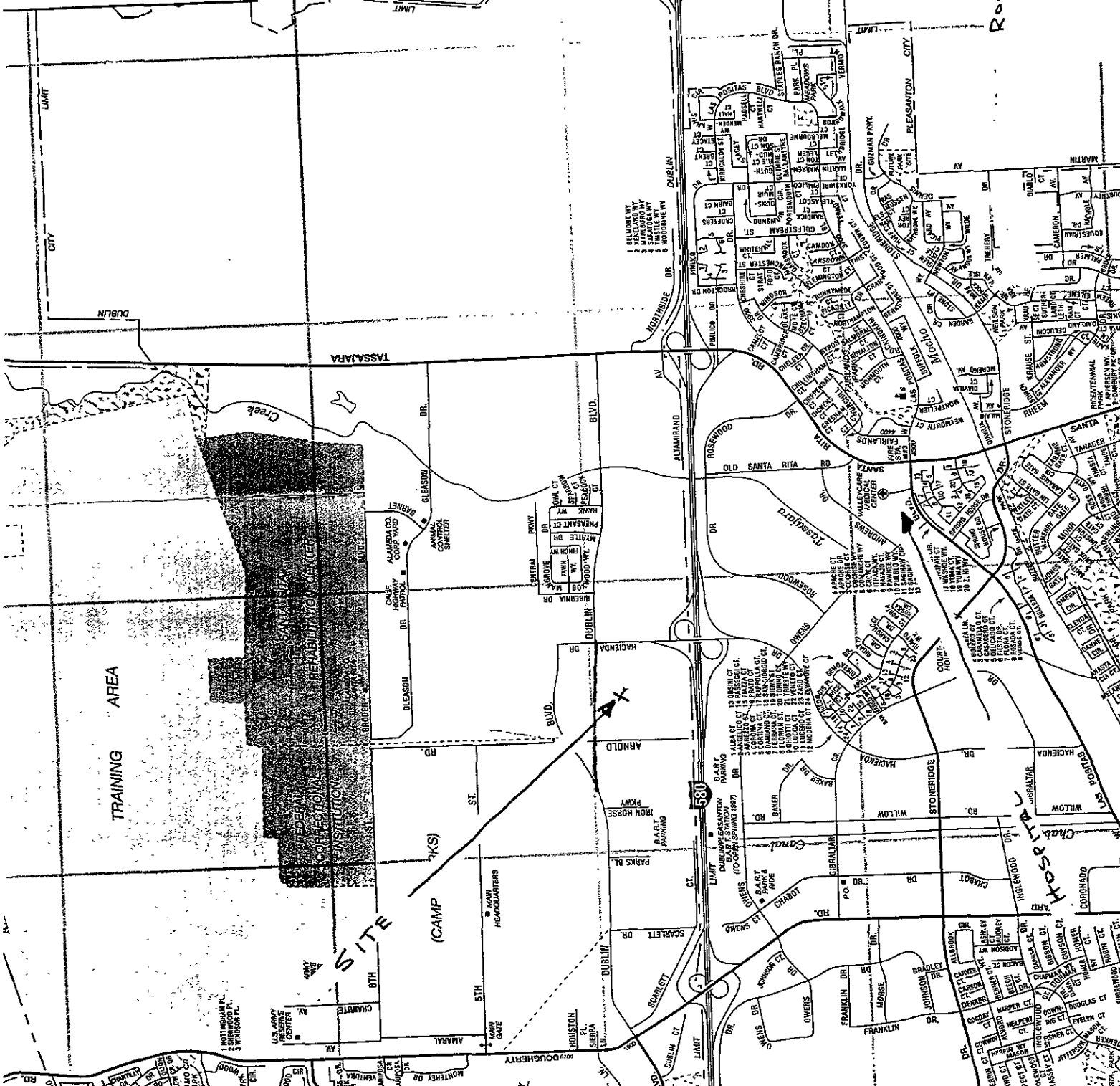
MAP ATTACHED

MAIN ROAD
 UNDER CONSTRUCTION
 ONE-WAY STREET
 OFFICIAL SCENIC HWY.

FULL SERVICE HOSPITAL
 PUBLIC SCHOOL
 PUBLIC BOAT LAUNCH

SCALE
 1 INCH = 2200 FEET
 ELEVATIONS ARE SHOWN IN FEET
 CARTOGRAPHIC DEPARTMENT
 COPYRIGHT 1947 BY
 CALIFORNIA STATE AUTOMOBILE ASSOCIATION
 150 VAN NESS AVENUE SAN FRANCISCO, CA 94102

FEET 0 500 1000 2000 3000 4000 5000
 MILES 0 0.1 0.2 0.3 0.4 0.5 0.6 0.7 0.8 0.9 1.0
 KILOMETERS 0 0.1 0.2 0.3 0.4 0.5 0.6 0.7 0.8 0.9 1.0



ROUTE TO:
 VALBY CALE MEDICAL CTR
 5555 W. LAS POSITAS BLVD
 PLEASANTON, CA

HOSPITAL

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/06/00

PRODUCER
Arthur J. Gallagher & Co.
CA Lic# 0726293 (925)460-9900
1301 Hacienda Dr. #300
Pleasanton, CA 94588

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.

INSURERS AFFORDING COVERAGE

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

INSURER A: Indian Harbor Ins Co
INSURER B: General Accident Group
INSURER C: Calif State Fund (Oakland)
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OCP GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PEC0001987	04/01/00	04/01/03	EACH OCCURRENCE \$3,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS-COMP/OP AGG \$3,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PPP043160802	04/01/00	04/01/01	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY- EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	238181	04/01/00	04/01/01	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A	OTHER Professional Liability	PEC0001987	04/01/00	04/01/03	\$3,000,000/Lmt

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION Ten Day Notice for Non-Payment

Alameda County Environmental Health
1131 Harbor Bay Parkway
Alameda, CA 94502

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

AUTHORIZED REPRESENTATIVE

Jennifer J. Harbour

IMPORTANT

If the certificate holder is an *ADDITIONAL INSURED*, the *policy(ies)* must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If *SUBROGATION IS WAIVED*, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Number of bank sample taken @ 11.5' bgs

5 " " " " " @ 12.5'

5 " " " " " @ 14.0'

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

December 28, 2000

Mr. Rod Freitag
Alameda County General Services Agency
1401 Lakeside Drive
Room 1115
Oakland, CA 94612
STID 6707

RE: ~~Parcel 16A Santa Rita Property, Dublin, CA~~

Dear Mr. Freitag:

I have reviewed the analytical results for the soil samples taken during the underground storage tank removal at the above site on December 8, 2000. It is acceptable to backfill the excavation with clean, imported fill material.

Please include in your Underground Storage Tank Closure Report a copy of the original laboratory report, and a copy of the receipt from the Class II landfill for the disposal of the stockpile soil.

If you have any questions, please contact me at (510) 567-6774 or Mr. Barney Chan, the new caseworker overseeing this site at (510) 567-6765.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: Doug Lee, Gettler-Ryan, 6747 Sierra Court, Suite J, Dublin, CA 94568
Barney Chan, Alameda County Environmental Health
Files

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 Camp Parks Bldg 334 Today's Date 11/18/98

Site Address Camp Parks RFTA

City Dublin Zip 94568 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:

1-1200 gallon gasoline UST by Bldg 334
 Tank was formerly tar-wrapped, wrapping deteriorated
 but intact on the bottom 1/2. No through holes noted.

LEC 50%
 O2 3%



① SS at 10' clay w/ gravel - no odor, no stain noted
 ② SS at 10' bgs - clay - no odor, no stain noted.

Analyze for Toluene, TPH, BTEX, MTBE and total lead.

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. MAT'L'S

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

III. UNDERGROUND TANKS (Title 23)

- General
- 1. Permit Application 25284 (H&S)
 - 2. Pipeline Leak Defection 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. Precip Tank Test 2643
Date: _____
- 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 2711
Date: _____
 - 14. As Built 2635
Date: _____

Contact: SSPOTS (Augusta Rodriguez)
 Title: Environmental Engineer
 Signature: Augusta Rodriguez

Inspector: Eva Chu
 Signature: [Signature]

II, III

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

office copy

11/13/98
Note changes/additions highlighted
or in red.

ACCEPTED

Underground Storage Tank Closure Permit Application
 Alameda County Division of Hazardous Materials
 1131 Harbor Bay Parkway, Suite 260
 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 Inspectors Department to determine if such changes meet the requirements of State and local laws.
 Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
- Camping
- 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

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business PARKS RESERVE FORCES TRAINING AREA
 Business Owner or Contact Person (PRINT) DOUG BRAYE
 2. Site Address BLDG. 33A
 City CAMP PARKS Zip 94568 Phone 510-803-5638
 3. Mailing Address PARKS BLDG 790
 City DUBLIN Zip 94568 Phone 925-808-5638
 4. Property Owner U.S. ARMY
 Business Name (if applicable) N/A
 Address PARKS BLDG 790
 City, State DUBLIN CA Zip 94568
 5. Generator name under which tank will be manifested
CAMP PARKS
- EPA ID# under which tank will be manifested CA L000121364

6. Contractor SPORTS ENVIRONMENTAL DETACHMENT
Address P.O. Box 2135
City VALLEJO CA Phone 707-562-3244
License Type N/A ID# N/A
7. Consultant (if applicable) N/A
Address _____
City, State _____ Phone _____
8. Main Contact Person for Investigation (if applicable)
Name N/A Title _____
Company _____
Phone _____
9. Number of underground tanks being closed with this plan 1
Length of piping being removed under this plan N/A
Total number of underground tanks at this facility (**confirmed with owner or operator) 1
10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

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

a) Product/Residual Sludge/Rinsate Transporter

Name Ecology Control Industries EPA I.D. No. CA0982030173
Hauler License No. 1533 License Exp. Date 3/31/99
Address 255 PARR BLVD.
City RICHMOND State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Ecology Control Industries EPA ID# CAA 982030173
Address 255 PARR BLVD
City RICHMOND State CA Zip 94801

c) Tank and Piping Transporter

Name Ecology CONTROL INDUSTRIES EPA I.D. No. CAD982030173
Hauler License No. 1533 License Exp. Date 3/31/99
Address 255 PARR BOULEVARD
City RICHMOND State CA zip 94801

d) Tank and Piping Disposal Site

Name Ecology CONTROL INDUSTRIES EPA I.D. No. CAD982030173
Address 255 PARR BOULEVARD
City RICHMOND State CA zip 94801

11. Sample Collector

Name Mick MARTIN
Company SUPPORTS ENVIRONMENTAL DETACHMENT
Address P.O. BOX 2135
City VALLEJO State CA zip 94592 Phone 707-562-2499

12. Laboratory

Name CALSCIENCE LABORATORIES
Address 7470 LINCOLN WAY
City GARDEN GROVE State CA zip 92641-1432
State Certification No. 1230

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

If yes, describe. _____

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

DRY ICE

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
Unknown-	possibly used to store gasoline	soil groundwater, if encountered	1 to 2' below tank, from native soil.

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (estimated)	Sampling Plan 1 sample per 25 cy for re-use or 1/50 to 1/100 cy for disposal

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

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

If yes, explain reasoning _____

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

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

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

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPHg		GC FID 5030	
TPHd		GC FID 5550	
BTEX		8020	
MTBE		8020	
total lead		AA	

18. Submit Worker's Compensation Certificate copy

Name of Insurer NOT REQUIRED "FEDERAL FACILITY"

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

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business SSPORTS ENVIRONMENTAL DETACHMENT

Name of Individual JAMES PORTER

Signature *James Porter* Date 11/12/98

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business PARKS RESERVE FORCES TRAINING AREA,

Name of Individual ~~DAVID BROYE~~ WILLIAM CHEN

Signature *William Chen* Date 4/11/98



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

REGULATION 8, RULE 40 NOTIFICATION FORM

- Check Removal or Replacement of Tanks
 Excavation of Contaminated Soil

SITE INFORMATION

Site Address PARKS RESERVE FORCES TRAINING AREA
 City, State DUBLIN CA 94568 Zip
 Owner Name U.S. ARMY
 Specific location of project BLDG 334

<u>Tank Removal</u>	<u>Contaminated Soil Excavation</u>
Scheduled startup date <u>NOV. 18, 1998</u>	Scheduled Startup Date _____
Vapors removed by: <input type="checkbox"/> Water wash <input checked="" type="checkbox"/> Vapor freeing (CO ₂) <input type="checkbox"/> Ventilation	Stockpiles will be covered? Yes _____ No _____
Indicate below if an A/C was obtained for tank replacement: Yes _____ No <input checked="" type="checkbox"/> If yes, A/C or P/O # _____	Indicate below the method used to comply with Regulation 8, Rule 40, Section 402.4: Check (✓) 8-40-301 <input type="checkbox"/> 8-40-302 <input type="checkbox"/> (permit required) A/C or P/O # _____ A/C = Authority to Construct P/O = Permit to Operate

What other public agency have you notified (e.g., Fire District, Hazardous Materials Department, City or County)?
 Agency ALAMEDA COUNTY Contact ROBERT WESTON Phone # (510) 567-6781

BAAQMD # _____ CONTRACTOR INFORMATION

Name SPORTS ENVIRONMENTAL DETACHMENT Contact AUGUSTIN RODRIGUEZ
 Address P.O. BOX 2135 Phone (707) 562-3244
 City, State, Zip VALLEJO, CA 94592

CONSULTANT INFORMATION (if applicable)

Name N/A Contact _____
 Address _____ Phone () _____
 City, State, Zip _____

FOR OFFICE USE ONLY

Date Received Fax:	Date Postmarked:
Inspector No.:	Date: _____ By: _____
Update: Contact Name	Date: _____ By: _____
Update: Contact Name	Date: _____ By: _____

See reverse for instructions

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: PARKS RESERVE FORCE TRAINING AREA

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. # <u>UST 334</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>UNKNOWN</u>

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

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E		
A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
D. EXTERIOR CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION		<input type="checkbox"/> 2 COATING <input checked="" type="checkbox"/> 91 NONE <input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, 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 2 PRESSURE	A U 3 GRAVITY A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION A <u>(U)</u> 1 SINGLE WALL	A U 2 DOUBLE WALL A U 3 LINED TRENCH	A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION A <u>(U)</u> 1 BARE STEEL A U 5 ALUMINUM A U 9 GALVANIZED STEEL	A U 2 STAINLESS STEEL A U 6 CONCRETE A U 10 CATHODIC PROTECTION	A U 3 POLYVINYL CHLORIDE (PVC) A U 7 STEEL W/ COATING A U 95 UNKNOWN
D. LEAK DETECTION <input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR <input type="checkbox"/> 2 LINE TIGHTNESS TESTING <input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR <input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN <input type="checkbox"/> 99 OTHER		

V. TANK LEAK DETECTION		
<input type="checkbox"/> 1 VISUAL CHECK <input 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 type="checkbox"/> 5 GROUND WATER MONITORING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 6 ANNUAL TANK TESTING <input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>10/30/1973</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ 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>US Army BY WILLIAM B. CHEW, JR. XA</u>	DATE <u>11/4/98</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		

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS

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

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(8) CCR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) CCR].

TOP OF FORM: MARK ONLY ONE ITEM

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

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

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

II. TANK CONTENTS

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

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

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

IV. PIPING INFORMATION

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

V. TANK LEAK DETECTION

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

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED [see section 2711 (a)(13) CCR]

INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency, however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

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 PARKS RESERVE FORCE TRAINING AREA		NAME OF OPERATOR N/A ABANDONED							
ADDRESS BLDG 33A		NEAREST CROSS STREET	PARCEL # (OPTIONAL)						
CITY NAME DUBLIN	STATE CA	ZIP CODE 94568	SITE PHONE # WITH AREA CODE 925-803-5638						
<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 checked="" type="checkbox"/> FEDERAL-AGENCY*		
* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST									
TYPE OF BUSINESS		<input checked="" type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM	<input type="checkbox"/> 4 PROCESSOR	<input type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 1	E. P. A. I. D. # (optional) N/A

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) N/A ABANDONED TANK	PHONE # WITH AREA CODE	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME CAMP PARKS RFTA		CARE OF ADDRESS INFORMATION					
MAILING OR STREET ADDRESS PARKS BLDG 790		<input checked="" type="checkbox"/> box to indicate					
CITY NAME DUBLIN		STATE CA	ZIP CODE 94568	PHONE # WITH AREA CODE 925-803-5638			
		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LOCAL-AGENCY	<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER U.S. ARMY		CARE OF ADDRESS INFORMATION					
MAILING OR STREET ADDRESS PARKS BLDG 790		<input checked="" type="checkbox"/> box to indicate					
CITY NAME DUBLIN		STATE CA	ZIP CODE 94568	PHONE # WITH AREA CODE 925-803-5638			
		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LOCAL-AGENCY	<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY

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

TY (TK) HQ **N/A FEDERAL FACILITY**

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

<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 7 STATE FUND
	<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input type="checkbox"/> 10 LOCAL GOVT. MECHANISM	<input type="checkbox"/> 99 OTHER			

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

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:	I. <input type="checkbox"/>	II. <input type="checkbox"/>	III. <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) US ARMY BY WILLIAM CHEN	TANK OWNER'S TITLE EXECUTIVE ASSISTANT	DATE 11/04/98	MONTH/DAY/YEAR
---	--	-------------------------	----------------

LOCAL AGENCY USE ONLY

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

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

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

SSPORTS Environmental Detachment Vallejo, Calif



SSPORTS Environmental
Installation Restoration and
Environmental Compliance
Code 120

We Don't Inherit Our Resources From Our Ancestors
We Borrow Them From Our Offspring

COVERSHEET

Date: 11/12/98

FROM:

A. RODRIGUEZ

CODE:

120 (Bldg 229)

FAX NUMBER:

(707) 562-3243

PHONE NUMBER:

(707) 562-3244

TO:

ROBERT WESTON

FAX NUMBER:

510-337-9335

PHONE NUMBER:

510-567-6781

REMARKS:

MR. WESTON, HERE IS THE PACKAGE (PERMIT APPLICATION
& 3 COPIES OF THE WORK PLAN) FOR THE REMOVAL OF
ONE GASOLINE (UST) TANK AT PARKS RESERVE FORCES
TRAINING AREA IN DUBLIN. WE ARE PLANNING TO
PULL THE TANK ON WED. NOV. 18 @ 1:00 P.M. THE
PERMIT FEE OF \$620 WILL BE SENT TO YOUR OFFICE WITHING
10 DAYS.

Thanks,

Augusto Rodriguez

Number of pages including this one: _____

If any problems are noted with this transmission - please call (707) 562-3242



C O V E R**Versar^{INC} FAX****S H E E T**

To: Scott Seery, ACDEH
Fax #: (510)337-9335
Subject: Parcel 15 VOC Source and Cleanup Assessment
Date: August 18, 1998
Pages: 5, including this cover sheet.

COMMENTS:

Attached are:

1. Conceptual plan for assessing source and need for cleanup of VOCs at Parcel 15
2. Map showing proposed location of passive soil gas sampling points
3. Findings of Versar's previous work at the Site
4. Map (Erler and Kalinowski) of sampling results distribution at Parcel 15

From the desk of...

Tim Berger
Senior Geologist**Versar^{INC}**7844 Madison Ave., Suite 167
Fair Oaks, CA 95628

(916) 863-9323

Fax: (916) 962-2678

Conceptual Plan for Investigating Parcel 15 at Santa Rita for VOCs

Phase 1 Identify Source Areas

Use 16-point passive soil gas array to characterize VOC distribution across areas of Parcel 15 previously identified by Versar as having elevated concentrations of PCE, TCE, CTET, and Chloroform (target compounds).

Phase 2 Obtain Soil and Groundwater Samples at Potential Source Areas

Using concentration contour map generated with soil gas data, and knowledge of previous Site use and results of previous soil and groundwater sampling data, collect soil and grab-groundwater samples at areas having potential for highest concentrations of target compounds. Estimate approximately 8 GeoProbe®-type borings.

Phase 3 Perform RBCA and Resource Beneficial Use Analyses

Based on use of assumed worst-case soil and groundwater VOC concentrations, perform ASTM-compliant RBCA analysis of use of Site for residential housing. In addition, assess impacts on groundwater and other identified natural resource beneficial uses in the study area. Based on results of RBCA and beneficial use assessments, identify areas for cleanup, if any.

Phase 4 Perform Cleanup of Identified Areas

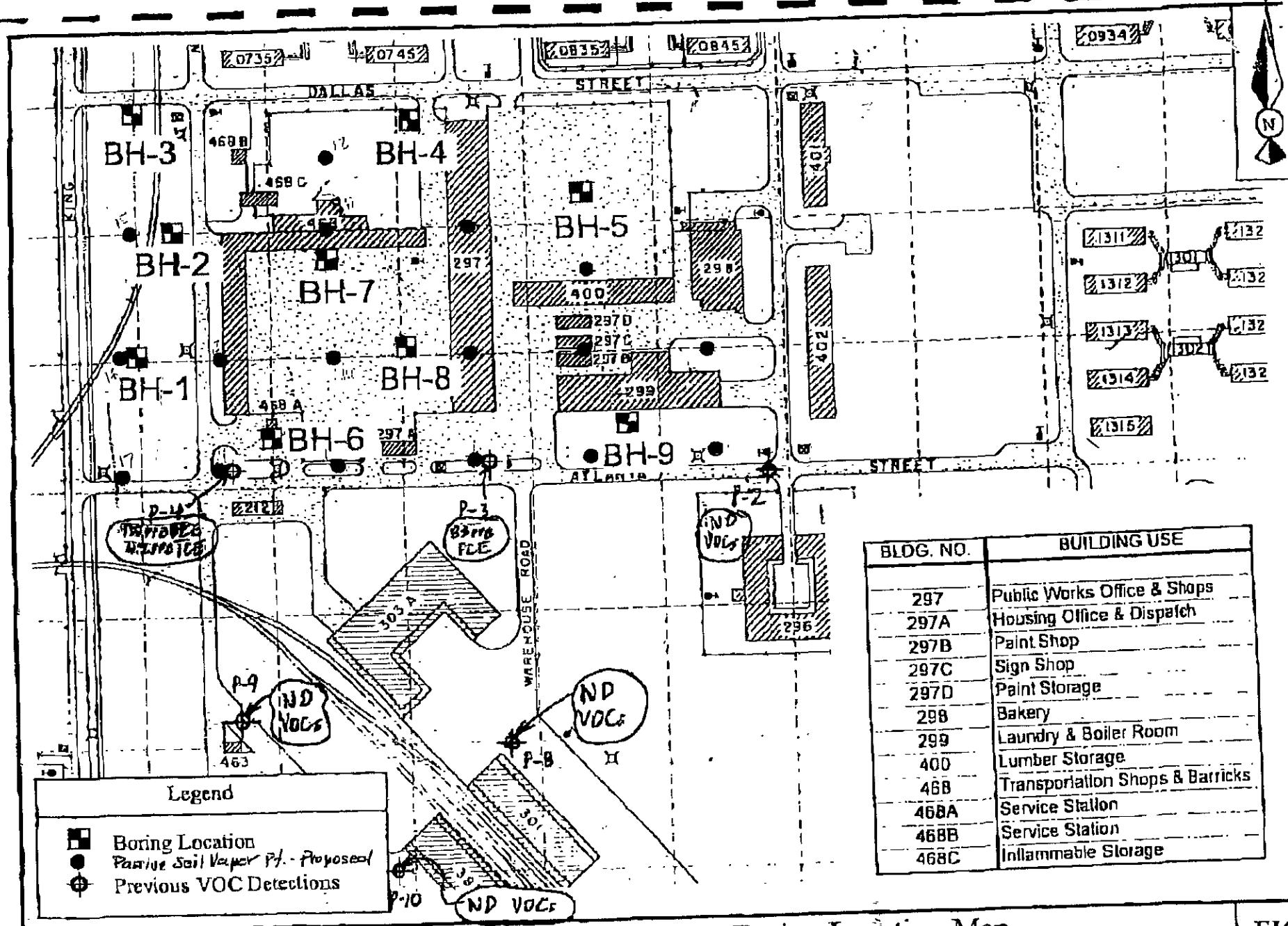


Mr. Rod Freitag, P.E.
May 1, 1998
Page 6 of 7

CONCLUSIONS AND RECOMMENDATIONS

The results of this investigation indicate that PCE and TCE are present in groundwater in the southern portion of the Site. Additionally, one soil sample contained PCE on the south side of Building 299 near a former laundry and paint shop. Carbon Tetrachloride and Chloroform were detected in the general areas of Buildings 468 and 468A, formerly transportation shops and a service station. Concentrations of PCE, TCE, carbon tetrachloride and chloroform in groundwater exceed State MCLs at one or more locations at the Site. No subsurface structures that resembled UST's were confirmed through pot-holing at locations identified in the subsurface magnetometer survey. The detections of PCE, TCE, carbon tetrachloride and chloroform may be related to historical Site use by the military in the 1940s and 1950s. Another possible source of these contaminants could be the sanitary sewer line that runs in an east-west direction along the southern Site boundary.

Versar recommends that Alameda County General Services Agency notify the Alameda County Health Care Services Agency, Environmental Health Services, of the presence of the detected chemicals in groundwater at the Site; notification is required by the federal Clean Water Act; the State Porter-Cologne Water Quality Control Act; and the State Water Code, Section 13271. Versar recommends further investigation be performed in the southern portion of the Site to identify the source and further delineate the extent of solvent contamination in soil and groundwater at the Site, focussing of Buildings 299, 297B, 468, and 468A, as well as the sanitary sewer in the southern portion of the Site.



BLDG. NO.	BUILDING USE
297	Public Works Office & Shops
297A	Housing Office & Dispatch
297B	Paint Shop
297C	Sign Shop
297D	Paint Storage
298	Bakery
299	Laundry & Boiler Room
400	Lumber Storage
468	Transportation Shops & Barricks
468A	Service Station
468B	Service Station
468C	Inflammable Storage

Legend

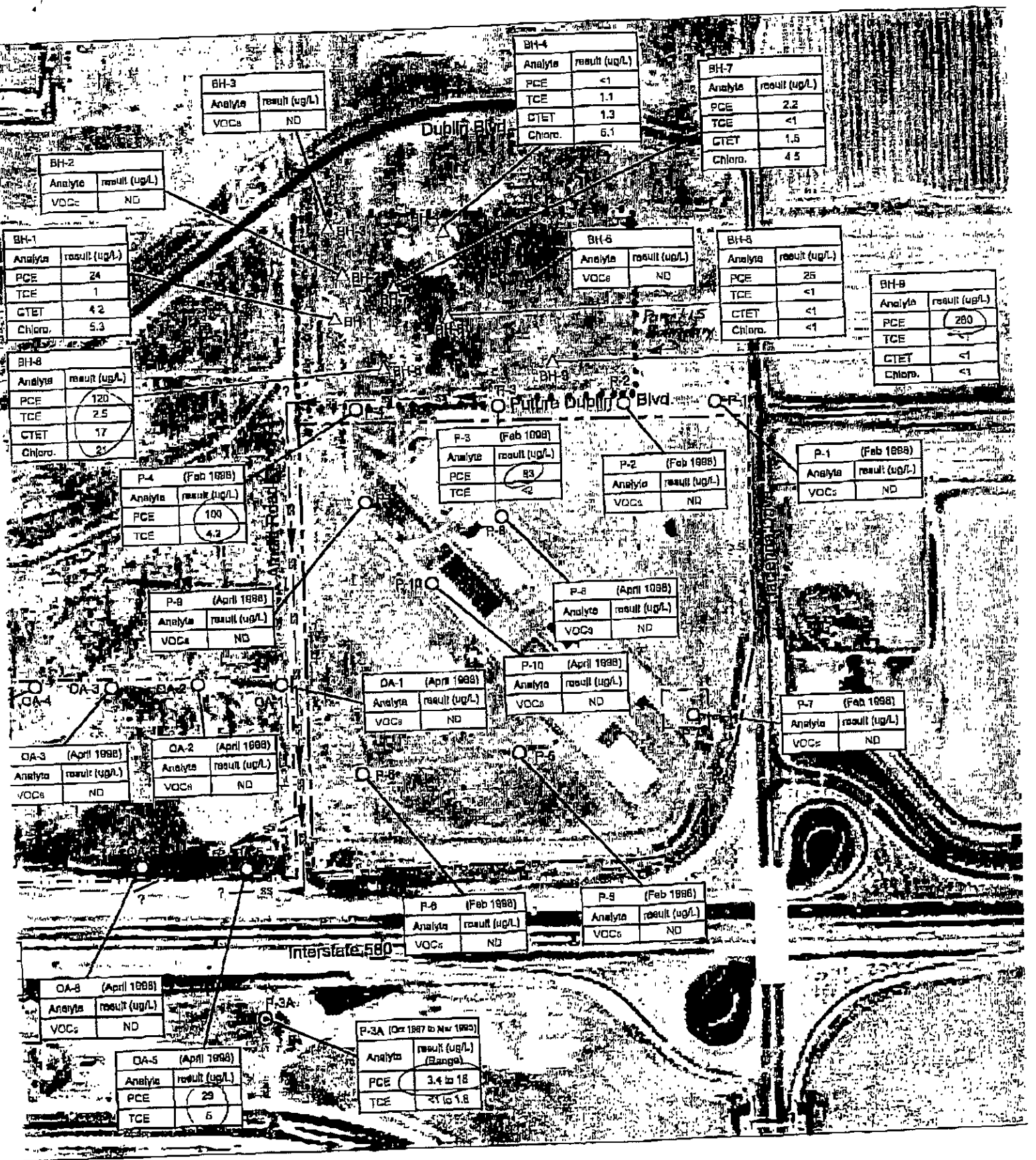
- Boring Location
- Passive Soil Vapor Pt. - Proposed
- Previous VOC Detections

Prepared by Phil Cox and modified by Michael Palenz
 Date: 4/21/98
 Project No.: 4128-001



7844 Madison Ave.
 Suite 167
 Fair Oaks, CA 95628
 (916) 962-1612

Boring Location Map
 Santa Rita Property - Parcel 15
 Dublin, California



BH-3

Analyte	result (ug/L)
VOCs	ND

BH-4

Analyte	result (ug/L)
PCE	<1
TCE	1.1
CTET	1.3
Chloro.	6.1

BH-7

Analyte	result (ug/L)
PCE	2.2
TCE	<1
CTET	1.5
Chloro.	4.5

BH-2

Analyte	result (ug/L)
VOCs	ND

BH-1

Analyte	result (ug/L)
PCE	24
TCE	1
CTET	4.2
Chloro.	5.3

BH-6

Analyte	result (ug/L)
VOCs	ND

BH-9

Analyte	result (ug/L)
PCE	25
TCE	<1
CTET	<1
Chloro.	<1

BH-8

Analyte	result (ug/L)
PCE	280
TCE	<1
CTET	<1
Chloro.	<1

BH-8

Analyte	result (ug/L)
PCE	120
TCE	2.5
CTET	17
Chloro.	21

P-3 (Feb 1988)

Analyte	result (ug/L)
PCE	83
TCE	<1

P-2 (Feb 1988)

Analyte	result (ug/L)
VOCs	ND

P-1 (Feb 1988)

Analyte	result (ug/L)
VOCs	ND

P-4 (Feb 1988)

Analyte	result (ug/L)
PCE	100
TCE	4.2

P-8 (April 1988)

Analyte	result (ug/L)
VOCs	ND

P-8 (April 1988)

Analyte	result (ug/L)
VOCs	ND

QA-1 (April 1988)

Analyte	result (ug/L)
VOCs	ND

P-10 (April 1988)

Analyte	result (ug/L)
VOCs	ND

P-7 (Feb 1988)

Analyte	result (ug/L)
VOCs	ND

QA-3 (April 1988)

Analyte	result (ug/L)
VOCs	ND

QA-2 (April 1988)

Analyte	result (ug/L)
VOCs	ND

P-8 (Feb 1988)

Analyte	result (ug/L)
VOCs	ND

P-9 (Feb 1988)

Analyte	result (ug/L)
VOCs	ND

QA-8 (April 1988)

Analyte	result (ug/L)
VOCs	ND

F-3A

P-3A (Oct 1987 to Nov 1989) (Bangs)

Analyte	result (ug/L)
PCE	3.4 to 18
TCE	<1 to 1.8

QA-5 (April 1988)

Analyte	result (ug/L)
PCE	29
TCE	5

**ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY**

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Director

DEPARTMENT OF ENVIRONMENTAL HEALTH
Environmental Protection Division
1131 Harbor Bay Parkway, #250
Alameda, CA 94502-6577
(510) 567-6700

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 4102

February 3, 1998

Mr. Carl Lang
USACE
1325 J Street
Sacramento, CA 95814

**RE: Workplan Approval for Parks RFTA, Building 200 and 888,
Dublin, CA**

Dear Mr. Lang:

I have completed review of CAL, Inc's January 1998 Final Project Work Plan for the above referenced site. CAL proposed to assess the vertical and lateral extent of soil and groundwater contamination previously detected near Building 200 and Building 888. Ten soil borings, of which three would be converted into groundwater monitoring wells, were proposed by Building 200. And, twelve soil borings, where three would be converted into monitoring wells, were proposed in the vicinity of Building 888.

There is sufficient soil and groundwater data collected from previous investigations at the site to suspect that predominately low plastic clay sediments (with lower percentage of silty clays and silty sands) would be encountered to depths of 30'bgs. And that groundwater generally flows to the southeast and to the southwest. With this information, it may not be necessary to do all the proposed borings at this time. Rather, I would propose the following:

1. Building 200

- a. advance proposed boring B1, B2, B3, B8, and B9 using direct push methods to 1st encountered groundwater (~12'to 20'bgs) and 5' beyond;
- b. collect soil samples at 5' interval from each boring and submit select samples for laboratory analysis; and
- c. collect grab water samples from proposed boring B3 and B8 for laboratory analysis.

2. Building 888

- a. perform limited overexcavation to remove residual soil contamination in the vicinity of the former dispenser island near sample DP-1, OGP-1, and OGP-2. Collect confirmatory soil samples;

Carl Lang, USACE
re: Workplan for Bldgs 200 and 888
February 3, 1998
Page 2 of 2

- b. move proposed boring B6 ~15' to 20' south, so it is nearer the former tank pit. Advance proposed boring B6, B7, B10, and B11. Collect soil samples from the capillary fringe for laboratory analysis;
- c. collected grab water samples from boring B7, B10, and B11;
- d. and, I recommend the removal of the oil/water separator located behind Building 888. A soil sample should be collected from native soil beneath the separator and analyzed for TPHg, TPHd, BTEX, TOG, HVOC, SVOC, and the metals Cd, Cr, Pb, Ni, and Zn.

If elevated contamination is confirmed during this phase of the investigation at either site, then, I would recommend that the proposed groundwater monitoring wells be installed.

If the above phase approach is acceptable to you, then an amended workplan should be sent to this office for review. If you have any questions or other suggestions, I can be reached at (510) 567-6762.



eva chu
Hazardous Materials Specialist

c: Marshall Marik, Parks RFTA, Building 790, Dublin, CA 94568
Claudio Avila, CAL Inc, 2040 Peabody Rd, Vacaville, CA 95687

Woodward-Clyde Federal Services

500 12th Street, Suite 200

Oakland, Ca. 94607-4014

Joe Morgan 510-874-3201, internet jxmorga0@wcc.com

FAX TRANSMITTAL

Friday, June 27, 1997

To: Ms. Eva Chu, Hazardous Materials Specialist

Firm: Alameda County Health Care Services Agency

Fax: 510-337-9335

From: Joe Morgan III 

RE: Parks Reserve Forces Training Area (PRFTA) recent UST removal information

TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET: 7

MESSAGE: Pursuant to your request of this afternoon, WCFS is supplying the draft information you requested on the recent closure of five USTs at PRFTA. The tanks are shown on the attached site map. The tanks were removed with the exception of the tank at Building 1108. This tank was closed in place with your verbal permission after we discussed the soil analytical results.

Please find attached copies of the following draft documents.

- Site Map of PRFTA with locations of the five recently excavated and closed UST sites marked
- Analytical results for the five tanks in question, located at Buildings 514, 1105, 1108, 1139, and 1137.

Our complete report will be submitted to you shortly. This report includes detailed descriptions of the UST removal, soil analytical results, color pictures, tank destruction certificates, fuel and soil waste manifests, and analytical QA/QC data. If you have any questions on the attached please call me at 510-874-3201.

cc. Mr. Allin Stephens, HAZWRAP
Mr. Marshall Marik, PRFTA
Mr. Richard Beyak, WC Omaha

Should you have any questions/problems with this transmittal, please contact: Joe Morgan at 510-874-3201 or Dreama Howard at 510-874-3121 OUR FAX NUMBER IS 510-874-3268

Consulting Engineers, Geologists, and Environmental Scientists - Offices in Other Principal Cities

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

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

StID 4102

February 26, 1997

Mr. Marshall Marik
Camp Parks RFTA
Building 790
Dublin, CA 94568

RE: UST Removal Fees

Dear Mr. Marik:

It is my understanding that Camp Parks has six or seven additional USTs which will be closed/removed in the near future. Enclosed is the fee schedule for the removal of USTs. Please submit the appropriate amount so this office can proceed with the project. Bear in mind, any and all monies remaining in your account after the completion of the project will be refunded to you or a designated recipient.

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

eva chu
Hazardous Materials Specialist

encl.

February 25, 1997
MHZ010

ENVIRONMENTAL
PROTECTION

97 FEB 26 PM 1:11

Ms. Eva Chu
Hazardous Materials Specialist
Environmental Health Services
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, Suite 250
Alameda, California 94502-6577

**Re: Camp Parks Reserve Forces Training Area
Dublin, California 94568**

Subject: Closure Plan for Seven Underground Fuel Storage Tanks

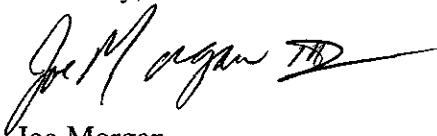
Dear Ms. Chu:

Enclosed please find a completed Underground Tank Closure Plan for seven underground storage tanks (USTs) for the above referenced site. Woodward-Clyde Consultants (WCC) is pleased to submit this report on behalf of our client, Camp Parks Reserve Forces Training Area (RFTA). This report contains the owner information, tank locations, use history, sampling plan, contractor information, and UST Permit Application Forms A and B. Fee payment is to be provided directly by Camp Parks RFTA upon request via invoice from your office to Mr. Marshall Marik in Building 790 at Camp Parks RFTA.

Camp Parks RFTA and the contractor are ready to perform the UST excavations once the enclosed Closure Plan has been approved. Your prompt attention to this matter is very much appreciated.

Please contact me at (510) 874-3201 if you have any questions or comments.

Sincerely,



Joe Morgan
Project Manager

- Why are samples going to Seattle?
- Was Seco's license renewed - (exp 11/30/96)

Enclosures

cc: Marshall Marik, Camp Parks RFTA
Rich Beyak, WCFS Omaha
James Springer, WCFS Oakland
Jane Vernalia, WCFS Oakland

**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**

office copy

Project Specialist

W. Z. ... 3/3/97

Note changes/additions as highlighted

ACCEPTED

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

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to certain companies with State and local laws. The project principals herein may request for issuance of any required bonding forms for construction/renovation.

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

Any changes or alterations of these plans and specifications must be submitted to this Department and approved by the Engineering Department. It is requested to call and discuss any changes from the 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:

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business Parks Reserve Forces Training Area
Business Owner or Contact Person (PRINT) Marshall Marik

2. Site Address Bldgs. 200, 514, 1137, 1139, 1105, and 1108, Camp Parks
City Dublin Zip 94568 Phone 510-803-5638

3. Mailing Address Building 790, Camp Parks
City Dublin Zip 94568 Phone 510-803-5638

4. Property Owner Parks Reserve Forces Training Area
Business Name (if applicable) Camp Parks RFTA
Address Building 790, Camp Parks
City, State Dublin, CA Zip 94568

5. Generator name under which tank will be manifested
Parks Reserve Forces Training Area

EPA ID# under which tank will be manifested C A L 0 0 0 1 2 1 3 6 4

6. Contractor DECON Environmental Services
Address 23490 Connecticut Street
City Hayward, CA 94545 Phone 510-732-6444
License Type* A545726 ID# EPA CAD982468183

*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) Woodward-Clyde Federal Services
Address 500 12th Street
City, State Oakland, CA 94607 Phone 510-893-3600

8. Main Contact Person for Investigation (if applicable)
Name Joe Morgan Title Senior Project Engineer
Company Woodward-Clyde
Phone 510-874-3201

9. Number of underground tanks being closed with this plan 7
Length of piping being removed under this plan 100
Total number of underground tanks at this facility (**confirmed with owner or operator) 7

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 Erickson EPA I.D. No. CAD 009466392
Hauler License No. 0019 License Exp. Date 5/97
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson EPA ID# CAD 009466392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Erickson EPA I.D. No. CAD 009466392
Hauler License No. 0019 License Exp. Date 5/97
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson EPA I.D. No. CAD 009466392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

11. Sample Collector

Name James Springer
Company Woodward-Clyde
Address 500 12th Street
City Oakland State CA Zip 94607 Phone 510-874-3040

12. Laboratory

Name Laucks Testing Lab
Address 940 S. Harney Street
City Seattle State WA Zip 98108
State Certification No. 2151 OK.

CA

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:

Removal of explosive vapors will be done by introducing dry ice pellets. Fifteen pounds per 500 gallons will be used. The vapor concentration will be lowered to less than 10% of the Lower Explosive Limit (LEL).

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)		
514	Approx. 500 gal. diesel*	soil and/or groundwater	If no groundwater: below both tank ends. <i>Fill end</i> If groundwater present: center of each excavation wall. <i>only one soil sample may be required -</i>
514	Approx. 500 gal. diesel or gasoline*	soil and/or groundwater	
200	Approx. 500 gal. heating oil*	soil and/or groundwater	
1137	Approx. 500 gal. heating oil*	soil and/or groundwater	
1139	Approx. 500 gal. heating oil*	soil and/or groundwater	
1108	Approx. 500 gal. heating oil*	soil and/or groundwater	
1105	Approx. 500 gal. heating oil*	soil and/or groundwater	
	*(unknown date of last use)		

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)

20yd³

Sampling Plan

Collect one composite sample from each tank stockpile (i.e., 7 tubes).

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
Gasoline	8015 modified gas, diesel 8020 BTEX 7421 total lead		1.0 mg/kg
Diesel	8015 modified gas, diesel 8020 BTEX		1.0 mg/kg
Heating Oil	8015 modified heating oil <i>BTEX (8020)</i>		1.0 mg/kg

18. Submit Worker's Compensation Certificate copy

Name of Insurer Reliance National Indemnity Co.

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

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business DECON Environmental Services, Inc.

Name of Individual Christopher Damian Kwoka

Signature *Christopher D Kwoka* Date 2/21/97

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business ^{PARKS} Reserve Forces Training Area

Name of Individual Marshall Marik

Signature *Marshall Marik* Date 2/20/97

white -env. health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name PARK RFTA Today's Date 3/26/97
Site Address Bldg 514
City Dublin 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 Removed

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

Comments:

O₂ - 4%
LEL - 0%

100g gasoline VST in good condition - minor pitting.
No holes.
Tanks insert at ~ 3 - solid concrete slab on bottom of pit.
at edge of slab, soil had no odor.

Soil sample collected at ~ 3.5' bgs - clay w/ gravel - No odor.
Analyze for TPH₁, TPH₂, BTEX, total lead, MTBE

For leaking oil USTs analyze for TPH₂ - If elevated TPH₂
levels are identified, also analyze for BTEX

Contact Jane Vernika
Title Staff Engineer
Signature _____

Inspector eva chw
Signature _____

II, III



ENVIRONMENTAL
PROTECTION
97 FEB 21 PM 2:17

February 20, 1997

Ms. Eva Chu
Alameda County Environmental Health Department
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502

**RE: REMOVAL OF UNDERGROUND STORAGE TANKS
CAMP PARKS, DUBLIN, CALIFORNIA**

Dear Ms. Chu:

DECON Environmental Services, Inc., (DECON) has been selected by Woodward-Clyde Consultants (WCC) to perform underground storage tank removal services at the Camp Parks facility in Dublin, California. At the request of Mr. Jim Springer of WCC, DECON is forwarding to you copies of the following:

- DECON's General Engineering Contractor's License, Class "A", No. 545726
- Contractor's License Certification for Hazardous Substances Removal and Remedial Actions
- Documentation of DECON's Worker's Compensation coverage

If you have any questions regarding this project, please call me at (510) 732-6444.

Sincerely,

William E. Bassett, Jr.
Account Representative



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

2-11-97

PRODUCER

Marsh & McLennan, Inc.
1166 Avenue of the Americas
New York, New York 10036

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 LETTER **A** Reliance National Indemnity Company

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

Woodward-Clyde Consultants
4582 South Ulster Street
Suite 600
Denver, Colorado 80237

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO/LTR	TYPE OF INSURANCE	POLICY NUMBER	POL. OF EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE	
A	GENERAL LIABILITY	NGB1720628 Contractual liability included as respects those acts covered by general liability insurance. \$100,000 SIR	01-01-97	01-01-98	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				B & PD COVERED	\$ 1000	\$
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY		\$
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
A	AUTOMOBILE LIABILITY	NKA0101624-5	01-01-97	01-01-98	BODILY INJURY	\$	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY - REPT	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV PASS)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV PASS)				B & PD COVERED	\$ 1000	
	<input type="checkbox"/> HIRED AUTOS						
A	EXCESS LIABILITY				B & PD COVERED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	NWA0101623-5	01-01-97	01-01-98	STATUTORY	<input checked="" type="checkbox"/>	
						\$ 1000 (EACH ACCIDENT)	
						\$ 1000 (DISEASE-POLICY LIMIT)	
	OTHER					\$ 1000 (DISEASE-EACH EMPLOYEE)	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Project No. MHZ 010/19; Camp Parks RFTA, Buildings 200, 514, 1137, 1139, 1105, & 1108 Dublin, CA. All Operations of the Insured.

CERTIFICATE HOLDER

Alameda County Health Care Services
Agency Dept. of Environmental Health
Environmental Protection Division
1131 Harbor Bay Parkway, Room 250
Alameda, CA 94502-6577

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

Stanley R. Levine

CONTRACTORS STATE LICENSE BOARD

No. 545726

Building Quality

ISSUED 11-02-88

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

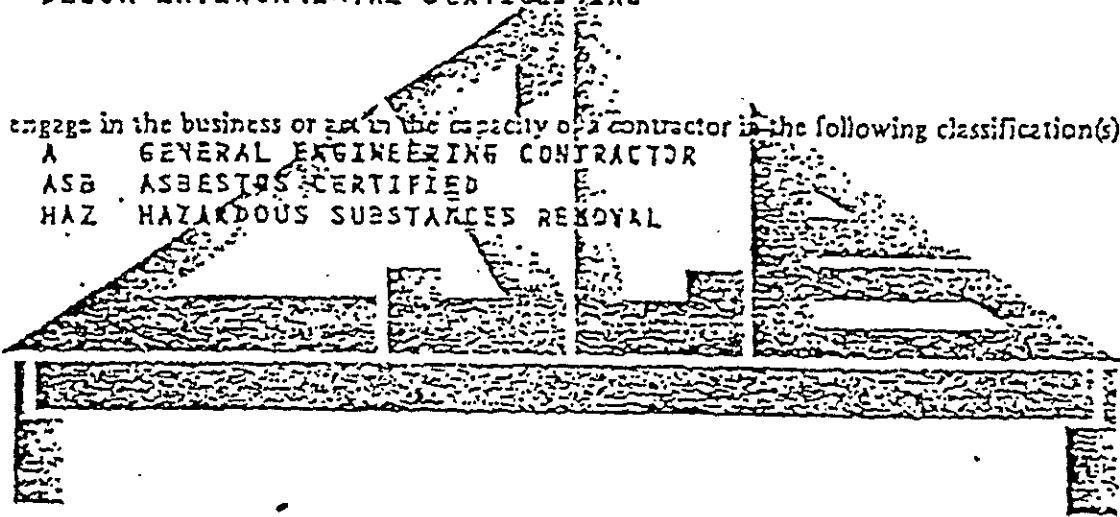
Contractor's License

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

DECON ENVIRONMENTAL SERVICES, INC

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

- A GENERAL ENGINEERING CONTRACTOR
- ASB ASBESTOS CERTIFIED
- HAZ HAZARDOUS SUBSTANCES REMOVAL



WITNESS my hand and sealed this
9TH day of NOVEMBER 1988.





David R Phillips

Registrar of Contractors

DECON Environmental Services
Signature of Licensee

Christopher A. Kuebe
Signature of person who qualified
on behalf of the licensee

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS

	State of California CONTRACTORS STATE LICENSE BOARD ACTIVE LICENSE	
License Number	545726	Corp
Business Name	DECON ENVIRONMENTAL SERVICES INC	
Classification	A ASB HAZ	
Expiration Date	11/30/96	

STATE OF CALIFORNIA--CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

PETE WILSON, Governor

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P STREET, 4TH FLOOR
P.O. BOX 808
SACRAMENTO, CA 95812-0808



(916) 323-3219

*** HAZARDOUS WASTE TRANSPORTER REGISTRATION ***

NAME AND ADDRESS OF REGISTERED TRANSPORTER:


Decon Environmental Services, Inc.
23490 Connecticut Street
Hayward, California 94545

TRANSPORTER REGISTRATION NO: 2592

EXPIRATION DATE: January 31, 1997

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE HEALTH AND SAFETY CODE AND DIVISION 4.5, TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT OF HAZARDOUS WASTE.



(AUTHORIZED SIGNATURE)

JAN 0 5 1996

(DATE)

cc: California Highway Patrol

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD

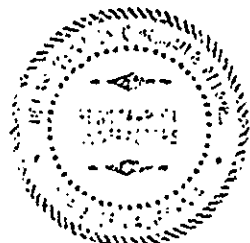


Building Quality



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: Christopher Damian Kwoka

License No.: 545726

Business Name: Decon Environmental Services Inc.

WITNESS my hand and official seal this

2nd day of November, 1988

Doris R. Phillips
Registrar of Contractors

13L-25 (10/91)

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

A 5753

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



Building Quality



ASBESTOS CERTIFICATION

Pursuant to the provisions of Section 7058.5 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the asbestos certification examination:

Qualifier: CHRISTOPHER DAMIAN KWOKA

License No.: 545726

Business Name: DECON ENVIRONMENTAL SERVICES INC



WITNESS my hand and official seal this

2nd day of NOVEMBER 1988

Doris R. Phillips
Registrar of Contractors

13L-25 (10/91)

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A6554

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

SEPTEMBER 30, 1996

POLICY NUMBER: 571-96 UNIT 0010025
CERTIFICATE EXPIRES: 10-1-97

SAMPLE

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

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

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

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

Tom Hansen

AUTHORIZED REPRESENTATIVE

KC Bollier

PRESIDENT

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

EMPLOYER

DECON ENVIRONMENTAL SERVICES INC.
23490 CONNECTICUT ST.
HAYWARD CA 94545



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **545726** Entity **CORP**

Business Name
**DECON ENVIRONMENTAL
SERVICES INC**

Classification
A ASB HAZ

Expiration Date
11/30/96



3/3/97 Per Decon

Renewed -

new expiration date : NOV 30, 1998

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

SEPTEMBER 30, 1996

POLICY NUMBER: 571-36 UNIT 0010025
CERTIFICATE EXPIRES: 10-1-97

SAMPLE

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

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

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

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

Tom Hansen

AUTHORIZED REPRESENTATIVE

Kc Bollier

PRESIDENT

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

EMPLOYER

DECON ENVIRONMENTAL SERVICES INC.
23490 CONNECTICUT ST.
HAYWARD CA 94545



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CA0982468183

INSTALLATION ADDRESS

DECON ENVIRONMENTAL SERVICES
26102 EDEN LANDING ROAD STE 4
HAYWARD CA 94545

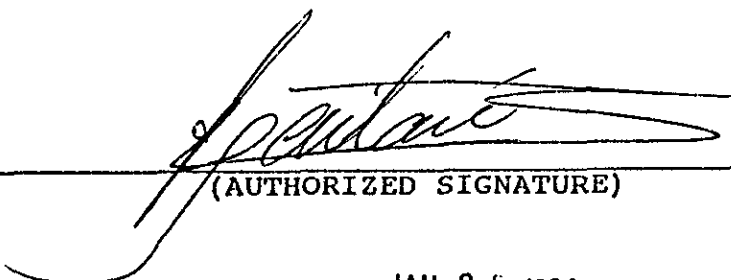
DEPARTMENT OF TOXIC SUBSTANCES CONTROL400 P STREET, 4TH FLOOR
P.O. BOX 806
SACRAMENTO, CA 95812-0806

(916) 323-3219

***** HAZARDOUS WASTE TRANSPORTER REGISTRATION *******NAME AND ADDRESS OF REGISTERED TRANSPORTER:**Decon Environmental Services, Inc.
23490 Connecticut Street
Hayward, California 94545**TRANSPORTER REGISTRATION NO: 2592****EXPIRATION DATE: January 31, 1997**

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE HEALTH AND SAFETY CODE AND DIVISION 4.5, TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT OF HAZARDOUS WASTE.



(AUTHORIZED SIGNATURE)

JAN 05 1996

(DATE)

cc: California Highway Patrol



CONTRACTORS STATE LICENSE BOARD

No. 545726

Building Quality

ISSUED 11-02-88

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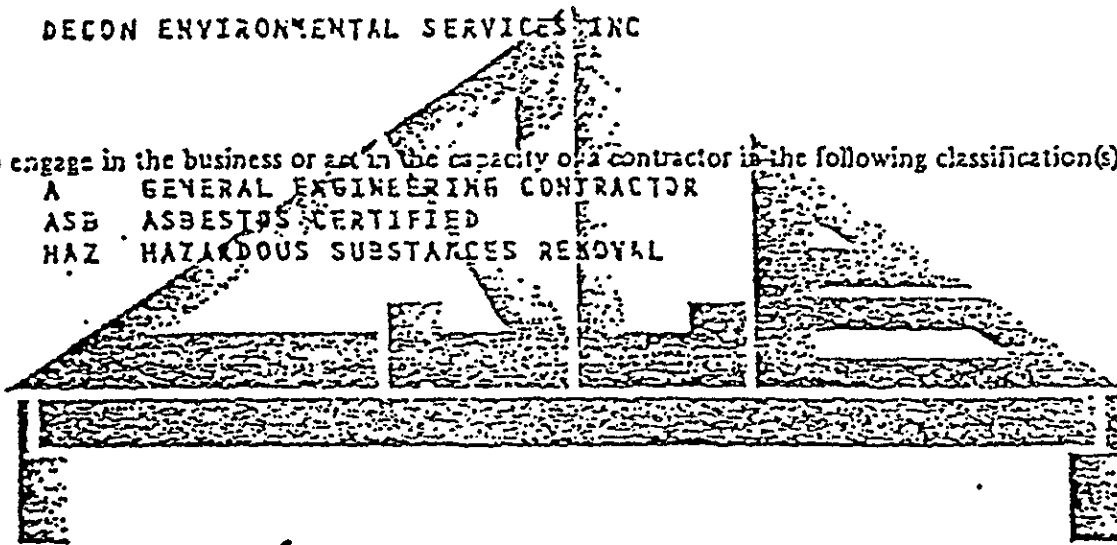
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- A GENERAL ENGINEERING CONTRACTOR
- ASB ASBESTOS CERTIFIED
- HAZ HAZARDOUS SUBSTANCES REMOVAL



WITNESS my hand and sealed this
9TH day of NOVEMBER 1988.

David R Phillips

Registrar of Contractors

DECON Environmental Services
Signature of Licensee

Christopher D. Kuebler
Signature of person who qualified
on behalf of the licensee



STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS



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: Christopher Damian Kwoka

License No.: 545726

Business Name: Decon Environmental Services Inc.

WITNESS my hand and official seal this
2nd day of November, 1988

David R. Phillips
Registrar of Contractors

131-58 (12/91)

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A 5753



Building Quality



ASBESTOS CERTIFICATION

Pursuant to the provisions of Section 7058.5 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the asbestos certification examination:

Qualifier: CHRISTOPHER DAMIAN KWOKA

License No.: 545726

Business Name: DECON ENVIRONMENTAL SERVICES INC

WITNESS my hand and official seal this
2nd day of NOVEMBER 1988

David R. Phillips
Registrar of Contractors

131-35 (10/91)

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A 6554



FAX TRANSMISSION

DECON Environmental Services, Inc.
23490 Connecticut Street
Hayward, CA 94545
Phone: (510) 732-6444
Fax: (510) 782-8584

TO: Eva Chu FAX: (510) 337-9335
COMPANY: ACEHD PHONE: (510) 567-6762
FROM: Bill Bassett DATE: 3/4/97 TIME: 10:00 AM
REFERENCE: Contractor's license

TOTAL NUMBER OF PAGES SENT (Including Cover Sheet): 2

Original to follow by:

- U.S. Mail
- Express Overnight Mail
- Courier
- No Hard Copy to Follow

COMMENTS:

Dear Ms. Chu:
Here is a copy of DECON's current "A" license.
This is sent in support of the work plan
by Woodward Clyde to remove USTs at
Camp Parks in Dublin.

Questions or comments, please call.

Bill Bassett ★



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: 545726

Entity: CORP

DECON ENVIRONMENTAL
SERVICES INC
23490 CONNECTICUT STREET
HAYWARD, CA 94545

RECEIVED DEC 23 1996



	State of California CONTRACTORS STATE LICENSE BOARD ACTIVE LICENSE	
License Number	545726	Entity CORP
Business Name	DECON ENVIRONMENTAL SERVICES INC	
Classification	A ASB HAZ	
Expiration Date	11/30/1998	



ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

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

SITE INFORMATION:

Site ID Number
(if known)

PARKS Reserve Forces Training Area

Name of Site

Bldgs. 200, 514, 1137, 1139, 1105, and 1108, Camp Parks

Street Address

Dublin, CA 94568

City, State & Zip Code

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

PARKS RESERVE FORCES TRAINING AREA

Marshall Marik


Name

Camp Parks RFTA, Environmental Div., Bldg. 790

Street Address

Dublin, CA 94568-5201

City, State & Zip Code



Signature of Payor

2/22/97

Date

MARSHALL MARIK
Name of Payor
(PLEASE PRINT CLEARLY)

PARKS RFTA
Company Name of Payor

RETURN FORM TO:

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

JOB NO. _____

February 25, 1997

TO: Alameda County Environmental Health Dept.

Environmental Protection Division

1131 Harbor Bay Parkway, Room 250

Alameda, CA 94502-6577

Attention; Ms. Eva Chu

SUBJECT: Additional Copies of UST Closure Plan

Transmitted herewith, please find two additional copies of the Underground
Tank Closure Plan for Camp Parks Reserve Forces Training Area in
Dublin, California.

Very truly yours,

Woodward-Clyde Consultants

By Joe Morgan
Joe Morgan

ENVIRONMENTAL
PROTECTION
97 FEB 28 AM 10:38February 25, 1997
MHZ010Ms. Eva Chu
Hazardous Materials Specialist
Environmental Health Services
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, Suite 250
Alameda, California 94502-6577**Re: Camp Parks Reserve Forces Training Area
 Dublin, California 94568****Subject: Closure Plan for Seven Underground Fuel Storage Tanks**

Dear Ms. Chu:

Enclosed please find a completed Underground Tank Closure Plan for seven underground storage tanks (USTs) for the above referenced site. Woodward-Clyde Consultants (WCC) is pleased to submit this report on behalf of our client, Camp Parks Reserve Forces Training Area (RFTA). This report contains the owner information, tank locations, use history, sampling plan, contractor information, and UST Permit Application Forms A and B. Fee payment is to be provided directly by Camp Parks RFTA upon request via invoice from your office to Mr. Marshall Marik in Building 790 at Camp Parks RFTA.

Camp Parks RFTA and the contractor are ready to perform the UST excavations once the enclosed Closure Plan has been approved. Your prompt attention to this matter is very much appreciated.

Please contact me at (510) 874-3201 if you have any questions or comments.

Sincerely,

Joe Morgan
Project Manager

Enclosures

cc: Marshall Marik, Camp Parks RFTA
 Rich Beyak, WCFS Omaha
 James Springer, WCFS Oakland
 Jane Vernalia, WCFS Oakland

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

UNDERGROUND TANK CLOSURE PLAN
* * * Complete according to attached instructions * * *

1. Name of Business Parks Reserve Forces Training Area
Business Owner or Contact Person (PRINT) Marshall Marik
2. Site Address Bldgs. 200, 514, 1137, 1139, 1105, and 1108, Camp Parks
City Dublin Zip 94568 Phone 510-803-5638
3. Mailing Address Building 790, Camp Parks
City Dublin Zip 94568 Phone 510-803-5638
4. Property Owner Parks Reserve Forces Training Area
Business Name (if applicable) Camp Parks RFTA
Address Building 790, Camp Parks
City, State Dublin, CA Zip 94568
5. Generator name under which tank will be manifested
Parks Reserve Forces Training Area
EPA ID# under which tank will be manifested C A L 0 0 0 1 2 1 3 6 4

6. Contractor DECON Environmental Services

Address 23490 Connecticut Street

City Hayward, CA 94545

Phone 510-732-6444

License Type* A545726

ID# EPA CAD982468183

*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) Woodward-Clyde Federal Services

Address 500 12th Street

City, State Oakland, CA 94607

Phone 510-893-3600

8. Main Contact Person for Investigation (if applicable)

Name Joe Morgan

Title Senior Project Engineer

Company Woodward-Clyde

Phone 510-874-3201

9. Number of underground tanks being closed with this plan 7

Length of piping being removed under this plan 100

Total number of underground tanks at this facility (**confirmed with owner or operator) 7

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 Erickson EPA I.D. No. CAD 009466392

Hauler License No. 0019 License Exp. Date 5/97

Address 255 Parr Blvd.

City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson EPA ID# CAD 009466392

Address 255 Parr Blvd.

City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Erickson EPA I.D. No. CAD 009466392
Hauler License No. 0019 License Exp. Date 5/97
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson EPA I.D. No. CAD 009466392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

11. Sample Collector

Name James Springer
Company Woodward-Clyde
Address 500 12th Street
City Oakland State CA Zip 94607 Phone 510-874-3040

12. Laboratory

Name Laucks Testing Lab
Address 940 S. Harney Street
City Seattle State WA Zip 98108
State Certification No. 2151

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:

Removal of explosive vapors will be done by introducing dry ice pellets. Fifteen pounds per 500 gallons will be used. The vapor concentration will be lowered to less than 10% of the Lower Explosive Limit (LEL).

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)		
514	Approx. 500 gal. diesel*	soil and/or groundwater	If no groundwater: below both tank ends. If groundwater present: center of each excavation wall.
514	Approx. 500 gal. diesel or gasoline*	soil and/or groundwater	
000	Approx. 500 gal. heating oil*	soil and/or groundwater	
137	Approx. 500 gal. heating oil*	soil and/or groundwater	
139	Approx. 500 gal. heating oil*	soil and/or groundwater	
108	Approx. 500 gal. heating oil*	soil and/or groundwater	
105	Approx. 500 gal. heating oil*	soil and/or groundwater	
	*(unknown date of last use)		

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

Excavated/Stockpiled Soil

<p>Stockpiled Soil Volume (estimated)</p> <p align="center">20yd³</p>	<p align="center">Sampling Plan</p> <p>Collect one composite sample from each tank stockpile (i.e., 7 tubes).</p>
---	--

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

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

If yes, explain reasoning _____

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from 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
Gasoline	8015 modified gas, diesel 8020 BTEX 7421 total lead		1.0 mg/kg
Diesel	8015 modified gas, diesel 8020 BTEX		1.0 mg/kg
Heating Oil	8015 modified heating oil		1.0 mg/kg

18. Submit Worker's Compensation Certificate copy

Name of Insurer Reliance National Indemnity Co.

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

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business DECON Environmental Services, Inc.

Name of Individual Christopher Damian Kwoka

Signature *Christopher D. Kwoka* Date 2/21/97

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business ^{PARKS} Reserve Forces Training Area

Name of Individual Marshall Marik

Signature *Marshall Marik* Date 2/20/97

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and a deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department approval.
- * One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.
- * State of California Permit Application Forms A and B are to be submitted to this office. One Form A per site, one Form B for each removed tank.

Line Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION

Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

16. CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS
See attached Table 2.

17. SITE HEALTH AND SAFETY PLAN.

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions which will trigger changes in work habits to ensure workers are not exposed to unsafe chemical levels or physical conditions;
- e) Description of the work habit changes triggered by the above action levels or physical conditions;
- f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
- g) Confined space entry procedures (if applicable);
- h) Decontamination procedures;
- i) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guards, etc.);
- j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- k) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- l) A page for employees to sign acknowledging that they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120(b)(4), Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tank(s) and piping in addition to the tank(s) being removed.

20. DEPOSIT

A deposit, payable to "County of Alameda" for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Bay Regional Water Quality Control Board (510/286-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Detailed description of sampling methods; i.e. backhoe bucket, drive sampler, bailer, bottle(s), sleeves
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Documentation of the disposal of/and volume and final destination of all non-manifested contaminated soil disposed offsite.

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 B & 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

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractible, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chroma- togram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

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

SITE INFORMATION:

Site ID Number
(if known)

PARKS Reserve Forces Training Area
Name of Site

Bldgs. 200, 514, 1137, 1139, 1105, and 1108, Camp Parks
Street Address

Dublin, CA 94568
City, State & Zip Code

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

PARKS RESERVE FORCES TRAINING AREA
Marshall Marik

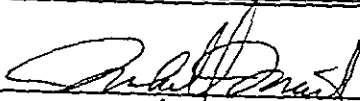
Name

Camp Parks RFTA, Environmental Div., Bldg. 790

Street Address

Dublin, CA 94568-5201

City, State & Zip Code



Signature of Payor

2/22/97

Date

MARSHALL MARIK
Name of Payor
(PLEASE PRINT CLEARLY)

PARKS RFTA
Company Name of Payor

RETURN FORM TO:

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

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



MARK ONLY ONE ITEM	<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 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 Parks Reserve Training Area		NAME OF OPERATOR U.S. Army Reserve		
ADDRESS Bldgs. 200, 514, 1137, 1139, 1105, & 1108, Camp Parks		NEAREST CROSS STREET Dougherty	PARCEL # (OPTIONAL)	
CITY NAME Dublin		STATE CA	ZIP CODE 94568	SITE PHONE # WITH AREA CODE 510-803-5638
<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 checked="" type="checkbox"/> FEDERAL-AGENCY*				
* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST _____				
TYPE OF BUSINESS		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 7	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) Marik, Marshall		PHONE # WITH AREA CODE 510-803-5638		DAYS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME U.S. Army Reserve		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS Bldg. 790, Camp Parks		<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 checked="" type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Dublin		STATE CA	ZIP CODE 94568	PHONE # WITH AREA CODE 510-803-5638

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Parks Reserve Forces Training Area		CARE OF ADDRESS INFORMATION Marshall Marik		
MAILING OR STREET ADDRESS Bldg. 790, Camp Parks		<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 Dublin		STATE CA	ZIP CODE 94568	PHONE # WITH AREA CODE 510-803-5638

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

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

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

<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 7 STATE FUND
	<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input type="checkbox"/> 10 LOCAL GOV'T. MECHANISM	<input checked="" type="checkbox"/> 99 OTHER <u>Federal</u>			

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

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

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) MARSHALL MARIK <i>[Signature]</i>	TANK OWNER'S TITLE ENVIRONMENTAL MANAGER	DATE MONTH/DAY/YEAR 2/20/97
---	--	---------------------------------------

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM 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: Parks Reserve Forces Training Area

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

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.
A. 1 MOTOR VEHICLE FUEL 4 OIL 2 PETROLEUM 3 CHEMICAL PRODUCT 80 EMPTY 95 UNKNOWN
B. 1 PRODUCT 2 WASTE
C. 1a REGULAR UNLEADED 1b PREMIUM UNLEADED 1c MIDGRADE UNLEADED 2 LEADED 3 DIESEL 4 GASAHOL 5 JET FUEL 99 OTHER (DESCRIBE IN ITEM D BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Heating Oil 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 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN
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 WFRP 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)
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 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER
B. CONSTRUCTION A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W/ COATING A U 8 100% METHANOL COMPATIBLE WFRP A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A U 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) unknown
2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING unknown 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) MARSHALL MARIKS DATE 2/26/97

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 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: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

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

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

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

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADGZE 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) <u>unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>unknown</u> 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) <u>MARSHALL MARLIK</u>	DATE <u>2/20/97</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: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

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

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

A. 1 MOTOR VEHICLE FUEL 4 OIL 2 PETROLEUM 3 CHEMICAL PRODUCT 80 EMPTY 95 UNKNOWN B. 1 PRODUCT 2 WASTE C. 1a REGULAR UNLEADED 1b PREMIUM UNLEADED 1c MIDGRADE UNLEADED 2 LEADED 3 DIESEL 4 GASAHOL 5 JET FUEL 99 OTHER (DESCRIBE IN ITEM D BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED unknown-either gasoline or diesel 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 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN
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)
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 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER
B. CONSTRUCTION A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W/ COATING A U 8 100% METHANOL COMPATIBLE W/FRP A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A U 95 UNKNOWN A U 99 OTHER
D. LEAK DETECTION 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) unknown 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING unknown 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) MARSHALL MARSH DATE 2/20/97

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: 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: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

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

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

A. 1 MOTOR VEHICLE FUEL, 2 PETROLEUM, 3 CHEMICAL PRODUCT, 4 OIL, 80 EMPTY, 95 UNKNOWN, B. 1 PRODUCT, 2 WASTE, C. 1a REGULAR UNLEADED, 1b PREMIUM UNLEADED, 1c MIDGRADE UNLEADED, 2 LEADED, 3 DIESEL, 4 GASAHOL, 5 JET FUEL, 6 AVIATION GAS, 7 METHANOL, 8 M85, 99 OTHER (DESCRIBE IN ITEM D. BELOW), D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Heating Oil, 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, 2 SINGLE WALL, 3 SINGLE WALL WITH EXTERIOR LINER, 4 SINGLE WALL IN A VAULT, 5 INTERNAL BLADDER SYSTEM, 95 UNKNOWN, 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 WFRP, 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 U 1 SUCTION, A U 2 PRESSURE, A U 3 GRAVITY, A U 4 FLEXIBLE PIPING, A U 99 OTHER, B. CONSTRUCTION: A U 1 SINGLE WALL, A U 2 DOUBLE WALL, A U 3 LINED TRENCH, A U 95 UNKNOWN, A U 99 OTHER, C. MATERIAL AND CORROSION PROTECTION: A U 1 BARE STEEL, A U 2 STAINLESS STEEL, A U 3 POLYVINYL CHLORIDE (PVC), A U 4 FIBERGLASS PIPE, A U 5 ALUMINUM, A U 6 CONCRETE, A U 7 STEEL W/ COATING, A U 8 100% METHANOL COMPATIBLE WFRP, A U 9 GALVANIZED STEEL, A U 10 CATHODIC PROTECTION, A U 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) unknown, 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING unknown 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) MARSHALL MARK [Signature], DATE 2/20/97

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 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: Parks Reserve Forces Training Area

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

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

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 5 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 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>Heating 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 checked="" type="checkbox"/> 95 UNKNOWN
	<input 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 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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYO 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 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 UNED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
	<input checked="" type="checkbox"/> 99 OTHER <u>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 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>unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>unknown</u> 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) <u>MARSHALL MARIK</u>	DATE <u>2/00/97</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 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: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

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

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 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: Heating Oil			<input checked="" 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 checked="" type="checkbox"/> 95 UNKNOWN
	<input 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 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 checked="" 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) _____	
	DROPTUBE YES ___ NO ___		STRIKER PLATE YES ___ NO ___	
			DISPENSER CONTAINMENT YES ___ NO ___	

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
	<input checked="" type="checkbox"/> 99 OTHER <u>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) unknown	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>unknown</u> 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) MARGHAN MARIK DATE 2/20/97

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
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: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

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

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

A. 1 MOTOR VEHICLE FUEL
2 PETROLEUM
3 CHEMICAL PRODUCT
4 OIL
5 EMPTY
6 UNKNOWN
B. 1 PRODUCT
2 WASTE
C. 1a REGULAR UNLEADED
1b PREMIUM UNLEADED
1c MIDGRADE UNLEADED
2 LEADED
3 DIESEL
4 GASAHOL
5 JET FUEL
6 AVIATION GAS
7 METHANOL
8 M85
99 OTHER (DESCRIBE IN ITEM D BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Heating Oil
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
2 SINGLE WALL
3 SINGLE WALL WITH EXTERIOR LINER
4 SINGLE WALL IN A VAULT
5 INTERNAL BLADDER SYSTEM
95 UNKNOWN
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)
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 1 SUCTION
A U 2 PRESSURE
A U 3 GRAVITY
A U 4 FLEXIBLE PIPING
A U 99 OTHER
B. CONSTRUCTION
A U 1 SINGLE WALL
A U 2 DOUBLE WALL
A U 3 LINED TRENCH
A U 95 UNKNOWN
A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION
A U 1 BARE STEEL
A U 2 STAINLESS STEEL
A U 3 POLYVINYL CHLORIDE (PVC)
A U 4 FIBERGLASS PIPE
A U 5 ALUMINUM
A U 6 CONCRETE
A U 7 STEEL W/ COATING
A U 8 100% METHANOL COMPATIBLE W/FRP
A U 9 GALVANIZED STEEL
A U 10 CATHODIC PROTECTION
A U 95 UNKNOWN
A U 99 OTHER
D. LEAK DETECTION
1 MECHANICAL LINE LEAK DETECTOR
2 LINE TIGHTNESS TESTING
3 CONTINUOUS INTERSTITIAL MONITORING
4 ELECTRONIC LINE LEAK DETECTOR
5 AUTOMATIC PUMP SHUTDOWN
95 UNKNOWN
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) unknown
2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING unknown 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) MARSHAN MARIK
DATE 2/20/97

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



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

2-11-97

PRODUCER

Marsh & McLennan, Inc.
1166 Avenue of the Americas
New York, New York 10036

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 LETTER **A** Reliance National Indemnity Company

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

Woodward-Clyde Consultants
4582 South Ulster Street
Suite 600
Denver, Colorado 80237

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE	
A	GENERAL LIABILITY	NGB1720628 Contractual liability included as respects those acts covered by general liability insurance. \$100,000 SIR	01-01-97	01-01-98	SOBLY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND				BI & PD COMBINED	\$ 1000	\$
	<input checked="" type="checkbox"/> EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY	\$	\$
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS						
	<input checked="" type="checkbox"/> CONTRACTUAL						
A	AUTOMOBILE LIABILITY	NKA0101624-5	01-01-97	01-01-98	SOBLY PERSON	\$	
	<input checked="" type="checkbox"/> ANY AUTO				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV PASS)				BI & PD COMBINED	\$ 1000	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV PASS)						
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
A	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	NWA0101623-5	01-01-97	01-01-98	STATUTORY	<input checked="" type="checkbox"/>	
						\$ 1000 (EACH ACCIDENT)	
						\$ 1000 (DISEASE-POLICY LIMIT)	
A	OTHER					\$ 1000 (DISEASE-EACH EMPLOYEE)	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Project No. MHZ 010/19; Camp Parks RFTA, Buildings
200, 514, 1137, 1139, 1105, & 1108 Dublin, CA. All Operations of the Insured.

CERTIFICATE HOLDER

Alameda County Health Care Services
Agency Dept. of Environmental Health
Environmental Protection Division
1131 Harbor Bay Parkway, Room 250
Alameda, CA 94502-6577

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

Stanley R. Kime

CONTRACTORS STATE LICENSE BOARD

No. 545726

Building Quality

ISSUED 11-02-88

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

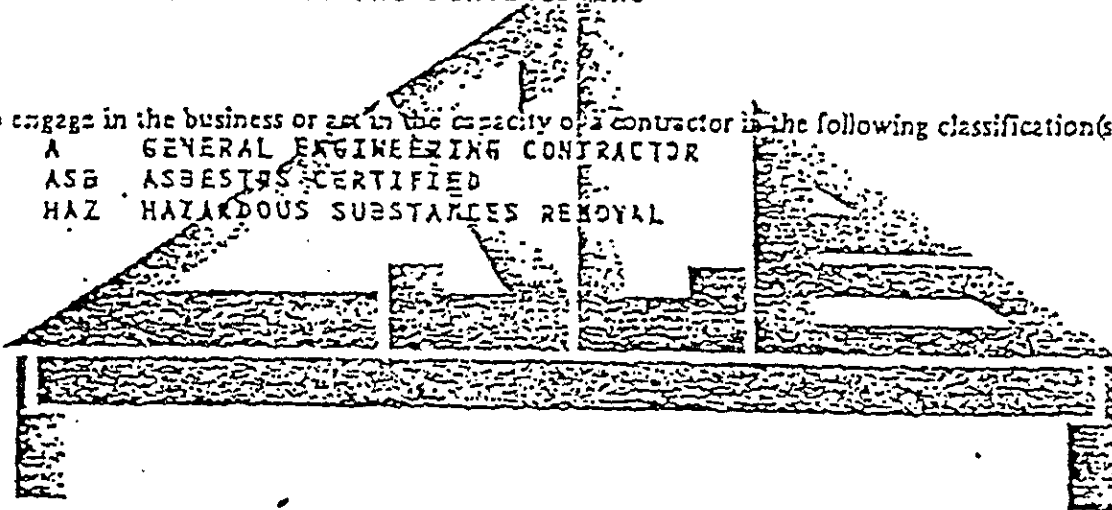
Contractor's License

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

DECON ENVIRONMENTAL SERVICES, INC

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

- A GENERAL ENGINEERING CONTRACTOR
- ASB ASBESTOS CERTIFIED
- HAZ HAZARDOUS SUBSTANCES REMOVAL



WITNESS my hand and sealed this
9TH day of NOVEMBER 1988.



David R Phillips


Registrar of Contractors


DECON Environmental Services
Signature of Licensee

Christopher D. Kuebe

Signature of person who qualified
on behalf of the licensee

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS


 State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE

 License Number **545726** **INC** CORP

Business Name
**DECON ENVIRONMENTAL
SERVICES INC**

Classification
A ASB HAZ

Expiration Date
11/30/96



STATE OF CALIFORNIA--CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

PETE WILSON, Governor

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P STREET, 4TH FLOOR

P.O. BOX 808

SACRAMENTO, CA 95812-0808

(916) 323-3219



*** HAZARDOUS WASTE TRANSPORTER REGISTRATION ***


NAME AND ADDRESS OF REGISTERED TRANSPORTER:

Decon Environmental Services, Inc.
23490 Connecticut Street
Hayward, California 94545

TRANSPORTER REGISTRATION NO: 2592EXPIRATION DATE: January 31, 1997

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE HEALTH AND SAFETY CODE AND DIVISION 4.5, TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT OF HAZARDOUS WASTE.



(AUTHORIZED SIGNATURE)

JAN 05 1996

(DATE)

cc: California Highway Patrol



STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



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: Christopher Damian Kwoka

License No.: 545726

Business Name: Decon Environmental Services Inc.

WITNESS my hand and official seal this
2nd day of November, 1988

Doris R. Peltz
Registrar of Contractors

13L-35 (10/91)

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

A 5753

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



Building Quality



ASBESTOS CERTIFICATION

Pursuant to the provisions of Section 7058.5 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the asbestos certification examination:

Qualifier: CHRISTOPHER DAMIAN KWOKA

License No.: 545726

Business Name: DECON ENVIRONMENTAL SERVICES INC



WITNESS my hand and official seal this
2nd day of NOVEMBER 1988

Doris R. Peltz
Registrar of Contractors

13L-35 (10/91)

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A 6554

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

SEPTEMBER 30, 1996

POLICY NUMBER: 571-96 UNIT 0010025
CERTIFICATE EXPIRES: 10-1-97

RECEIVED

┌

SAMPLE

L

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

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

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

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

Tom Hansen
AUTHORIZED REPRESENTATIVE

K. Bollier
PRESIDENT

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

EMPLOYER

┌

DECON ENVIRONMENTAL SERVICES INC.
23490 CONNECTICUT ST.
HAYWARD CA 94545



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

2-11-97

PRODUCER

Marsh & McLennan, Inc.
1166 Avenue of the Americas
New York, New York 10036

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COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	Reliance National Indemnity Company
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

Woodward-Clyde Consultants
4582 South Ulster Street
Suite 600
Denver, Colorado 80237

COVERAGES

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	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$ 1000	\$
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY		\$
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
	<input checked="" type="checkbox"/> PERSONAL INJURY						
A	AUTOMOBILE LIABILITY	NKA0101624-5	01-01-97	01-01-98	BODILY INJURY (PER PERSON)	\$	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV PASS)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV PASS)				BI & PD COMBINED	\$ 1000	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
	EXCESS LIABILITY						
	<input type="checkbox"/> UMBRELLA FORM				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	NWA0101623-5	01-01-97	01-01-98	STATUTORY	<input checked="" type="checkbox"/>	
						\$ 1000 (EACH ACCIDENT)	
						\$ 1000 (DISEASE-POLICY LIMIT)	
						\$ 1000 (DISEASE-EACH EMPLOYEE)	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Project No. MHZ 010/19; Camp Parks RFTA, Buildings 200, 514, 1137, 1139, 1105, & 1108 Dublin, CA. All Operations of the Insured.

CERTIFICATE HOLDER

Alameda County Health Care Services
Agency Dept. of Environmental Health
Environmental Protection Division
1131 Harbor Bay Parkway, Room 250
Alameda, CA 94502-6577

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

Stanley R. Kinn

CONTRACTORS STATE LICENSE BOARD

No. 545726

Building Quality

ISSUED 11-02-88

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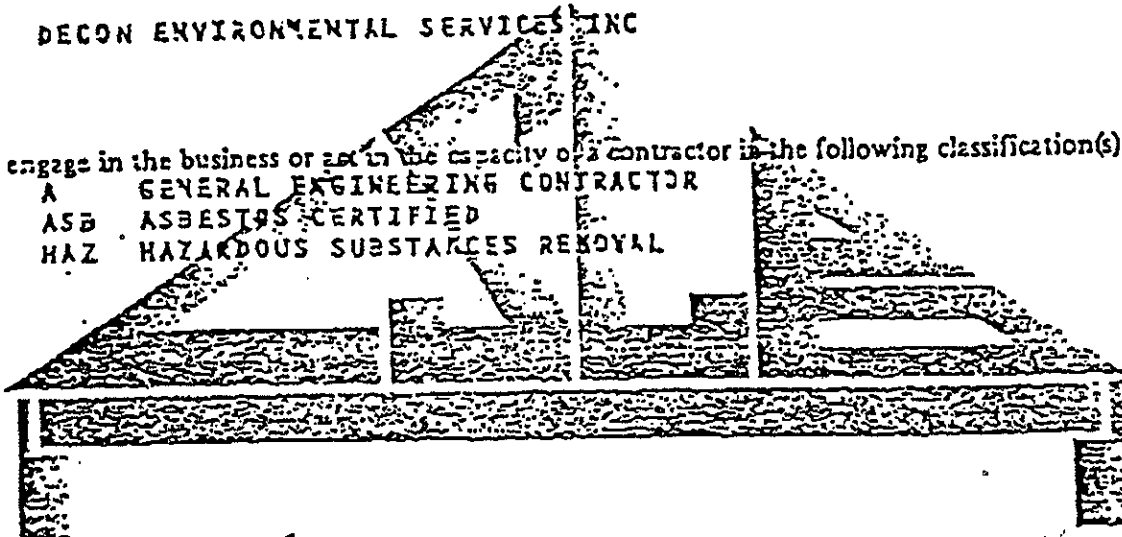
Contractor's License

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

DECON ENVIRONMENTAL SERVICES, INC

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

- A GENERAL ENGINEERING CONTRACTOR
- ASB ASBESTOS CERTIFIED
- HAZ HAZARDOUS SUBSTANCES REMOVAL



WITNESS my hand and sealed this
9TH day of NOVEMBER 1988.






David R Phillips

Registrar of Contractors

DECON Environmental Services
Signature of Licensee

Christopher A. Kuebe
Signature of person who qualified
on behalf of the licensee

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS

	State of California CONTRACTORS STATE LICENSE BOARD ACTIVE LICENSE	
License Number	545726	Entity CORP
Business Name	DECON ENVIRONMENTAL SERVICES INC	
Classification	A ASB HAZ	
Expiration Date	11/30/96	

STATE OF CALIFORNIA--CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

PETE WILSON, Governor

DEPARTMENT OF TOXIC SUBSTANCES CONTROL



400 P STREET, 4TH FLOOR
P.O. BOX 808
SACRAMENTO, CA 95812-0808

(916) 323-3219

*** HAZARDOUS WASTE TRANSPORTER REGISTRATION ***

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

Decon Environmental Services, Inc.
23490 Connecticut Street
Hayward, California 94545

TRANSPORTER REGISTRATION NO: 2592

EXPIRATION DATE: January 31, 1997

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE HEALTH AND SAFETY CODE AND DIVISION 4.5, TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT OF HAZARDOUS WASTE.



(AUTHORIZED SIGNATURE)

JAN 05 1996

(DATE)

cc: California Highway Patrol

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



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: Christopher Damian Kwoka

License No.: 545726

Business Name: Decon Environmental Services Inc.

WITNESS my hand and official seal this

2nd day of November, 1988

Doris R. Phillips
Registrar of Contractors

13L-35 (12/91)

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A 5753

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



Building Quality



ASBESTOS CERTIFICATION

Pursuant to the provisions of Section 7058.5 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the asbestos certification examination:



Qualifier: CHRISTOPHER DAMIAN KWOKA

License No.: 545726

Business Name: DECON ENVIRONMENTAL SERVICES INC

WITNESS my hand and official seal this

2nd day of NOVEMBER 1988

Doris R. Phillips
Registrar of Contractors

13L-35 (10/91)

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16554

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

SEPTEMBER 30, 1996

POLICY NUMBER: 571-96 UNIT 0010025
CERTIFICATE EXPIRES: 10-1-97

SAMPLE

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

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

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

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

Tom Hansen
AUTHORIZED REPRESENTATIVE

K. Bollier
PRESIDENT

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

EMPLOYER

DECON ENVIRONMENTAL SERVICES INC.
23490 CONNECTICUT ST.
HAYWARD CA 94545

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and a deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department approval.
- * One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.
- * State of California Permit Application Forms A and B are to be submitted to this office. One Form A per site, one Form B for each removed tank.

Line Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION
Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

16. CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS

See attached Table 2.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions which will trigger changes in work habits to ensure workers are not exposed to unsafe chemical levels or physical conditions;
- e) Description of the work habit changes triggered by the above action levels or physical conditions;
- f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
- g) Confined space entry procedures (if applicable);
- h) Decontamination procedures;
- i) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guards, etc.);
- j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- k) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- l) A page for employees to sign acknowledging that they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120(b)(4), Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tank(s) and piping in addition to the tank(s) being removed.

20. DEPOSIT

A deposit, payable to "County of Alameda" for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Bay Regional Water Quality Control Board (510/286-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Detailed description of sampling methods; i.e. backhoe bucket, drive sampler, bailer, bottle(s), sleeves
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Documentation of the disposal of/and volume and final destination of all non-manifested contaminated soil disposed offsite.

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 B & 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

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractible, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. **Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.**
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chroma- togram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

July 19, 1996

Ms. Eva Chu, Hazardous Materials Specialist
Alameda County Health Care Services Agency
Department of Environmental Health
UST Local Oversight Program
1131 Harbor Bay Parkway
Alameda, CA 94502

ENVIRONMENTAL
PROTECTION
96 JUL 23 AM 8:53

**Subject: Parks Reserve Forces Training Area (PRFTA)
Building 888 UST Permit Applications**

Dear Ms. Chu:

Enclosed are completed UST Permit Application Form A and Form Bs for the two 10,000-gallon product tanks and one 500-gallon waste oil tank that were removed from the PRFTA Building 888 site on 2 July 1996. These forms have been signed by Mr. Marshall Marik, PRFTA Environmental Manager and submitted to you on his behalf. If you have any questions regarding these forms, please call Mr. Marik at 510-803-5638 or me at 510-874-3173.

Sincerely,



J. Michael Sartor, P.E.
Project Manager

JMS:smp

Enclosures

cc: Marshall Marik, PRFTA
Diane James, HAZWRAP
Bill Loskutoff, WCFS

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

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

SITE INFORMATION:

Site ID Number
(if known)

PARKS Reserve Forces Training Area
Name of Site

Bldgs. 200, 514, 1137, 1139, 1105, and 1108, Camp Parks
Street Address

Dublin, CA 94568
City, State & Zip Code

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

PARKS RESERVE FORCES TRAINING AREA
Marshall Marik

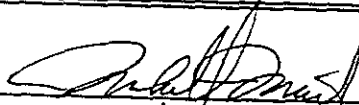
Name

Camp Parks RFTA, Environmental Div., Bldg. 790

Street Address

Dublin, CA 94568-5201

City, State & Zip Code



Signature of Payor

2/20/97

Date

MARSHALL MARIK
Name of Payor

(PLEASE PRINT CLEARLY)

PARKS RFTA

Company Name of Payor

RETURN FORM TO:

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

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM 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: Parks Reserve Forces Training Area

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

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.
A. 1 MOTOR VEHICLE FUEL 4 OIL 2 PETROLEUM 3 CHEMICAL PRODUCT 80 EMPTY 95 UNKNOWN
B. 1 PRODUCT 2 WASTE
C. 1a REGULAR UNLEADED 1b PREMIUM UNLEADED 1c MIDGRADE UNLEADED 2 LEADED 3 DIESEL 4 GASAHOL 5 JET FUEL 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Heating Oil 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 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN
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
C. INTERIOR LINING OR COATING 1 RUBBER LINED 2 ALKYD LINING 3 EPOXY LINING 4 PHENOLIC LINING 5 GLASS LINING 6 UNLINED 95 UNKNOWN
D. EXTERIOR CORROSION PROTECTION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN
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 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER
B. CONSTRUCTION A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W/ COATING A U 8 100% METHANOL COMPATIBLE W/FRP A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A U 95 UNKNOWN A U 99 OTHER
D. LEAK DETECTION 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) unknown
2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING unknown 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) MARSHALL MARIK [Signature] DATE 2/25/97

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 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: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

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

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 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 U 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER
B. CONSTRUCTION A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE
A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W/ COATING A U 8 100% METHANOL COMPATIBLE W/FRP
A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A U 95 UNKNOWN A U 99 OTHER
D. LEAK DETECTION 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) unknown
2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING unknown 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) MARSHALL MARIK [Signature] DATE 2/25/97

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 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: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

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

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	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 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 MBS
			<input type="checkbox"/> 2 LEADED	<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>unknown-either gasoline or diesel</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 checked="" type="checkbox"/> 95 UNKNOWN
	<input 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 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 checked="" 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 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
					<input checked="" type="checkbox"/> 99 OTHER <u>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) <u>unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>unknown</u> 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>MARSHALL MARIK</u>	DATE <u>2/20/97</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		

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: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

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

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

A. 1 MOTOR VEHICLE FUEL 2 PETROLEUM 3 CHEMICAL PRODUCT 4 OIL 80 EMPTY 95 UNKNOWN
B. 1 PRODUCT 2 WASTE
C. 1a REGULAR UNLEADED 1b PREMIUM UNLEADED 1c MIDGRADE UNLEADED 2 LEADED 3 DIESEL 4 GASAHOL 5 JET FUEL 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Heating Oil 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 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN
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
C. INTERIOR LINING OR COATING 1 RUBBER LINED 2 ALKYD LINING 3 EPOXY LINING 4 PHENOLIC LINING 5 GLASS LINING 6 UNLINED 95 UNKNOWN
D. EXTERIOR CORROSION PROTECTION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN
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 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER
B. CONSTRUCTION A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W/ COATING A U 8 100% METHANOL COMPATIBLE W/FRP A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A U 95 UNKNOWN A U 99 OTHER
D. LEAK DETECTION 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) unknown 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING unknown 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) MARSHALL MARK DATE 2/20/97

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 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: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

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

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 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 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
			<input type="checkbox"/> 2 LEADED	<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Heating Oil 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 checked="" type="checkbox"/> 95 UNKNOWN
	<input 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 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 checked="" 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 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
				<input checked="" type="checkbox"/> 99 OTHER <u>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 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>unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>unknown</u> 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) MARSHALL MARIK DATE 2/00/97

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 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: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

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

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 1b PREMIUM UNLEADED 1c MIDGRADE UNLEADED 2 LEADED 3 DIESEL 4 GASAHOL 5 JET FUEL 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Heating Oil 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 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN 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) 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 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER

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

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

D. LEAK DETECTION 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) unknown 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING unknown 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) MARGHAN MARIK [Signature] DATE 2/20/97

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 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: Parks Reserve Forces Training Area

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

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

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 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
			<input type="checkbox"/> 2 LEADED	<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Heating Oil 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 checked="" type="checkbox"/> 95 UNKNOWN
	<input 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 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 checked="" 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) _____	
	DROPP 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 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
	<input checked="" type="checkbox"/> 99 OTHER <u>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) <u>unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>unknown</u> 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) MARSHALL MARK DATE 2/20/97

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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 # 410Z Site Name PARKS RFTA BLDG 888 Today's Date 7/2/96

Site Address _____

City Dublin Zip 94568 Phone _____

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

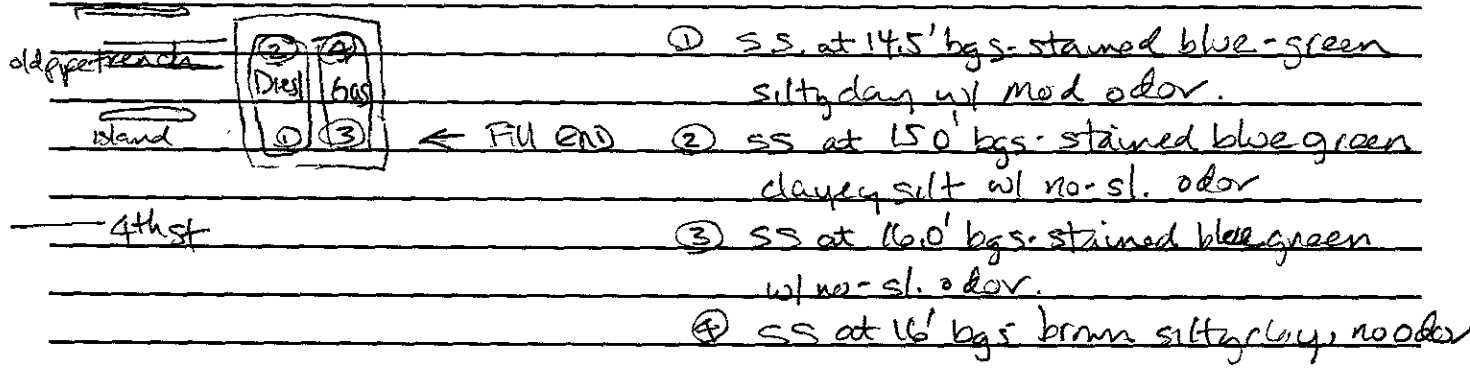
Inspection Categories:

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

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

Comments: Diesel: 0% LEL, 2.5% O2
 Gasoline 20% LEL, 2% O2

2-10K steel USTs in common pit. No GW in pit
 Diesel UST in good condition; slight corrosion, no holes noted
 Gasoline " " " " " " " " " "



oil product piping trench discovered running between + parallel to dispenser. Soil stained.
 Soil contamination appears limited mostly to full end of diesel UST

Analyze soil samples for TPH'd, TPHg, BTEX, MIBK, Total Pb

Contact _____
 Title _____
 Signature _____

Inspector Eva Chy
 Signature [Signature]

II, III

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: 4102	FACILITY NAME: Parks RFTA Bldg 888 Dublin	PG. <u>2</u> OF <u>2</u>
-----------------	--	--------------------------

SUPPLEMENTAL FORM

1-550 gal. steel w.o. UST behind bldg 888 (at NW corner of
gasoline station

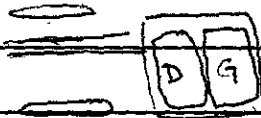
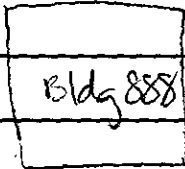
0% LEL, 6% O₂

Some liquid in bottom of pit

hydrocarbon odor from soil beneath UST

Soil sample WO-1 collected below fill end at 8.5' bgs -
dark gray silty clay - slight odor.

Fillend
w.o. UST



4th st.

PRINT NAME:

Esachy

INSPECTED BY:

SIGNATURE:

DATE:

7/2/96

Project Specialist

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

Office copy

JUN 26 AM 8:53

Resubm 6/20/96
Note changes/additions in Red

ACCEPTED

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

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

One copy of the accepted plans must be on the job and available to all contractors and exhibition 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

Inspection 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:

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business Reserve Forces Training Area
Business Owner or Contact Person (PRINT) Marshall Marik
2. Site Address Building 888, Camp Parks
city Dublin zip 94568 Phone (510) 829-8780
3. Mailing Address Building 790, Camp Parks
city Dublin zip 94568 Phone (510) 803-5264
4. Property owner Parks Reserve Forces Training Area
Business Name (if applicable) Camp Parks RFTA
Address Building 790, Camp Parks
city, state Dublin, CA zip 94568
5. Generator name under which tank will be manifested
Parks Reserve Forces Training Area
EPA ID# under which tank will be manifested CA D009466392

6. Contractor International Technology Corporation
Address 2055 Junction Avenue
City San Jose, CA 95131-2105 Phone (408) 894-1200
License Type A-General Engineering ID# 137422

*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) Woodward-Clyde Federal Services
Address 500 12th st., Suite 100
City, State Oakland, CA Phone (510) 893-3600

8. Main Contact Person for Investigation (if applicable)
Name Mike Sartor Title Project Engineer
Company Woodward-Clyde
Phone (510) 874-3173

9. Number of underground tanks being closed with this plan 3
Length of piping being removed under this plan 30'
Total number of underground tanks at this facility (**confirmed with owner or operator) _____

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 Erickson EPA I.D. No. CAD009466392
Hauler License No. 0019 License Exp. Date 5/97
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Evergreen Oil Inc. EPA ID# CAD980887418
Address 6880 Smith Ave.
City Newark State CA Zip 94560

c) Tank and Piping Transporter

Name Erickson, Inc. EPA I.D. No. CAD009466392
Hauler License No. ~~#019~~ 0019 License Exp. Date 5/97
Address 255 Parr Blvd.
city Richmond state CA zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD009466392
Address 255 Parr Blvd.
city Richmond state CA zip 94801

11. Sample Collector

Name Bill Loskutoff
Company Woodward-Clyde
Address 10370 Old Placerville Rd, Suite 104
city Sacramento state CA zip 95827 Phone (916)368-0988

12. Laboratory

Name Inchcape (Anametrix) Testing Services
Address 1961 Concourse Drive, suite E
city San Jose state CA zip 95131
State Certification No. 1234

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:

Removal of any explosive vapors will be done by means of introducing dry ice pellets in the amount of 30 pounds per 1000 gallons of tank capacity. Lower explosive limits (LEL) will be lowered to <10% LEL

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)			
10,000-gal. (leaded gas)	~1984	Soil and Groundwater	if no GW below both tank ends ~16' bgs, one in center	if GW center of each excav. wall above GW
10,000-gal (diesel)	~1984	Soil and Groundwater	"	"
550-gal. (waste-oil)	~1984	Soil	below both tank ends ~ 8' depth below ground surface	

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

Excavated/Stockpiled Soil

<p>Stockpiled Soil Volume (estimated)</p> <p align="center">100 yd³</p>	<p align="center">Sampling Plan</p> <p align="center">Collect 8 samples equally distributed in piles and composite into two analytical samples. (i.e. 4 tubes/50 yd³) for disposal, OR 1/20 cy for re-use</p>
--	--

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

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

If yes, explain reasoning _____

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

16. Chemical methods and associated detection limits to be used for analyzing samples:
 The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed.
 See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Waste Oil	8015 Modified gas, diesel 8020 BTEX 5520 D/F Oil; Grease 8010 Halogenated VOC's 8270 Semi-volatile OC's Luft 5 Metals (6010) Cd, Cr, Pb, Zn, Ni		1.0 mg/kg 0.005 mg/kg 50.0 mg/kg 0.005 → 1.0 mg/kg " "
Leaded gasoline	8015M gas, diesel 8020 BTEX 7421 Total Lead		1.0 mg/kg
Diesel Fuel	8015M gas, diesel 8020 BTEX		

18. Submit Worker's Compensation Certificate copy

Name of Insurer Reliance National Indemnity Company

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 Woodward-Clyde

Name of Individual Bill Loskutoff

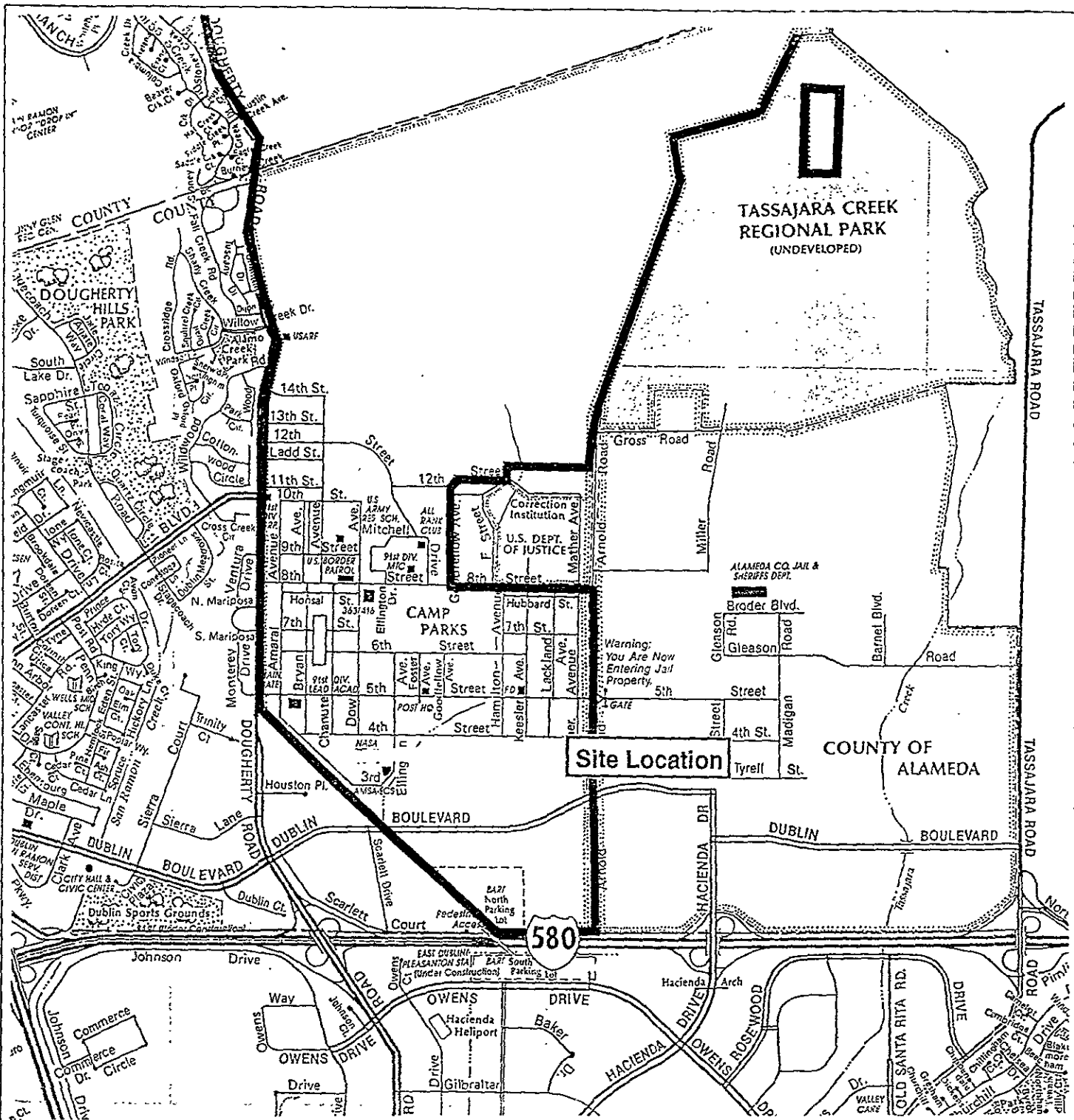
Signature *Bill Loskutoff* Date 6/25/96

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Camp Parks Reserve Forces Training Area

Name of Individual Marshall Marik

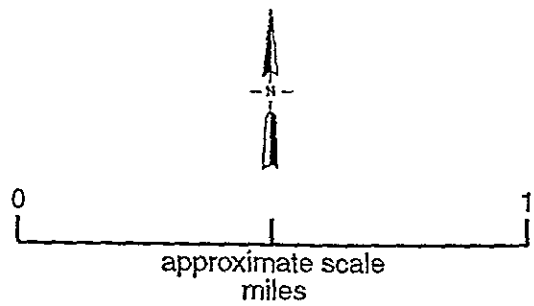
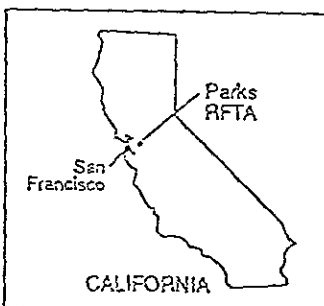
Signature *Douglas Gray* for Date 6-25-96



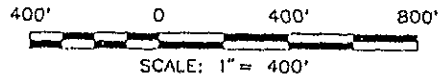
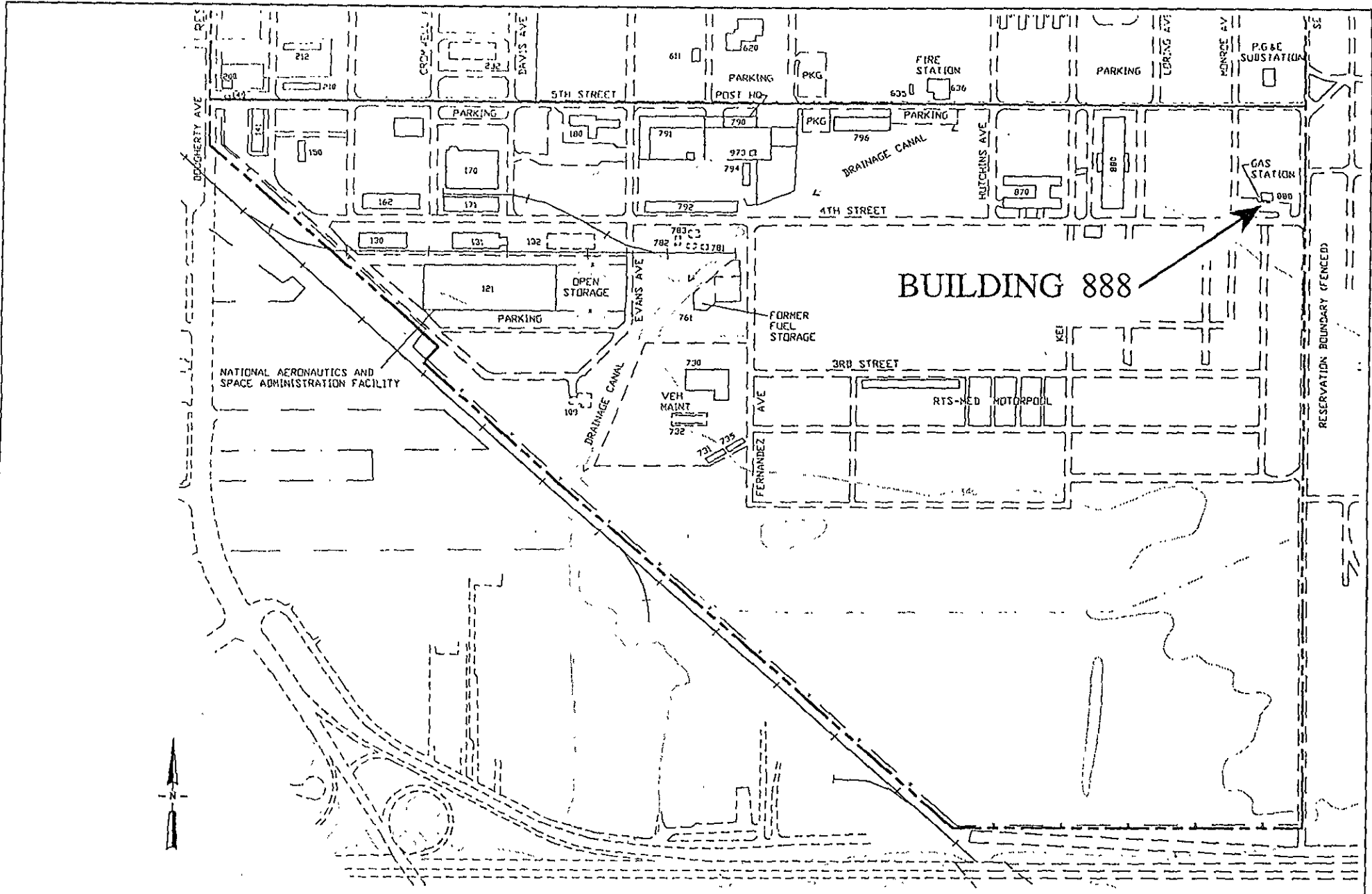
LEGEND

 Facility Boundary

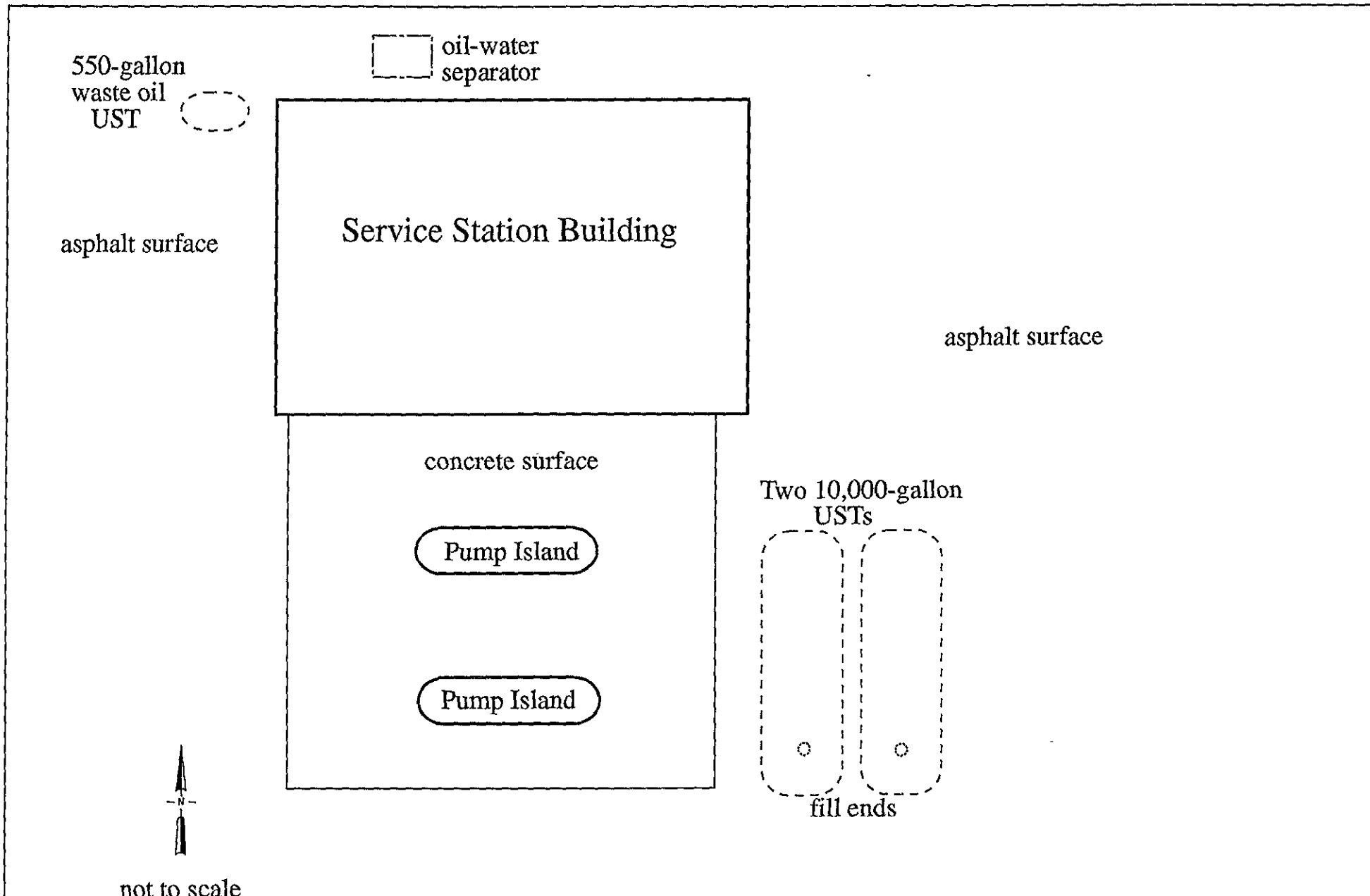
Note:
Base Map, Livermore/Pleasanton Area
Compass Maps Inc., 1993



Project No. 7112	Parks Reserve Forces Training Area	SITE LOCATION MAP	Figure 1
Woodward-Clyde			



Project No. ORHZ005	CAMP PARKS	SITE MAP	Figure 2
Woodward-Clyde			



Project No. ORHZ005	CAMP PARKS	PLAN MAP BUILDING 888	Figure 3
Woodward-Clyde			

State of California

Contractors State License Board

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

WOODWARD-CLYDE CONSULTANTS



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

A - General Engineering Contractor



Witness my hand and seal this day,

March 28, 1989

Issued March 15, 1989

Edward J. Michel
Signature of Licensee

David R. Phillips
Registrar of Contractors

James L. Somers
Signature of License Qualifier

560739

License Number

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

FROM WCC OAKLAND 12:21PM 05-24-96

TO SACRAMENTO

FROM WCC OAKLAND

12:21PM 05-24-96



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12-15-76

PRODUCER

MARSH & MCLENNAN INCORPORATED
1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

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 LETTER	A	RELIANCE NATIONAL INDEMNITY COMPANY
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

WOODWARD-CLYDE FEDERAL SERVICES
4582 SOUTH ULSTER STREET
DENVER, CO 80237

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE	
A	GENERAL LIABILITY	NGB1720628 CONTRACTUAL LIAB. INCLUDED AS RESPECTS THOSE ACTS COVERED BY GENERAL LIAB. INS. \$100,000 SIR	01-01-96	01-01-97	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS				BI & PD COMBINED	\$ 1000	\$
	<input checked="" type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY		\$
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS						
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
A	AUTOMOBILE LIABILITY	NKA0101624-4	01-01-96	01-01-97	BODILY INJURY (PER PERSON)	\$	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV PASS)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV PASS)				BI & PD COMBINED	\$ 1000	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	NWA0101623-4	01-01-96	01-01-97	STATUTORY		
					\$ 1000 (EACH ACCIDENT)		
					\$ 1000 (DISEASE-POLICY LIMIT)		
	OTHER				\$ 1000 (DISEASE-EACH EMPLOYEE)		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Project No. ORHZ005, Camp Parks RFTA, Bldg. 888, Dublin, CA.

CERTIFICATE HOLDER**CANCELLATION**

Alameda County Health Care Services Agency
Department of Environmental Health
Environmental Protection Division
1131 Harbor Bay Parkway, Rm 250

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



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

06-15-96

PRODUCER

MARSH & MCLENNAN INCORPORATED
1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

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COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	RELIANCE NATIONAL INDEMNITY COMPANY
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

WOODWARD-CLYDE FEDERAL SERVICES
4582 SOUTH ILLSTER STREET
DENVER, CO 80237

COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE	
A	GENERAL LIABILITY	NGB1720628 CONTRACTUAL LIAB. INCLUDED AS RESPECTS THOSE ACTS COVERED BY GENERAL LIAB. INS. \$100,000 SIR	01-01-96	01-01-97	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$ 1000	\$
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY		\$
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
A	AUTOMOBILE LIABILITY	NKA0101624-4	01-01-96	01-01-97	BODILY INJURY (PER ACCIDENT)	\$	
	<input checked="" type="checkbox"/> ANY AUTO				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV PASS)				BI & PD COMBINED	\$ 1000	
	<input type="checkbox"/> ALL OWNED AUTOS (BUSINESS)				BI & PD COMBINED	\$	\$
A	EXCESS LIABILITY				STATUTORY	\$ 1000 (EACH ACCIDENT)	
	<input type="checkbox"/> UMBRELLA FORM				\$ 1000 (DISEASE-POLICY LIMIT)		
A	<input type="checkbox"/> OTHER THAN UMBRELLA FORM	NWA0101623-4	01-01-96	01-01-97		\$ 1000 (DISEASE-EACH EMPLOYEE)	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY						
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Project No. ORHZ005, Camp Parks RFTA, Bldg. 888, Dublin, CA.

CERTIFICATE HOLDER

Alameda County Health Care Services Agency
Department of Environmental Health
Environmental Protection Division
1131 Harbor Bay Parkway, Rm 250
Alameda, CA 94502-6577
CORD 25 (8/84)

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
[Signature]

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6777

StID 4102

March 8, 1996

Mr. Rich Haavisto
CESPK-ED-EC
1325 J Street
Sacramento, CA 95814-2992

**RE: No Further Action at Buildings 770, 1135, 1136, and 1180,
PRFTA, Dublin, CA**

Dear Mr. Haavisto:

I have completed review of Woodward-Clyde's January 1996 Closure Report for USTs for the above referenced site. This report documents the removal of underground storage tanks (USTs) at Buildings 770, 1135, and 1136; and an above-ground storage tank at Building 1180. Soil contamination was identified in native soil beneath the UST at Building 1136. Approximately 20 cubic yards of fuel-impacted soil were removed and stockpiled. Confirmatory soil samples did not reveal TPH-D or BTEX above the detection limits. Hydrocarbon-impacted soil removed from Buildings 1135 and 1136 has been disposed of at Vasco Road Landfill, in Livermore.

It is our opinion that the referenced tanks have been closed in compliance with Title 23 of the California Code of Regulations. No further investigations or cleanup actions are required. Please be aware that further work may be required if conditions change or a water quality threat is discovered at this specific site.

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

eva chu
Hazardous Materials Specialist

cc: Marshall Merrick, PRFTA, Building 770, Dublin, CA 94568
Laurie Israel, WCC, 10370 Old Placerville Road, Suite 104
Sacramento, CA 95827-2505
files (prfta113.6b)

bc

MEMO FOR: Eva Chu


29 January 96

SUBJECT: Building 109 Quarterly Sampling and Monitoring,
Camp Parks, CA

1. Woodward-Clyde has submitted a draft Work Plan and Safety/Health Plan in preparation for their sampling and monitoring work at the Building 109 site at Camp Parks. The Corps of Engineers is awaiting funding from Camp Parks to review these two documents.

2. Funding has been delayed this year due to the continuing budget impasse in Washington, D.C. Marshall Marik of Camp Parks has told me that they expect money for this project very soon. When we receive funds, the documents will be reviewed, review comments will be incorporated, and the A-E will proceed with their work on the project.

3. If you have any questions, please call me at (916) 557-7440, FAX (916) 557-7865.


Richard Haavisto
Technical Manager

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6777

StID 4102

November 3, 1995

Ms. Laurie Israel
Woodward-Clyde
10370 Old Placerville Rd, Suite 104
Sacramento, CA 95827-2505

RE: Approval to Overexcavate at PRFTA, Dublin

Dear Ms. Israel:

I have completed review of Woodward-Clyde's October 1995 Amendment to the "Final Work Plan for Tank Removals at Buildings 770, 1135, 1136 and 1180" dated September 27, 1994, for the above referenced site. The proposal to excavate additional contaminated soil from the tank excavation by Building 1136 and collect a confirmatory soil sample is acceptable. Soil stockpiles generated from the various tank excavations will be sampled, removed, and disposed at an approved facility. Field work should commence within 60 days of the date of this letter. Please notify me at least 72 hours prior to the start of field activities.

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

eva chu
Hazardous Materials Specialist

cc: Rich Haavisto, CESP-K-ED-EC, 1325 J Street, Sacramento
95814-2992
files

INVOICE FOR OVERSIGHT COSTS

fin510a
<< mrp:1 >>

Send Payment to: State Water Resources Control Board
Underground Storage Tank Local Oversight Program
PO Box 944212
Sacramento, CA 94244-2120

Bill Date:
10/26/95

Local Agency: COUNTY OF ALAMEDA

Reserve Support Command
Per R/P

Site Location:

H Q 124 ARMY COMMAND
MARK STAR
4575 36TH AVE W
SEATTLE, WA 98199

SITE # 4102

CAMP PARKS
5701 8TH ST
DUBLIN, CA
94568

*Entered
11/2/95*

63RD RSC
Attn: Engineers
11000 Lexington Rd
Los Alamitos, 90720-5002

Total previously billed: \$ 1,308.55
Payment(s) received as of 05/03/95 \$ 1,308.55
**New Charges - Billing Period:01/01/95 through 06/30/95 \$ 45.18

FUND: F

Total amount due: \$ 45.18

State Health and Safety Code Sections 25297.1 and 25360 and Title 42 of the United States Code Section 6991b(h)(6) require recovery of costs associated with the local oversight program. When your site was put in the local oversight program, you received a letter explaining that the State Water Resources Control Board (State Board) would bill you for public costs of cleanup oversight.

This bill includes site specific and program management charges. Site specific charges directly relate to your site. Examples are sampling for soil and ground water contamination, site inspections, and reviewing reports and workplans. A description of activity codes follows the itemized charges. Program management includes other costs associated with program operation. Such costs may include: space rental, office services and supplies, purchase of sampling equipment, training and the salary and benefits of support personnel (i.e., clerical staff, accountant, program supervisor). Program management charges are calculated at not more than 50 percent of site specific charges. The exact rate is shown on the last page of your bill.

If you received an invoice for a previous billing period, those charges are shown as "Total Previously Billed". Any payments you made on the previous billing are shown as "Payment Received". The total of any unpaid previous balance plus new charges is shown as "Total Amount Due".

** See itemized list of new charges on next page(s).

FOR INFORMATION CALL: LORI CASIAS (916) 227-4325

PAYMENT IS DUE IN 30 DAYS

-----cut on this line-----
Return this part with your check made payable to SWRCB. Use the enclosed envelope and send to the address above.

Local Agency: COUNTY OF ALAMEDA

Site #: 4102
Site Location:

Post-It® Fax Note	7671	Date	11-3	# of pages	2
To	<i>Erica Chen</i>	From	<i>[Signature]</i>		
Co./Dept.		Co.			
Phone #		Phone #			
Fax #	<i>310-337-9335</i>	Fax #			

CAMP PARKS
5701 8TH ST
DUBLIN, CA
94568

Total amount due: \$ 45.18
Enter amount paid: \$ _____

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700

Sep 15, 1995

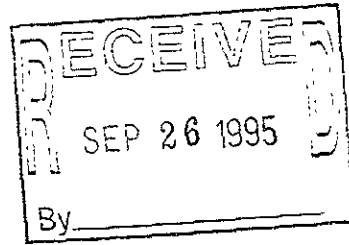
Mr. Marshall Merrick.

Please note our mailing address on the letter head.

All environmental reports should be sent to my attention.

Thank you

EVA CHU



September 8, 1995

CESPK-ED-EC Richard Haavisto
Corps of Engineers
Sacramento District
1325 J Street
Sacramento, CA 95814-2922

**Subject: Final Site Characterization Report at Building 109-ASH
Camp Parks Reserve Forces Training Area (RFTA), Dublin, CA
Contract DAC05-92-D-0032, D.O. 0037**


Dear Mr. Haavisto:

Woodward-Clyde Federal Services (WCFS) respectfully submits this final report of subsurface investigations completed the location of the former incinerator at Building 109, Parks RFTA. Also attached are our responses to your review comments on the draft version of this report and on the final version of the Parks RFTA Building 109-UST report, which was issued June 29, 1995.

We recommend that copies of this report be forwarded to Alameda County Environmental Health Department and to the Regional Water Quality Control Board. Please let me know if you would like WCFS to do so.

Please feel free to phone me at (510) 874-3138 with questions or comments regarding this project. I look forward to continuing to work with you.

Sincerely,



Jo Beth Folger, P.E.
Task Manager

Enclosures (3 copies)

cc: Marshall Marik, Parks RFTA (3 copies, report only)
Dennis Stone, AFRC-FM-PWE, Fort McCoy, WI (1 copy, report only)



ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700

StID 4102

July 10, 1995

CESPK-ED-EC Richard Haavisto
Corps of Engineers, Sacramento Distr.
1325 J Street
Sacramento, CA 95814-2922

RE: QMR for Parks RFTA, Building 109, Dublin, CA 94568

Dear Mr. Haavisto:

I have completed review of Woodward-Clyde's June 1995 Final Site Characterization Report for the above referenced site. This report documents the installation of three groundwater monitoring wells to assess groundwater quality in the vicinity of the former underground storage tank and incinerator.

Groundwater analysis exhibited up to 1,200 parts per billion total petroleum hydrocarbons as diesel (ppm TPH-D), and low levels of benzene, toluene, ethylbenzene, and xylenes in well MW-3. At this time, a quarterly monitoring/sampling schedule should be established for this site. Quarterly monitoring reports (QMRs) are also due 60 days after completion of each sampling event. After four consecutive quarters of sampling, this office will review the case to determine the next phase of investigation, and/or closure.

The report also refers to the disposal of free product and groundwater from the excavation. Please provide copies of manifests and/or bill of lading of the work performed.

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

eva chu
Hazardous Materials Specialist

cc: Marshall Merrick, Parks RFTA, 5701 8th St, Dublin 94568
files

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

Post-It™ brand fax transmittal memo 7671		# of pages ▶ 10
To <u>Eva Chu</u>	From <u>Laure Israel</u>	
Co. <u>Alameda Co DEH</u>	Co. <u>Woodward-Clyde</u>	
Dept. <u>HAZ MAT</u>	Phone # <u>916 368-0988</u>	
Fax # <u>510 337-9432</u>	Fax # <u>916 368-0967</u>	

W. Chu 12/17/94

DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, Third Floor
Oakland, CA 94612
Telephone: (415) 674-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by the 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.

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

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- ✓ Removal of Tank and Piping
 - ✓ Sampling
 - ✓ Final Inspection
- Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.

THIS IS A FINAL PRIORITY FOR NOT

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

- Business Name Parks Reserve Forces Training Area (PRFTA)
Business Owner U.S. Army
- Site Address PRFTA, Building 770
City Camp Parks/Dublin zip 94568 Phone (510)828-1822
- Mailing Address PRFTA
City Camp Parks zip 94568 Phone (510)828-1822
- Land Owner U.S. Army
Address PRFTA City, state Dublin, CA zip 94568
- Generator name under which tank will be manifested _____
Parks Reserve Forces Training Area
EPA I.D. No. under which tank will be manifested CAL-000121364

6. Contractor Aronson Engineering, Inc.
 Address 6809 McComber Street
 City Sacramento, CA 95828 Phone (916) 381-1600
 License Type A-Hazardous ID# 592010

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 Woodward-Clyde Federal Services
 Address 500 12th Street, Suite 100
 City Oakland Phone 510 874-3173

8. Contact Person for Investigation
 Name J. Michael Sartor Title Associate Engineer
 Phone (510) 874-3173

9. Number of tanks being closed under this plan 1 UST
 Length of piping being removed under this plan UNKNOWN
 Total number of tanks at facility Approx 23

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 Evergreen Env. Services EPA I.D. No. (510) 795-4400 CAD980695761
 Hauler License No. 431226 License Exp. Date _____
 Address _____
 City _____ State _____ Zip _____

b) Product/Residual Sludge/Rinsate Disposal Site
 Name _____ EPA I.D. No. _____
 Address _____
 City _____ State _____ Zip _____

c) Tank and Piping Transporter (510)235-1393

Name Erickson, Inc. EPA I.D. No. CAD009466392

Hauler License No. 430348 - License Exp. Date _____

Address 255 Parr Blvd.

City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name SAME AS C) EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

11. Experienced Sample Collector

Name Sharon Sullivan

Company Woodward - Clyde Federal Services

Address 10370 Old Placerville Road, Suite 104

City Sacramento State CA Zip 95827 Phone 916 368-0988

12. Laboratory

Name Anamatrix Laboratories

Address 1961 Concourse Drive, Suite E

City San Jose State CA Zip 95151

State Certification No. 1234

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

If yes, describe. Unknown

14. Describe methods to be used for rendering tank inert

See Appendix B

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)		
1000 Approx 2,000 gal	Unknown	Soil and ground-water (if encountered)	One soil sample from beneath each end of the tank. An additional soil sample will be collected beneath piping that is removed (1 sample per 20ft of piping). One groundwater sample will be collected if encountered. Initial water will be removed and groundwater allowed to recharge. A sample will be collected after recharge.

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) 80 yd³	Sampling Plan <i>one sample per 20 cy. for reuse. See Appendix C</i>

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-G (soil)	3550 / 5030	8015 mod	1 mg/Kg
TPH-D (soil)	3550 / 5030	8015 Mod	5 mg/Kg
BTEX (soil)	5030	8020	5 ug/Kg
Total Lead (soil)	3050	AA 7420	5 mg/Kg
5 metals Cl-HC SVOCs *	*	8010 8010 / 8240	
TPH-G (gw)	3510 / 5030	8015 mod	0.1 mg/L
TPH-D (gw)	3510 / 5030	8015 mod	0.5 mg/L
BTEX (gw)	5030	602	1 ug/L
Total Lead (gw)	3010	AA 7420	100 ug/L

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

* if Cl-HC SVOCs are contained in soil samples, also run for semi-volatile epds - 8270

18. Submit Worker's Compensation Certificate copy

Name of Insurer Golden Eagle Insurance (Aronson's workers Comp. on file w/ Alameda County)

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 (Aronson)

Name (please type) _____

Signature _____

Date _____

Signature of Site Owner or Operator (PRFTA)

Name (please type) _____

Signature _____

Date _____

APPENDIX B

Description of methods to be used for rendering the tanks inert:

Prior to pumping out and inerting the tanks, all accessible associated piping, excluding the vent line, will be uncovered and disconnected in such a manner as to drain all contents into the underground storage tank (UST). All inaccessible piping will be flushed, plugged, and abandoned in place. Removed piping will be disposed along with the UST as hazardous waste.

Prior to inerting, the tank contents and any associated rinsate will be removed using a vacuum truck or pumped into 55-gallon drums. Contents and rinsate will be characterized and disposed of appropriately. As possible, all tank openings, excluding the vent line, will be capped or plugged to securely seal the tank.

Dry ice will be placed into the tanks to achieve a lower explosive limit (LEL) below 10%. At least 15 pounds of dry ice will be used per 1,000 gallons of tank capacity. A calibrated combustible gas meter will be used to verify the LEL in the tanks. If the LEL exceeds 10%, additional dry ice or carbon monoxide from compressed gas cylinders will be used as needed to achieve the LEL level required. The UST may be rinsed, if the LEL cannot be brought below 10%. Again, all rinsate will be collected for appropriate disposal.

APPENDIX C

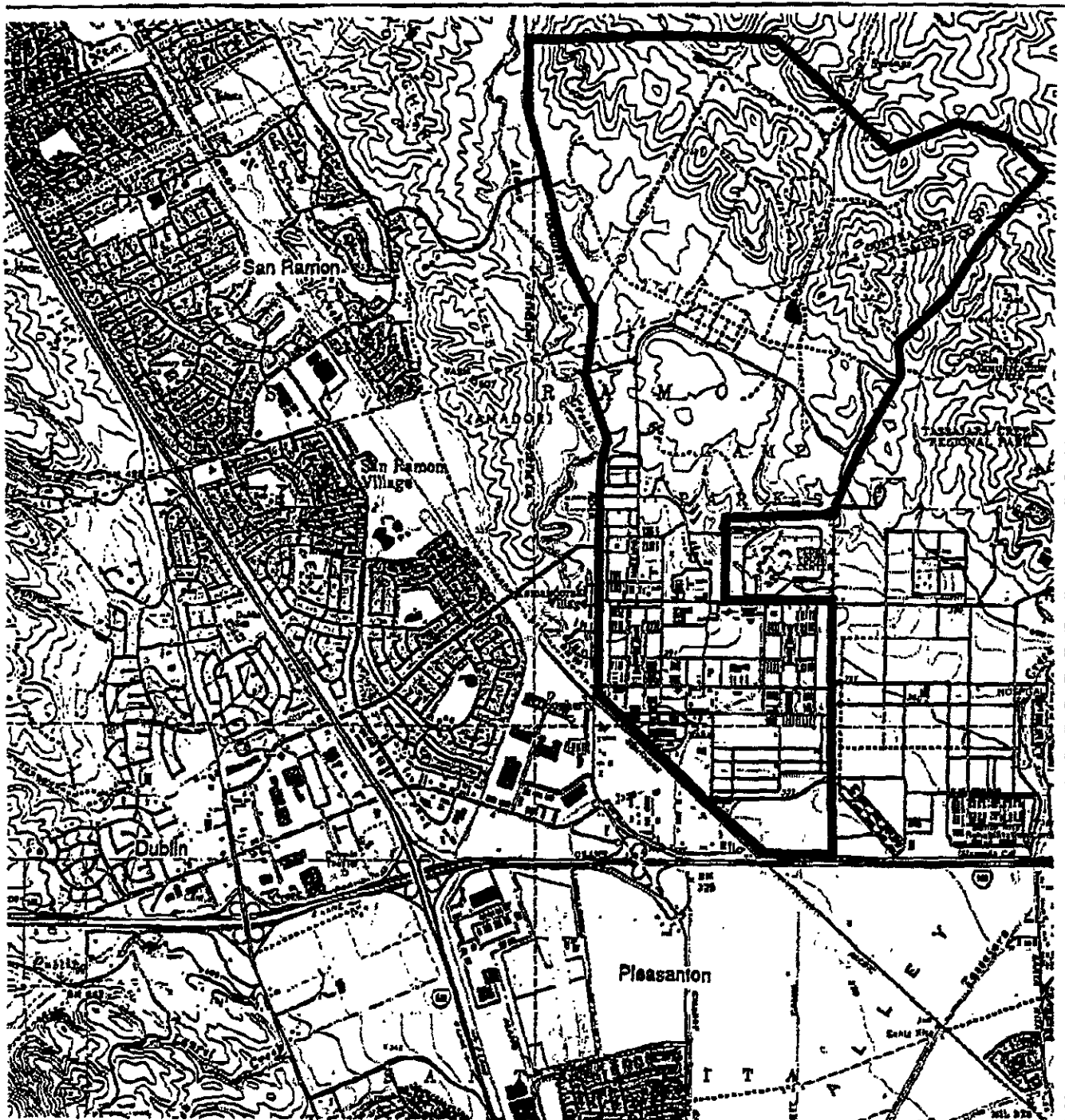
Sampling Plan:

It is estimated that 20 cubic yards of soil will be excavated for each tank that will be removed under this closure plan. For each of the tanks, all excavated material will be segregated and stockpiled separately such that concrete and asphalt is separated from soil. The soil may be initially screened and stockpiled on site utilizing a Photoionization Detector and/or Immunoassay testing. The soil will be placed on a bermed, double layer of twenty mil plastic and will be completely covered. If the soil is determined to be uncontaminated based on the analytical results, the soil will be returned to the tank pit as fill. Contaminated soil will be segregated and disposed in accordance with disposal regulations. Any organic compound aeration will be performed in conformance with Bay Area Air Quality Management District Regulation 8, Rule 40.

APPENDIX E

PLOT PLAN

(Figures 1, 2a, 2b, 3 and 6)



Legend

— Site Boundary



SCALE 1: 48,000

Note: Base Map from Dublin Quadrangle, 7.5 Minute Series (Topographic) 1961, Photorevised 1980



Project No.
7112

Parks Reserve
Forces Training Area

SITE LOCATION MAP
PARKS RESERVE FORCES TRAINING AREA
DUBLIN, CALIFORNIA

Figure
1

Woodward-Clyde

HAZMAT

5:40:22 PM 2:41

November 20, 1994

- ① Is there a report of an excavation.
- ② Approve new location of wells

Ms. Eva Chu
Alameda County Dept. of Environmental Health
Hazardous Materials Division
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502

Subject: Camp Parks Building 109 UST Investigation Workplan

Dear Eva:

Thanks for your comments and suggestions regarding our workplan entitled "Site Characterization Workplan Building 109-UST Parks Reserve Forces Training Area Dublin, CA", which was dated July 8, 1994.

You requested that we modify the workplan to investigate potential soil contamination in the vicinity of the former UST. As we discussed, the tank was removed by the Navy after we prepared the workplan. Additional excavation in the location of the UST and around the perimeter of Bldg. 109 has also been performed. Therefore, we propose to relocate the monitoring wells to the approximate locations shown on the attached sketch. This will allow us to sample soil as close as possible to the location of the tank, and to best investigate the impact groundwater of the diesel spill. All other provisions of the workplan will still be applicable.

Please feel free to phone me at (510) 874-3138 with your comments. I'm looking forward to working with you on this and other projects in the future.

Sincerely,



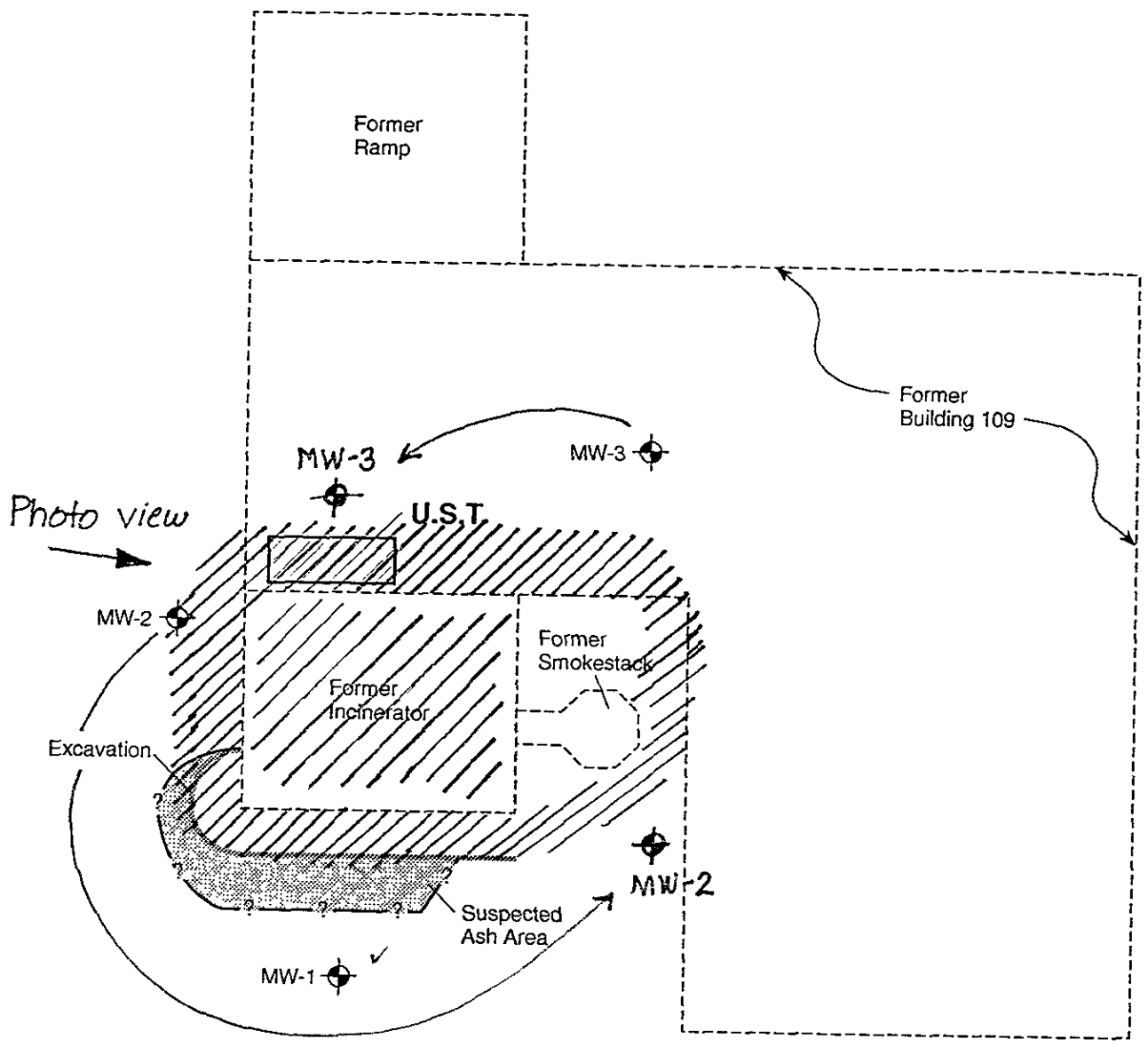
Jo Beth Folger

Attachments

c: Mike Sartor, WCFS



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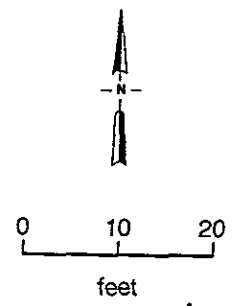
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 Excavated Area

LEGEND

-  Proposed Monitoring Well Locations
-  Unknown Extent of Ash



11/20/94 JBF

Project No. 7112	Parks Reserve Forces Training Area	PROPOSED MONITORING WELL LOCATIONS BUILDING 109 INVESTIGATION	Figure 3
Woodward-Clyde			



ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

StID 4102

November 16, 1994

Mr. Ray Zimny
CESPK
1325 J Street
Sacramento, CA 95814-2922

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

RE: Closure Request for Parks RFTA, Tank 732-2, Dublin CA

Dear Mr. Zimny:

I have complete review of Woodward-Clyde's October 1994 Tank 732-2 Subsurface Investigation at Building 732 - Final Report for the above referenced site. This report documents recent field work to delineate the extent of soil and groundwater contamination at this location due to the prior use of a 1,000 gallon diesel underground storage tank.

Three soil borings were advanced around and through the former tank pit to collect soil and ground water samples. Analytical results show low residual levels of petroleum hydrocabons as motor oil in soil. And, the groundwater grab samples did not contain detectable levels of TPH-G, TPH-D, or BTEX. However, the groundwater samples detected levels of total recoverable lead in excess of Maximum Contaminant Levels set forth for primary drinking water by the California Department of Health Services.

Before site closure can be recommended, it must be demonstrated that the levels of lead in groundwater is not of significant human health risk. Your consultant can advise you on the best approach to address this concern.

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

eva chu
Hazardous Materials Specialist

cc: Bob Cowan, Parks RFTA, Building 790, Dublin 94568
Michael Sartor, WCC, 500 12th St, #100, Oakland 94607
files (camparks2)

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 # _____ Site Name Parkes RETA Today's Date 11/4/94

- 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 Bldg 290 - 5th St

City Dublin Zip 94568 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 home heating fuel USTs

- 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)

Comments: Sharon Sullivan wcc
Chief Hardy 409-6819 (928-2057)

- 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 gndwater 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. Precip 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 2633
 - ___ 13. Plans Submit Date: _____
 - ___ 14. As Built 2635
 - ___ Date: _____

1180 - Square 3'7" steel tank storing home heating fuel. tank was relocated ~ 50' west from original location - tank painted white w/ no obvious staining. some corrosion but no hole. This was an above ground tank. No soil samples could be collected in soil
1% LO₂ 9% O₂

1136 - 300 gallon home heating fuel tank. UST has some corrosion + pitting, no through holes noted - Tank had 7" product which was pumped out Soil collected at 5' depth - brown clay - no odor

1135 - 300 gallon home heating fuel UST. Tank had water (rain (perched)) up to 2" from top - pumped out Several rusted through holes - up to 2" in length Soil collected at 50' depth - brown clay - no odor

Analyze for TPH-D and GCX

II, III

Contact: Sharon Sullivan - Woodward - Clyde

Title: Assistant Project Geologist

Inspector: EWACHON

Signature: Sharon J. Sullivan

Signature: [Signature]

Need to address Pb found in hydrocarbon

October 21, 1994

Ms. Eva Chu
Alameda County Department of Environmental Health
Hazardous Materials Division
1131 Harbor Bay Parkway
Alameda, CA 94502

RECEIVED
OCT 27 1994
H.M.D.

Subject: Subsurface Investigation Report, Camp Parks, Tank 732-2

Dear Ms. Chu:

Attached is a copy of our revised letter report dated October 20, 1994, to the U. S. Army, Corps of Engineers, Sacramento District (CESPK) which documents the work performed by Woodward-Clyde Federal Services (WCFS) for the subsurface investigation of Tank 732-2, at Camp Parks Reserve Forces Training Area.

Your comments to Ray Zimny of CESPK and WCFS regarding the draft report were appreciated, and corresponding revisions have been made to this final version.

Specifically, regarding the chemical analyses performed: Soil and groundwater samples were analyzed for total petroleum hydrocarbons, quantified as gasoline and as diesel, and for volatile aromatic components (benzene, toluene, ethylbenzene and xylene). These were the analytes specified by the Navy Public Works Center (the Navy)'s workplan dated February 10, 1994, which was provided to WCFS. We followed the guidance of the Regional Water Quality Control Board, Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Storage Tanks, and considered these analytes appropriate for the investigation of the site of a former diesel storage tank.

We have made subsequent inquiry, and Camp Parks personnel have confirmed that tank 732-2 was used to store diesel #2, used for vehicle refueling, and was not used to store waste oil, as was reported in the Navy's tank closure report. Related documentation is included in our letter report.

Based on the sample analytical results, WCFS recommends a case closure. No further subsurface investigation, excavation or monitoring well emplacement is recommended. If you

H:(jefolge0)PARKS7128.LTR1

C1021941105

V5-V30

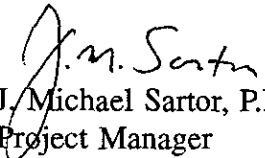
**Woodward-Clyde
Federal Services**

Ms. Eva Chu
October 21, 1994
Page 2

have any questions, please feel free to phone me at (510) 874-3173. We look forward to working with you on subsequent projects at Camp Parks.

Sincerely,

WOODWARD-CLYDE FEDERAL SERVICES


J. Michael Sartor, P.E.
Project Manager

Attachment

c: Ray Zimny, CESP
Bob Cowan, Camp Parks



DEPARTMENT OF THE ARMY
SACRAMENTO DISTRICT, CORPS OF ENGINEERS
SACRAMENTO, CALIFORNIA

SFO TRANSMITTAL DATE: 14 SEP 94
TIME: 09:00

CESPK-ED-E SFO
1325 J STREET
SACRAMENTO, CA. 95814-2922

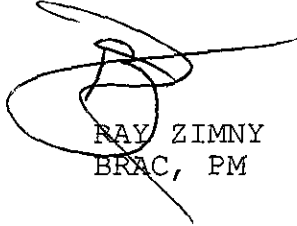
From: RAY ZIMNY
Phone: (916) 557-6965
FAX Number: (916) 557-7865

To: EVA CHEW Phone: (510) 567-6762
DEH
ALAMEDA, CA. FAX: (510) XXXXXXXX
CF:

BLDG 732-2 TANK SITE INVESTIGATION & CLOSURE

FOR YOUR INFO PER TELEPHONE REQUEST:

FILE


RAY ZIMNY
BRAC, PM

C:\wp51\parks\sfo\bdg732r.transmittal

ALCO
HAZMAT
94 SEP 15 PM 4:44

July 17, 1994

MEMORANDA FOR Ray Zimny, Technical Manager, CESPK-ED-EC

CC Mr. Ed Ketchum, CESPK-ED-EF

SUBJECT: Parks RFTA, Tank 732-2 Subsurface Investigation, Bld 732.

1. These comments pertain to the SOW dated 12 May 1994 and Navy Work Plan dated 10 Feb. 1994 (referred to as "reference 'a'").

*
2. The Navy Work Plan calls for soil borings to penetrate the subsurface at points within a ten foot radius of the center of the tank. In the Navy work plan, it appears to be assumed that the tank excavation remained open for soil borings. Under such conditions, the soil borings would probably all fall at locations in undisturbed soil as specified in the work plan. (Undisturbed soil is herein taken to mean soil that has not been excavated and backfilled. Sampling undisturbed soil is desirable to learn the aerial extent of soil contamination.) However, subsequent to Feb. 1994, the tank excavation was backfilled. Soil samples taken under the Feb. plan specifications of location and depth of sampling may now fall within the volume of backfill and not tag undisturbed soil.

3. I raised the issue of comment no. 2 in a telephone conversation with the Woodward-Clyde representative at the site Friday morning, 15 July 1994. I learned that drilling was underway using the specifications of the 10 Feb. Navy work plan and was referred to Mr. Michael Sartor (510) 893-3600, the Woodward-Clyde supervisor for the site. In a telephone conversation with Mr. Sartor later that morning, I learned that Mr. Sartor was aware of the discrepancy concerning the backfilled excavation. Mr Sartor mentioned that the site had been backfilled and graded. Mr Sartor also mentioned it was still necessary to drill at the former location of the center of the tank to obtain a soil sample of material beneath the tank centerline. Mr Sartor assured me that Woodward Clyde would allow for the discrepancy concerning the backfill in locating additional borings.

Hyland Morrow
CESPK-ED-EF

* SEE ATTACHED NAVY WR. ... I.C. PARA

ALCO
11AZMAT
94 SEP 15 PM 4:45

CF: EVA CHEW D.E. H.

WORK PLAN FOR INITIAL SUBSURFACE INVESTIGATION OF TANK NO B-732-2
EXCAVATION SITE AT CAMP PARKS, DUBLIN, CALIFORNIA

I. INTRODUCTION

A. STATEMENT OF SCOPE OF WORK: Investigation to determine possible vertical and horizontal extent/concentration of soil/groundwater contamination at tank no B-732-2 excavation site at Camp Parks, Dublin, California.

B. SITE LOCATION: The vicinity and location maps and the tank plot plan are shown on the attached sketches 1 through 3.

C. BACKGROUND: The Navy Public Works Center, San Francisco Bay (PWCSFB) excavated and removed two underground storage tanks (USTs) nos B-732-1 and B-732-2 at Camp Parks on March 17, 1993. Tank no B-732-1 (20,000 gals) showed no soil or groundwater contamination. However, tank no B-732-2 showed possible fuel oil leaks as indicated by petroleum odor and diesel contamination through results of laboratory analysis. Further investigation is necessary to verify and define the vertical and horizontal extent of contamination in accordance with Alameda County Environmental Health Hazardous Material Services requirements.

II. PLAN FOR DETERMINING EXTENT OF SOIL AND GROUNDWATER CONTAMINATION:

A. Three boreholes with 6 inch nominal diameter will be drilled by an independent contractor (registered geologist) within 10 feet away from the center of tank no B-732-2 to obtain soil and groundwater samples for analysis.

B. If groundwater shows contamination above State Water Resources Board limits, and/or if soil contamination shows high enough concentration for the regulatory agency to warrant installation of monitoring wells, three monitoring wells will be installed around tank no B-732-2 within 15 feet from the center of the tank's former location to determine groundwater gradient, and a quarterly sounding and sampling for one year will be taken to determine gradient direction variation, if any. A fourth monitoring well will be installed down gradient of tank no B-732-2 after establishing a consistent gradient direction, if none of the three monitoring wells mentioned above happen to be installed within the down gradient of the tank. A quarterly sample will be taken from the down gradient monitoring well as applicable for one year to monitor the site if the samples developed from the monitoring wells show low contamination. Otherwise, the required number of years and frequency of sampling per monitoring well will

increase depending on the extent/concentration of contamination established by all the monitoring well samplings.

C. PLAN FOR DETERMINING EXTENT OF SOIL CONTAMINATION:

1. Method/technique for determining extent of contamination within the excavation:

a. One of the three bore holes will be located within the excavation a few feet from the center of the previously removed tank no B-732-2 to determine extent of soil contamination.

b. If high concentration of soil contamination is found requiring removal of the soil in addition to monitoring wells, the soil will be excavated to the following depth:

(1). To one foot below observed contamination from boring, and

(2). To one foot below and sides of observed contamination when excavating the remaining areas. ✓

2. Sampling methods and procedures to be used:

a. A soil gas survey is not planned.

b. Soil borings are to be used to determine the extent of soil contamination:

(1). Number and location (mapped) of proposed borings: Three borings will be drilled within 10 feet of the tank as shown on sketch no 4.

(2). Depth of borings: Borings will be to the groundwater with sampling of undisturbed materials at three levels:

(a). One foot below surface.

(b). Five foot below surface.

(c). Every five foot interval, thereafter, until groundwater is reached.

(3). Soil classification system, soil sampling method and rationale: Drive a california modified sampler to obtain sample in brass cores to depth of groundwater (expected to be about 15 feet).

(4). Boring drilling method, including decontamination procedures: Hollow stem auger, with nominal 6 inch diameter with continuous sampling of each bore hole.

drill to 1' above sampler
to 5' sample

of 5' sampler
drives the
five feet

(5). Boring abandonment method: Grouted to land surface with cement granite slurry tremmie grout into the bore holes.

c. Field screening of VOC's will be done by using an HNU (or similar) in soil samples from the bottom of excavations (if excavation is required).

(1). A flame or photo detector will be used to verify removal of contamination from all excavations by sampling the headspace of each volatilized sample (if excavation is required).

will take one of each sample next to collected sample

3. Method and criteria for screening clean versus contaminated soil, including a complete description of procedures to be used for storing and disposal of any excavated soil: (if excavation is required)

a. Volume and rate of aeration/turning: none

b. Method of containment and cover: covered bins and/or stockpiled on plastic sheet with opaque plastic sheet cover.

c. Wet weather contingency plans: covered bins and/or stockpiled on plastic sheet with opaque plastic sheet cover.

d. Sample prior to disposal: Samples will be taken of the removed soil contained in the bins or stockpiles. These samples will be by brass tube, four samples per bin or each 25 cubic yard. These four samples will be composited at the laboratory and analyzed for the five ICP metals (Cr, Cd, Ni, Zn and Pb). Additional analysis will include total petroleum hydrocarbons as diesel, and gas/BTEX and as required by the Alameda County inspector.

Water?

e. Disposal at approved landfill: Disposal will be based on sample results. On site treatment (such as bioremediation) will be utilized by PWCSFB, if cost effective. Off site storage is not planned.

4. Security measures planned for excavation hole and contaminated soil: (if excavation is required)

a. The excavated pit and stockpiled soil areas will be completely surrounded by six foot chain link fence with a locked gate and required caution signs.

D. PLAN FOR DETERMINING GROUNDWATER CONTAMINATION AND INSTALLATION OF MONITORING WELL:



DEPARTMENT OF THE NAVY
NAVY PUBLIC WORKS CENTER
SAN FRANCISCO BAY
P.O. BOX 24003
OAKLAND, CALIFORNIA 94623-0003

IN REPLY REFER TO:

ENVIRONMENTAL DEPARTMENT
FACSIMILE TRANSMISSION RECORD
FAX COVER SHEET

TO:

DEPT/CODE: ALB. COUNTY.
ATTN: EVA CHU
PHONE: 271-4320
FAX: 519-4757

FROM:

DEPT/CODE: **** ENVIRONMENTAL DEPARTMENT ****
NAME: H. PATEL
PHONE: 302-5417
FAX (510) 302-4285

WE ARE TRANSMITTING 2 PAGES INCLUDING THIS COVER PAGE

ADDITIONAL INFORMATION

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Division Inspection Form

Site ID# _____ Site Name Camp Parks Bldg 109 Today's Date 6/10/94

Site Address _____ EPA ID# _____

City Dublin Zip 94 Phone _____

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

Inspection Categories:

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

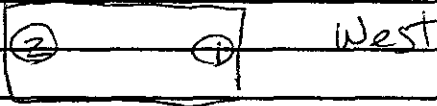
The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

IA GENERATOR (Title 22)

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

Comments:

0% LEL, 8.9% O₂
Gas free safety engineer verified above reading John Johnson
Bunker fuel UST - 3k
Corrosion and pitting noted
3/8" holes (3) noted in east end
~ 45 gallon liquid in 55 gal drum pumped from UST.
will be stored in HIO storage facility onsite for pickup within 90 days
Handled by Erickson



IB TRANSPORTER (Title 22)

- | | | |
|----------|---------------------------|-------|
| ___ | 32. Applic./insurance | 66428 |
| ___ | 33. Comp. Cert./CHP insp. | 66448 |
| ___ | 34. Containers | 66465 |
| <hr/> | | |
| Manifest | ___ 35. Vehicles | 66465 |
| | ___ 36. EPA ID #s | 66531 |
| | ___ 37. Correct | 66541 |
| | ___ 38. HW Delivery | 66543 |
| | ___ 39. Records | 66544 |
| <hr/> | | |
| Conf'te | ___ 40. Name/ Covers | 66545 |
| | ___ 41. Recyclables | 66800 |

① Brown clay silt - taken at 8' depth of soil.
② Green stained clay soil at 12' dept mod odor

Rev 6/88

Contact: Robert S Patel 510 302-5477
Title: ENVIRONMENTAL ENGINEER Inspector: Paul Chen
Signature: Robert S Patel Signature: Paul Chen

three copy

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

Project Specialist (print) Erachw

Erachw 6/18/94
Note changes/additions in RED

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

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by 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.
One copy of these accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- Removal of Tank and Piping
- Sampling
- Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name Camp Parks
PARKS RESERVE FORCES TRAINING CENTER
Business Owner U.S. ARMY
 2. Site Address PARKS RFTA BLDG 109
City DUBLIN Zip 94568 Phone (510) 829-8780
 3. Mailing Address CDR PARKS RFTA
City DUBLIN Zip 94568 Phone (510) 829-8780
 4. Land Owner U.S. ARMY
Address (SAME AS SITE) City, State _____ Zip _____
 5. Generator name under which tank will be manifested
PARKS RFTA.
- EPA I.D. No. under which tank will be manifested CA1000121364

rev 12/90

Ray Zimny - contact for (Camp Parks) Bldg 732.
(916) 557-6965

6. Contractor NAVY RINSATE WORKS CENTER
 Address P.O. Box 24003
 City OAKLAND Phone 510-302-5417
 License Type EXEMPT ID# N/A
 (SEE EXEMPTION CERTIFICATE ATTACHED IN APPENDIX B)

7. Consultant TO BE DETERMINED AS NEEDED
 Address _____
 City _____ Phone _____

8. Contact Person for Investigation
 Name HEMANT PATEL Title ENVIRONMENTAL ENG
 Phone 510-302-5417

9. Number of tanks being closed under this plan 1 (one)
 Length of piping being removed under this plan 150 FEET.
 Total number of tanks at facility UNKNOWN

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
TO BE PROVIDED UPON AWARD OF CONTRACT.
 Name ERICKSON INC. EPA I.D. No. CAD 009466392
 Hauler License No. 019 License Exp. Date 5/95
 Address 255 PARK BLVD
 City RICHMOND State CA. zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site
TO BE PROVIDED UPON AWARD OF CONTRACT
 Name ERICKSON INC EPA I.D. No. CAD 009466392
 Address 255 PARK BLVD
 City RICHMOND State CA. zip 94801

c) Tank and Piping Transporter

TO BE PROVIDED UPON AWARD OF CONTRACT

Name ERICKSON INC. EPA I.D. No. CAD 009466392

Hauler License No. 09 License Exp. Date 5/95

Address 255 PARR BLVD.

City REDMOND State CA Zip 94801

d) Tank and Piping Disposal Site

TO BE PROVIDED UPON AWARD OF CONTRACT

Name ERICKSON INC. EPA I.D. No. CAD 009466392

Address 255 PARR BLVD

City REDMOND State CA Zip 94801

11. Experienced Sample Collector

Name GIL FLETCHER

Company NAVY PUBLIC WORKS CENTER SF BAY

Address P.O. Box 24003

City OAKLAND State CA Zip 94623 Phone (510) 302-6593

12. Laboratory

Name DEQUORA ANALYTICAL

Address 680 CHESAPEAKE DR.

City REDWOOD CITY State CA Zip 94063

State Certification No. 1210

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

If yes, describe. TANK WAS RUPTURED DURING DEMOLITION
OF BUILDING 109. (SEE ATTACHED UNAUTHENTICATED
LEAK/CONTAMINATION SITE REPORT.

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

Prior to pumping out and inerting the tanks, all accessible associated piping, excluding the vent line, will be uncovered and disconnected in such a manner as to drain all contents into the UST. All inaccessible piping will be flushed, plugged, and abandoned in place. Removed piping will be disposed along with the UST as HW.

Prior to inerting, the tank contents and any associated rinsate will be removed using a vacuum truck or pumped into 55 gallon drums. Contents and rinsate will be characterized and disposed of appropriately (Appendix D). As possible, all tank openings, excluding the vent line, will be capped or plugged to securely seal.

Dry ice will be placed into the tank to achieve a lower explosive limit (LEL) below 10%. At least 15 pounds of dry ice will be used per 1,000 gallons of tank capacity. A calibrated combustible gas meter will be used to verify the LEL in the tank. If the LEL exceeds 10%, additional dry ice or carbon dioxide from compressed gas cylinders will be used as needed to achieve the LEL level required. The UST may be rinsed, if the LEL cannot be brought below 10%. Again, all rinsate will be collected for appropriate disposal.

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:

Capacities and Use History for Tank 109-1

Capacity	Use History (see instructions)	Material to be sampled (tank contents, soil, ground water, etc.)	Location and Depth of Samples
3,000 gallons	No records exist in reference to this tank	Soil and ground water (if encountered).	One soil samples from beneath each end of the tank, one to two feet below ground surface. <i>OST in native soil.</i> Ground water samples (as needed), initial water from the tank pit will be removed and ground water will be allowed to recharge. A representative sample will be collected.

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

It is estimated that 80 cubic yards of soil will be excavated to remove the tank under this closure plan. All excavated material will be segregated and stockpiled separately such that concrete and asphalt is separated from soil. The soil may be initially screened and stockpiled on site utilizing a Photoionization Detector and/or Immunoassay. The soil will be placed on a bermed, double layer of twenty mil plastic and completely covered. If the soil is determined to be uncontaminated based on the analytical results, the soil will be returned to the tank pit as fill. Contaminated soil will be segregated and disposed in accordance with disposal regulations. Any organic compound aeration will be performed in conformance with BAAQMD REG 8, Rule 40. *Sample 1/20 cy for reuse, OR 1/50 cy for disposal.*

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.

Sampling Matrix	Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
Soil	TPH PHL ^{G, D} CR, CD, PB, ZN, NI Oil & Grease BTEX Chlorinated Hydrocarbons	3550/5030 301/302 3550/5030 3510/5030	8015 Modified ICAP OR AA 413.2 8020 8240	1 PPM 10 PPB 50 PPM 5 PPB 500 PPB
Ground Water	TPH PHL ^{G, D} CR, CD, PB, ZN, NI Oil & Grease BTEX Chlorinated Hydrocarbons	3510/5030 301/302 3510/5030 3550/5030	8015 Modified ICAP OR AA 413.1 602 624	50 PPB 10 PPB 5 PPM .5 PPB 10 PPB

17. Site Health and Safety Plan: Appendix A

18. Submit Worker's Compensation Certificate copy

Name of Insurer EXEMPT (SEE APPENDIX B)

19. Submit Plot Plan (See Instructions) (APPENDIX E)

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) (APPENDIX C)

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) HEMANT S. PATEL

Signature *Hemant S Patel*

Date 5/24/94

Signature of Site Owner or Operator

Name (please type) MARK C. NELSON

Signature *M. C. Nelson*

Date 5/24/94

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

StID 4102

February 18, 1994

Mr. Pacifico Icasiano
Dept. of the Navy
P.O. Box 24003
Oakland, CA 94623-1003

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

**Subject: Workplan Approval for Camp Parks Building 732,
5701 8th Street, Dublin, CA 94568**

Dear Mr. Icasiano:

I have completed review of the Navy Public Works' February 1994 Workplan for Initial Subsurface Investigation at the above referenced site. The proposal to advance three soil borings to determine the extent of soil and groundwater contamination at the vicinity of tank No. B-732-2 is acceptable and field activities should commence **within 45 days of the date of this letter**. Soil samples should also be collected where there is obvious contamination, as determined by using a field screening instrument, visual inspection, or perceivable odors. Soil and water samples should be analyzed for TPH-G, TPH-D, TOG, BTEX, and chlorinated hydrocarbons.

Please notify this office at least 72 hours prior to the start of field work. If you have any questions, I can be reached at (510) 271-4530.

Sincerely,

eva chu
Hazardous Materials Specialist

cc: files

4/22/94 per Hemant
Emmett Patel w/ Navy 302-5417

may take 30 days for contractor (Army Corp Engr)
to start project

camprks1

Local agency: COUNTY OF ALAMEDA
 Site number: 4102
 Billing date: 05/26/94

ITEMIZED NEW CHARGES

Site specific charges for billing period: 07/01/93 - 12/31/93

DATE	NAME	*ACT	HOURS		RATE		FND	TRAVEL	TOTAL
			ST	OT	ST	OT			
07/26/93	SEERY	215	0.30	0.0	41.96	0.00	0.1384	0.00	14.33
07/26/93	CHU	215	1.00	0.0	39.73	0.00	0.1384	0.00	45.23
08/03/93	CHU	200	0.60	0.0	39.73	0.00	0.1384	0.00	27.14
08/18/93	SEERY	212	0.30	0.0	45.00	0.00	0.1384	0.00	15.37
08/18/93	SEERY	200	0.40	0.0	45.00	0.00	0.1384	0.00	20.49
08/18/93	SEERY	215	0.40	0.0	45.00	0.00	0.1384	0.00	20.49
08/18/93	HUGO	212	0.40	0.0	42.92	0.00	0.1384	0.00	19.54
SITE SPECIFIC TOTALS:			3.4	0.0					
								\$	162.59
PROGRAM MANAGEMENT CHARGE (calculated at 10% of site specific charges):								\$	16.26
								\$	178.85

Bldg 732

* ACTIVITY CODES AND DESCRIPTIONS: (ACT)

- 300 (200) Responsible Party Identification and notification
- 304 (204) Meeting with Regional Board or other affected agencies regarding a specific site
- 306 (206) Development of enforcement actions against a Responsible Party
- 307 (207) Issuance of a closure document
- 310 (210) Site visits
- 311 (211) Sampling activities
- 312 (212) Meetings with responsible parties or responsible party consultants
- 315 (215) Review of reports, workplans, preliminary assessments, remedial action plans, or post-remedial monitoring

OTE: More than one responsible party (RP) has been identified for this site. All RPs are shown below. This invoice has been sent to all RPs for this site. RPs may be held jointly and severally liable for site cleanup costs. You may wish to coordinate with the other RPs to allocate the site cleanup costs among yourselves.

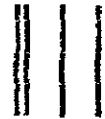
1 CORPS & FORT LEWIS
 COMMANDER
 F Z H - D E R, S. RUSSEL
 F LEWIS, WA 98433-5000

H Q 124 ARMY COMMAND
 MARK STAR
 4575 36TH AVE W
 SEATTLE, WA 98199

<<<< end of print for site: 4102

>>>>

STATE WATER RESOURCES CONTROL BOARD
 DIVISION OF CLEAN WATER PROGRAMS—UGT
 box 944212
 SACRAMENTO, CA 94244-2120



Place stamp here.
 Post Office will
 not deliver mail
 without postage.

61 JUN 9 6--NOV 76

HAZMAT
 ALCO

STATE WATER RESOURCES CONTROL BOARD
 DIVISION OF CLEAN WATER PROGRAMS—UGT
 P.O. Box 944212
 SACRAMENTO CA 94244-2120



DEPARTMENT OF THE NAVY

NAVY PUBLIC WORKS CENTER
SAN FRANCISCO BAY
P.O. BOX 24003
OAKLAND, CALIFORNIA 94623-1003

IN REPLY REFER TO:
5090
Ser 950/226
24 MAY 1994

Alameda County Health Care Services Agency
Department of Environmental Health,
Hazardous Materials Division,
Attn: Ms. Eva Chu
80 Swan Way, Room 200
Oakland, CA 94621

Dear Ms. Chu:

We are hereby forwarding the required Underground Storage Tank (UST) Closure Plan and Closure Permit Application, including our declaration of state exemption from contractors' license law and workers' compensation insurance for the removal of one UST at the Reserve Forces Training Area at Camp Parks, Dublin, California.

As you are aware from your previous discussion with Mr. Hemant Patel, this project requires the expedited removal of UST 109-1 at Camp Parks. We appreciate your prompt attention to this matter. PWCSFB is forwarding to your office the amount of \$483.00 for this removal action. We will be more than pleased to incorporate comments or any change that you deem necessary.

The point of contact for this project is Mr. Hemant Patel at (510) 302-5417.

Sincerely,

A handwritten signature in black ink, appearing to read "D. S. LENT", with a stylized flourish at the end.

D. S. LENT.
Director, Environmental Department
By direction of the
Commanding Officer

Enclosure:
Tank Closure Plan for Removal of Tank 109-1

41102

(Cm)

94 07 21 PM 3:17



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 PARKS RETA		NAME OF OPERATOR U.S. ARMY		
ADDRESS B-109 PARKS RETA 5701 8th St. Camp Parks		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME DUBUEN	STATE CA	ZIP CODE 94568	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 checked="" type="checkbox"/> FEDERAL-AGENCY*				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		# OF TANKS AT SITE UNKNOWN	E. P. A. I. D. # (optional) CAL000121364	

EMERGENCY CONTACT PERSON (PRIMARY)

DAYS: NAME (LAST, FIRST) ALLEY, MERVEN	PHONE # WITH AREA CODE (510) 829-8780
NIGHTS: NAME (LAST, FIRST) REAR DEPT.	PHONE # WITH AREA CODE (510) 828-2057

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) COWAN, BOB	PHONE # WITH AREA CODE (510) 828-1822
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE 803-5600

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME PARKS RETA U.S. ARMY		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS SAME AS SITE		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
		<input checked="" type="checkbox"/> FEDERAL-AGENCY	STATE	ZIP CODE
		PHONE # WITH AREA CODE		

III. TANK-OWNER INFORMATION - (MUST BE COMPLETED)

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

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

TY(TK) HQ **44-032063**

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

<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 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. <input checked="" type="checkbox"/>	II. <input type="checkbox"/>	III. <input type="checkbox"/>

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

OWNER'S NAME (PRINTED & SIGNED) MARK C. NELSON	OWNER'S TITLE LTC, COMMANDING OFFR	DATE MONTH/DAY/YEAR 5/24/94
--	--	---------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 000244
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input checked="" 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: PARKS RFTA

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <u>109-1311</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>3,000</u>

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

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

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED DIESEL / HEATING FUEL G.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	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>NONE</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNKNOWN</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>< 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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>MARK C. NELSON</u>	DATE <u>5/24/14</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>000244</u>	TANK # <u>00030</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

Project Specialist (print) Jeff S. Haff

ACCEPTED

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

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by 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.

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

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- Removal of Tank and Piping
- Sampling
- Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

UNDERGROUND TANK CLOSURE PLAN

Approved w/ Red inked change on p. 4

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

1. Business Name U.S. ARMY RESERVE, CAMP PARKS
Business Owner DIRECTOR OF ENGINEERING HOUSING (DEH) B-280, PRESIDIO
 2. Site Address CAMP PARKS, BLDG 732, DOUGHERTY ROAD, PARKS RFTA (ECS-30)
City DUBLIN CA zip 94568 Phone 510-829-8083
 3. Mailing Address PWCSEB CODE 614, NAVAL SUPPLY CENTER P.O. BOX 24003
City OAKLAND CA zip 94623-1003 Phone 510-302-5483
 4. Land Owner DIRECTOR OF ENGINEERING HOUSING (DEH) B-280, PRESIDIO
Address SAN FRANCISCO City, State CA zip 94129
 5. Generator name under which tank will be manifested ECS-30
BUILDING-730, PARKS RFTA, DUBLIN, CALIF 94568
- EPA I.D. No. under which tank will be manifested CA-0210490405

6. Contractor U.S. NAVY PUBLIC WORKS CENTER, CODE 710 (HEAVY EQUIPMENT DEPARTMENT)
Address NAVY PWCSFB, NAVAL SUPPLY CENTER, P.O. BOX 24003-1003
City OAKLAND Phone 510-302-5893
License Type GOVERNMENT PWC IS EXEMPT ID# _____
FROM THE STATE CONTRACTOR'S LAW PER SECS 7031.5 & 7044

7. Consultant TO BE DETERMINED AS NEEDED
Address _____
City _____ Phone _____

8. Contact Person for Investigation
Name PACIFICO M. ICASIANO Title ENVIRONMENTAL ENGINEER
Phone 510-302-5483

9. Number of tanks being closed under this plan TWO
Length of piping being removed under this plan 700 FT
Total number of tanks at facility 2

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 H & H ENVIRONMENTAL SERVICE CO. EPA I.D. No. CA-004771168
Hauler License No. 0334 License Exp. Date 1/31/93
Address 220 CHINA BASIN STREET
City SAN FRANCISCO state CA Zip 94107

b) Product/Residual Sludge/Rinsate Disposal Site

Name H & H ENVIRONMENTAL SERVICE CO EPA I.D. No. CA-004771168
Address 220 CHINA BASIN STREET,
City SAN FRANCISCO state CA Zip 94107

c) Tank and Piping Transporter

Name H & H ENVIRONMENTAL SERVICE CO. EPA I.D. No. CA-004771168
Hauler License No. 0334 License Exp. Date 1/31/93
Address 220 CHINA BASIN STREET
City SAN FRANCISCO State CA zip 94107

d) Tank and Piping Disposal Site

Name H & H ENVIRONMENTAL SERVICE CO. EPA I.D. No. CA-004771168
Address 220 CHINA BASIN STREET
City SAN FRANCISCO State CA zip 94107

11. Experienced Sample Collector

Name SHAO PIN YO
Company EUREKA, LABORATORIES, INC.
Address 6790 FLORIN PERKINS ROAD
City SACRAMENTO State CA zip 95828 Phone 916-381-7953

12. Laboratory

Name EUREKA LABORATORIES, INC.
Address 6790 FLORIN PERKINS ROAD
City SACRAMENTO State CA zip 95828
State Certification No. E 765

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

TANK WILL BE EMPTIED, GAS FREED WITH DRY ICE (AT LEAST 15 LBS PER 1000 GAL CAPACITY, MORE ICE WILL BE ADDED IF REQUIRED TO OBTAIN LESS THAN 10% LEL W THE TANK ATMOSPHERE), AND

TRIPLE RINSE AS APPLICABLE BY U&H ENVIRONMENTAL SERVICE CO AS APPLICABLE, AN EXPLOSION PROOF AND CALIBRATED COMBUSTIBLE GAS METER SHALL BE USED TO VERIFY INERTNESS. 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
CAMP PARKS TANK	Capacity (GALS)	Use History (see instructions)		
B-732-1	20,000	INSTALLED: IN 1942 FOR STORING GASOLINE FOR THE GASOLINE STATION TANK LAST USED: IN 1970	PRE-EXCAVATION: "TRACER TIGHT" INDIRECT SOIL SAMPLE POST-EXCAVATION: TAKE SOIL SAMPLE & GROUND WATER SAMPLE AS REQUIRED	PRE-EXCAVATION: "TRACER TIGHT" 4 SOIL PROBES @ 5 FT DEEP EACH. POST-EXCAVATION: 2 BORE HOLES AT TANK BOTTOM END & CENTER FILL, AND AS REQUIRED FOR SOIL & WATER SAMPLES.
B-732-2	4,000	INSTALLED: IN 1958 FOR STORING WASTE OIL FROM VEHICLES. TANK LAST USED: IN 1970	PRE-EXCAVATION: "TRACER TIGHT" INDIRECT SOIL SAMPLE POST-EXCAVATION: TAKE SOIL SAMPLE & GROUND WATER SAMPLE AS REQUIRED	PRE-EXCAVATION: "TRACER TIGHT" 2 SOIL PROBES @ 5 FT DEEP EA. POST-EXCAVATION: 2 BORE HOLES AT BOTTOM END & CENTER FILL, AND AS REQUIRED FOR SOIL & WATER SAMPLES

Maximum of 2 ft. into Native Soil!

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) 90 Yd ³	Sampling Plan SAMPLE, ANALYZE, & STOCKPILE EXCAVATED SOIL SEPARATELY FROM ANY EXCAVATED ASPHALT OR CONCRETE. CONTAMINATED SOIL WILL BE PLACED IN A PLASTIC SHEET, COVERED, LABELED AND POSTED WITH PRECAUTION FOR SECURITY. DEPENDING ON SOIL ANALYSIS RESULTS, CONTAMINATED SOIL WILL BE DISPOSED OF IN A CLASS I OR II LANDFILL. ANY ORGANIC COMPOUND REACTION TO BE PER BAAQMD REG 8 RULE 90, APCD & BAAQMD ENFORCEMENT SHOULD BE NOTIFIED BY TELEPHONE 24 HOURS PRIOR TO SPREADING OF CONTAMINATED SOIL.

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.

MATRIX TO BE SAMPLED	Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
SOIL DIESEL, UNLEADED, LEADED, & WASTE OIL	TPH-D	3550	DHS	
	BTXE	5030	8020	
	TPH-G	5030	DHS	
	TPH & BTEX		8260	
	TOTAL LEAD AA	(to detect metals)	DHS	
	O & G	5520 (D & F)	DHS	
	CLHC		8010	
GROUND WATER: DIESEL, UN LEADED, & LEADED, & WASTE OIL	TPH-D	3510	DHS	
	BTXE	5030	602	
	TPH-G	5030	DHS	
	TOTAL LEAD AA	(to detect metals)	DHS	
	O & G	5520 (C & F)	DHS	
	CLHC		601	
	Cd } Cr } Pb } Metals Zn } Hg } Ni }			AA

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer N/A, THE U.S. GOVERNMENT IS SELF INSURED

19. Submit Plot Plan (See SKETCH #3)

20. Enclose Deposit

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) GIL P. FLETCHER

Signature [Handwritten Signature]

Date 8/17/92

Signature of Site Owner or Operator

Name (please type) ROGER L. LORBER, COL, EN, DEH

Signature [Handwritten Signature] C. ENGINEERING DIV., DEH

Date AUGUST 17 1992

Tank Closure Permit Application/Closure Plan DECLARATION
Page 2

WORKER'S COMPENSATION DECLARATION:

It is hereby affirmed that the Federal Government is a self insured entity and is exempt from worker's compensation insurance. It is further certified that in the performance of the project for which this permit is issued, the U.S. Government will not employ any person in any manner so as to become subject to the Worker's Compensation Law of California.

Date: 9/30/92 Contractor: PWC TRANSPORTATION

TANK REMOVAL PROJECT BACKGROUND DECLARATION:

It is hereby declared that the underground storage tanks, (owned and funded by the self insured Federal Government Department of Defense (DOD)), located inside the U.S. military facility, are to be removed by qualified/experienced DOD Public Works Heavy-Equipment Tank Removers who are State OSHA trained/certified and strictly DOD wage compensated. Removal is to be supervised and coordinated by DOD Environmental Engineers, overseen by DOD OSHA Safety Personnel, and assisted by State Licensed Sub-Contractors (for tank testing, chemical analysis and hazardous waste hauling and disposal, etc...). Any resulting property structure/improvement is not to be offered for sale. In addition, the tank removal/closure project is to be field inspected by the cognizant County/City Health Agency and local Fire Department to ensure full compliance with all applicable federal, state, and local regulatory body requirements.

Date: 9/30/92 Applicant: Ralph M. Johnson



DEPARTMENT OF THE NAVY

NAVY PUBLIC WORKS CENTER

SAN FRANCISCO BAY

P.O. BOX 24003

OAKLAND, CALIFORNIA 94623-0003

IN REPLY REFER TO:

5690
600/0110

Alameda County Health Care Services Agency
Department of Environmental Health,
Hazardous Materials Division,
Attn: Mr. Jeff Shapiro
80 Swan Way, Room 200
Oakland, CA 94621

Dear Sir:

We are hereby forwarding the required Underground Storage Tank (UST) Closure Plan and Closure Permit Application, including our Declaration of state exemption from contractors' license law and workers' compensation insurance for the removal of two UST's owned by the U. S. Army at Camp Parks, Dublin Facility.

By the attached check/memo, Navy Public Works Center, San Francisco Bay is forwarding to your office the amount of \$681.00 for removal of two tanks.

We would appreciate your review of this project as expeditiously as possible. We will be more than pleased to incorporate comments or any change(s) that you deem necessary via visits to you, inspection of our site or facsimile transmissions.

If you have any questions, the point of contact for this project is Mr. Pacifico Icasiano at (510)302-5483.

Sincerely,

C E Smith
R. E. DAVIS

Director, Utilities Department
By direction of the
Commanding Officer

DATE: 10/19/92

FROM: P. ICASIANO (CODE 614)

TO: J. ANDERSON (CODE 601, 2)

J. Warty 10/22

SUBJ: TANK CLOSURE PERMIT APPLICATION FEE

1. REQUEST A CHECK IN THE AMOUNT OF \$681 BE ISSUED TO ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION 80 SWAN WAY, OAKLAND CALIFORNIA 94621. CHARGE TO THE ARMY J.O. # 1586757.
2. PLEASE, FORWARD CHECK TO CODE 614 FOR ENCLOSURE WITH SUBJECT PERMIT APPLICATION AS A DEPOSIT FOR THE REMOVAL OF TWO U.S. ARMY UNDERGROUND STORAGE TANKS (USTs) AT DUBLIN, CALIFORNIA.
3. CODE 614 WILL HAND CARRY SUBJECT PERMIT APPLICATION AND THE REQUIRED CHECK DIRECTLY TO THE ALAMEDA COUNTY TO FACILITATE ENVIRONMENTAL TANK REMOVAL COMPLIANCE WORK IMPOSED BY THE FEDERAL, STATE AND LOCAL REGULATORY AGENCIES.
4. CONTACT PACIFICO M. ICASIANO AT 302-5483 FOR ANY QUESTIONS.

Pacifico M. Icasiano

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

Project Specialist (print)

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name U.S. ARMY RESERVE, CAMP PARKS
Business Owner DIRECTOR OF ENGINEERING HOUSING (DEH) B-280, PRESIDIO
2. Site Address CAMP PARKS, BLDG 732, DOUGHERTY ROAD, PARKS RFTA (ECS-30)
city DUBLIN CA zip 94568 Phone 510-829-9093
3. Mailing Address PWCSEB CODE 614, NAVAL SUPPLY CENTER P.O. BOX 24003
city OAKLAND CA zip 94623-1003 Phone 510-302-5483
4. Land Owner DIRECTOR OF ENGINEERING HOUSING (DEH) B-280, PRESIDIO
Address SAN FRANCISCO city, state CA zip 94129
5. Generator name under which tank will be manifested ECS-30
BUILDING-730, PARKS RFTA, DUBLIN, CALIF 94568
EPA I.D. No. under which tank will be manifested CA-0210490405

6. Contractor U.S. NAVY PUBLIC WORKS CENTER CODE 710 (HEAVY EQUIPMENT DEPARTMENT)
Address NAVY PWCSFB, NAVAL SUPPLY CENTER, P.O. BOX 24003-1003
City OAKLAND Phone 510-302-5893
License Type GOVERNMENT PWC IS EXEMPT ID# _____
FROM THE STATE CONTRACTOR'S LAW PER SECS 7031.5 & 7044

7. Consultant TO BE DETERMINED AS NEEDED
Address _____
City _____ Phone _____

8. Contact Person for Investigation
Name PACIFICO M. ICASIANO Title ENVIRONMENTAL ENGINEER
Phone 510-302-5483

9. Number of tanks being closed under this plan TWO
Length of piping being removed under this plan 700 FT
Total number of tanks at facility 2

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 H & H ENVIRONMENTAL SERVICE CO. EPA I.D. No. CA-004771168
Hauler License No. 0334 License Exp. Date 1/31/93
Address 220 CHINA BASIN STREET
City SAN FRANCISCO State CA Zip 94107

b) Product/Residual Sludge/Rinsate Disposal Site

Name H & H ENVIRONMENTAL SERVICE CO EPA I.D. No. CA-004771168
Address 220 CHINA BASIN STREET,
City SAN FRANCISCO State CA Zip 94107

c) Tank and Piping Transporter

Name H & H ENVIRONMENTAL SERVICE CO. EPA I.D. No. CA-004771168
Hauler License No. 0334 License Exp. Date 1/31/93
Address 220 CHINA BASIN STREET
City SAU FRANCISCO State CA Zip 94107

d) Tank and Piping Disposal Site

Name H & H ENVIRONMENTAL SERVICE CO. EPA I.D. No. CA-004771168
Address 220 CHINA BASIN STREET
City SAU FRANCISCO State CA Zip 94107

11. Experienced Sample Collector

Name SHAO PIN YO
Company EUREKA, LABORATORIES, INC.
Address 6790 FLORIN PERKINS ROAD
City SACRAMENTO State CA Zip 95828 Phone 916-381-7953

12. Laboratory

Name EUREKA LABORATORIES INC.
Address 6790 FLORIN PERKINS ROAD
City SACRAMENTO State CA Zip 95828
State Certification No. E 765

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

TANK WILL BE EMPTIED, GAS FREED WITH DRY ICE (AT LEAST 15 LBS PER 1000 GAL CAPACITY, MORE ICE WILL BE ADDED IF REQUIRED TO OBTAIN LESS THAN 10% LEL W THE TANK ATMOSPHERE), AND TRIPLE RINSE AS APPLICABLE BY U&H ENVIRONMENTAL SERVICE CO AS APPLICABLE, AN EXPLOSION PROOF AND CALIBRATED COMBUSTIBLE GAS METER SHALL BE USED TO VERIFY INERTNESS. 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

CAMP PARKS TANK	Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
	Capacity (GALS)	Use History (see instructions)		
B-732-1	20,000	INSTALLED: IN 1942 FOR STORING GASOLINE FOR THE GASOLINE STATION TANK LAST USED: IN 1970	PRE-EXCAVATION: "TRACER TIGHT" INDIRECT SOIL SAMPLE POST-EXCAVATION: TAKE SOIL SAMPLE & GROUND WATER SAMPLE AS REQUIRED	PRE-EXCAVATION: "TRACER TIGHT" 4 SOIL PROBES @ 5 FT DEEP EACH. POST-EXCAVATION: 2 BORE HOLES AT TANK BOTTOM END & CENTER FILL, AND AS REQUIRED FOR SOIL & WATER SAMPLES
B-732-2	4,000	INSTALLED: IN 1958 FOR STORING WASTE OIL FROM VEHICLES. TANK LAST USED: IN 1970	PRE-EXCAVATION: "TRACER TIGHT" INDIRECT SOIL SAMPLE POST-EXCAVATION: TAKE SOIL SAMPLE & GROUND WATER SAMPLE AS REQUIRED	PRE-EXCAVATION: "TRACER TIGHT" 2 SOIL PROBES @ 5 FT DEEP EA. POST-EXCAVATION: 2 BORE HOLES AT BOTTOM END & CENTER FILL, AND AS REQUIRED FOR SOIL & WATER SAMPLES

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)

90 yd³

Sampling Plan

SAMPLE, ANALYZE, & STOCKPILE EXCAVATED SOIL SEPARATELY FROM ANY EXCAVATED ASPHALT OR CONCRETE. CONTAMINATED SOIL WILL BE PLACED IN A PLASTIC SHEET, COVERED, LABELED AND POSTED WITH PRECAUTION FOR SECURITY. DEPENDING ON SOIL ANALYSIS RESULTS, CONTAMINATED SOIL WILL BE DISPOSED OF IN A CLASS I OR II LANDFILL. ANY ORGANIC COMPOUND ABERATION TO BE PER BANQMD REG 8 RULE 40, APCD & BANQMD ENFORCEMENT SHOULD BE NOTIFIED BY TELEPHONE 24 HOURS PRIOR TO SPREADING OF CONTAMINATED SOIL.

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.

MATRIX TO BE SAMPLED	Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
SOIL DIESEL, UNLEADED, LEADED, & WASTE OIL	TPH-D	3550	DHS	
	BTXE	5030	8020	
	TPH-G	5030	DHS	
	TPH & BTEX		8260	
	TOTAL LEAD AA	(to detect metals)	DHS	
	O & G	5520 (D & F)	DHS	
	CLHC		8D10	
GROUND WATER: DIESEL, UN LEADED, & LEADED, & WASTE OIL	TPH-D	3510	DHS	
	BTXE	5030	602	
	TPH-G	5030	DHS	
	TOTAL LEAD AA	(To detect metals)	DHS	
	O & G	5520 (C & F)	DHS	
	CLHC		601	
	Cd Cr Pb Zn Hg Ni Metals			AA

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer N/A, THE U.S. GOVERNMENT IS SELF INSURED

19. Submit Plot Plan (See SKETCH #3)

20. Enclose Deposit

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) GIL P. FLETCHER

Signature [Handwritten Signature]

Date 8/17/92

Signature of Site Owner or Operator

Name (please type) ROGER L. LORBER, COL, EN, DEH

Signature [Handwritten Signature] C. ENGINEERING DIV, DEH

Date AUGUST 17 1992

Tank Closure Permit Application/Closure Plan DECLARATION

Page 1

U.S. GOVERNMENT "OWNER-BUILDER" DECLARATION

It is hereby affirmed that the Department of Defense (DOD), (see Project Declaration on the next page), is exempt from the California State Contractor's License Law based on the following reason(s):

(Sec. 7031.5, Business and Professions Code: "Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's Law [Chapter 9, commencing with Sec. 7000 of Division 3 of the Business and Professions Code] or that he is exempt therefrom and the basis for the alleged exemption." Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred (\$500) dollars.")

(A) The Department of Defense (DOD), as owner of the property, or its employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale.

(Sec. 7044, Business and Professions Code: "The Contractor's License Law does not apply to an owner of Property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.")

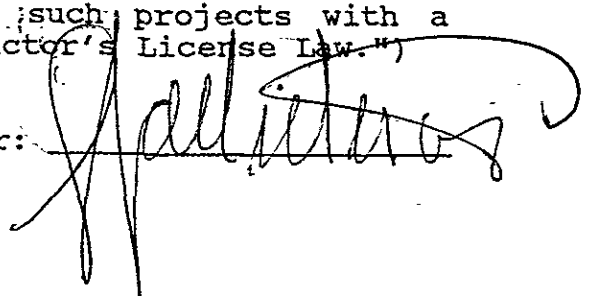
(B) The Department of Defense (DOD), as owner of the property, is exclusively sub-contracting with qualified licensed contractors to construct portion of the work not assigned to DOD trained abatement and tank remover employees.

(Sec. 7044, Business and Professions Code: "The Contractor's License Law does not apply to an owner of property who builds and improves thereon, and who contracts for such projects with a contractor licensed pursuant to the Contractor's License Law.")

Date: _____

AUG 17 1992

Owner: _____



Tank Closure Permit Application/Closure Plan DECLARATION
Page 2

WORKER'S COMPENSATION DECLARATION:

It is hereby affirmed that the Federal Government is a self insured entity and is exempt from worker's compensation insurance. It is further certified that in the performance of the project for which this permit is issued, the U.S. Government will not employ any person in any manner so as to become subject to the Worker's Compensation Law of California.

Date: 9/30/92 Contractor: PWC TRANSPORTATION

TANK REMOVAL PROJECT BACKGROUND DECLARATION:

It is hereby declared that the underground storage tanks, (owned and funded by the self insured Federal Government Department of Defense (DOD)), located inside the U.S. military facility, are to be removed by qualified/experienced DOD Public Works Heavy-Equipment Tank Removers who are State OSHA trained/certified and strictly DOD wage compensated. Removal is to be supervised and coordinated by DOD Environmental Engineers, overseen by DOD OSHA Safety Personnel, and assisted by State Licensed Sub-Contractors (for tank testing, chemical analysis and hazardous waste hauling and disposal, etc...). Any resulting property structure/improvement is not to be offered for sale. In addition, the tank removal/closure project is to be field inspected by the cognizant County/City Health Agency and local Fire Department to ensure full compliance with all applicable federal, state, and local regulatory body requirements.

Date: 9/30/92 Applicant: Racipio M. Jaramas



No 11739

FORM 'A':
SITE

UNDERGROUND STORAGE TANK PROGRAM
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION

COMPLETE THIS FORM FOR EACH FACILITY/SITE

WORK 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)

FACILITY/SITE NAME CAMP PARKS		CARE OF ADDRESS INFORMATION BLDG 730		
ADDRESS (ECS-30) BUILDING 732, PARKS RFTA		NEAREST CROSS STREET DOUGHERTY ROAD	<input checked="" type="checkbox"/> Box to indicate <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> FEDERAL AGENCY <input type="checkbox"/> COUNTY AGENCY	
CITY NAME DUBLIN		STATE CA	ZIP CODE 94568	SITE PHONE #, WITH AREA CODE
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 2
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)		
DAYS	NAME (LAST, FIRST) EVERET SMITH	PHONE # WITH AREA CODE (510) 829-8098	DAYS	NAME (LAST, FIRST) RON WILLEN
NIGHTS	NAME (LAST, FIRST) ROGER WALLAS	PHONE # WITH AREA CODE (510) 828-2057	NIGHTS	NAME (LAST, FIRST) FIRE DEPARTMENT
				PHONE # WITH AREA CODE (510)-828-8335
				PHONE # WITH AREA CODE (510)-828-2057

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

NAME ED BALLESTEROS		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS DIRECTOR OF ENGINEERING HOUSING (DEH) B-283, PRESIDIO		<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 type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> FEDERAL AGENCY <input type="checkbox"/> COUNTY AGENCY		
CITY NAME SAN FRANCISCO		STATE CA	ZIP CODE 94129	PHONE #, WITH AREA CODE 415-561-4780

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

NAME ED BALLESTEROS		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS DIRECTOR OF ENGINEERING HOUSING (DEH) B-283, PRESIDIO		<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 type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> FEDERAL AGENCY <input type="checkbox"/> COUNTY AGENCY		
CITY NAME SAN FRANCISCO		STATE CA	ZIP CODE 94129	PHONE #, WITH AREA CODE 415-561-4780

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) PACIFICO M. ICASIANO Pacifico M. Icasiano	DATE 9/30/92
--	------------------------

LOCAL AGENCY USE ONLY

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

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)



NO 22841

FORM 'B':
TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

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

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 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

CITY/SITE NAME WHERE TANK IS INSTALLED: **CAMP PARKS (ECS-30), BLDG 732** FARM TANK - YES NO

TANK DESCRIPTION COMPLETE ALL ITEMS - IF UNKNOWN - SO SPECIFY

OWNER'S TANK ID # B-732-1	B. MANUFACTURED BY: UNKNOWN
YEAR INSTALLED 1942	D. TANK CAPACITY IN GALLONS: 20,000 (ESTIMATED)

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

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

IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # **USED OIL** C.A.S. #:

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

TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 99 OTHER
TANK MATERIAL	<input checked="" type="checkbox"/> 1 STEEL/IRON	<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"/> 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE FRP
			<input type="checkbox"/> 99 OTHER
INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<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

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

SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
CONSTRUCTION	A <input checked="" type="radio"/> 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
MATERIAL	A 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 <input checked="" type="radio"/> 95 UNKNOWN	A U 99 OTHER			

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

<input type="checkbox"/> 1 VISUAL CHECK	P S <input type="checkbox"/> 2 INVENTORY RECONCILIATION	P S <input type="checkbox"/> 3 VAPOSE WELLS	P S <input type="checkbox"/> 4 ELECTRONIC MONITOR	P S <input type="checkbox"/> 5 GROUND WATER MONITORING WELLS
<input type="checkbox"/> 6 PRECISION TESTING	P S <input type="checkbox"/> 7 PRESSURE TESTING	P S <input type="checkbox"/> 91 NONE	P S <input type="checkbox"/> 95 UNKNOWN	P S <input type="checkbox"/> 99 OTHER

INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR) 1970	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK FULL OF WATER 20,000 GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	---	--

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) PACIFICO M. ICASIANO Pacifico M. Icasiano	DATE 9/30/92
--	------------------------

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE	APPROVED BY NAME	PHONE # WITH AREA CODE
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

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

NO. 22841

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 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: **CAMP PARKS (ECO-30), BLDG 732** FARM TANK - YES NO

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

A. OWNERS TANK ID # B-732-2	B. MANUFACTURED BY: UNKNOWN
C. YEAR INSTALLED 1942	D. TANK CAPACITY IN GALLONS: 9,000 (ESTIMATED)

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

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

D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # **USED OIL** C.A.S. #:

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<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"/> 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"/> 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE FRP	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> 95 UNKNOWN	<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"/> 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	

IV. TYPING INFORMATION CIRCLE A IF ABOVE GROUND, 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"/> 91 NONE	A U <input type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALLED	A U <input type="radio"/> 2 DOUBLE WALLED	A U <input type="radio"/> 3 LINED TRENCH	A U <input type="radio"/> 91 NONE	A U <input type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER
C. MATERIAL	A U <input type="radio"/> 1 STEEL/IRON	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"/> 91 NONE	
	A U <input type="radio"/> 5 ALUMINUM	A U <input type="radio"/> 6 CONCRETE	A U <input type="radio"/> 7 STEEL CLAD W/FRP	A U <input type="radio"/> 8 100% METHANOL COMPATIBLE FRP		
	A U <input type="radio"/> 9 GALVANIZED STEEL	A <input checked="" type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER			

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

<input checked="" type="checkbox"/> P S 1 VISUAL CHECK	<input type="checkbox"/> P S 2 INVENTORY RECONCILIATION	<input type="checkbox"/> P S 3 VAPOSE WELLS	<input type="checkbox"/> P S 4 ELECTRONIC MONITOR	<input type="checkbox"/> P S 5 GROUND WATER MONITORING WELLS
<input type="checkbox"/> P S 6 PRECISION TESTING	<input type="checkbox"/> P S 7 PRESSURE TESTING	<input type="checkbox"/> P S 91 NONE	<input type="checkbox"/> P S 95 UNKNOWN	<input type="checkbox"/> P S 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR) 1970	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN EMPTY GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--	---

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) PACIFICO M. ICASIANO Pacifico M. Icasiano	DATE 9/30/92
--	------------------------

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		
<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"/>		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				BY:
				<input type="text"/>



DEPARTMENT OF THE NAVY

NAVY PUBLIC WORKS CENTER

SAN FRANCISCO BAY

P.O. BOX 24003

OAKLAND, CALIFORNIA 94623-1003

IN REPLY REFER TO

5090

900/014

23 JUL 1993

Alameda County Health Care Services Agency
Department of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, CA 94621
Attn: Eva Chu

Dear Ms. Chu:

This letter forwards the tank closure report and requests final closure of sites of former underground storage tanks B-732-1 and B-732-2 at the Camp Parks Army Reserve Facility, Dublin, California.

As requested by Mr. J. Shapiro of your agency in his report dated March 17, 1993, the analytical results of the initial water samples and confirming water/soil samples from the larger tank B-732-1 and associated piping were previously submitted to your office for review. Based on those analytical results your office approved backfilling the excavated trenches of tank B-732-1 and its piping.

As requested by your office, the laboratory analytical results from the soil and rain water samples collected from the smaller tank 732-2 excavation are submitted for your review prior to issuance of the final closure permit. The analytical results are summarized in Tables 1 and 2 of the enclosed report. Signed copies of hazardous waste manifests indicating final disposition of tanks B-732-1 and B-732-2 and piping, tank contents, and trench water are also included in Appendix 2 of the enclosure.

Based on the enclosed analytical results, we request permission to backfill the smaller pit B-732-2 with new clean soil. We also request a final closure permit be issued at this time.

Our point of contact is Pacifico Icasiano at (510) 302-5483.

Sincerely,

(510) 302-5417
Steve Worthington
Branch Director - Public Works
Navy Public Works Center
SF Bay, Code 614
P.O. Box 24003
Oakland 94623
Encl:

D. S. LENT
Head, Environmental Department
By direction of the
Commanding Officer

(1) Tank Closure Report, Tanks B732-1 and B-732-1, Camp Parks, CA

Subj: FINAL TANK CLOSURE REPORT AND REQUEST FOR CLOSURE, CAMP PARKS

Copy to (w/o enclosure):

HQ 124th ARCOM, ATTN: AFKC-ACD-EN (Howard Dawson) Seattle, WA 98199

white -env.health
 yellow -facility
 F -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

P.1

II, III

Site ID #

Site Name Camp Parks

Today's Date 3/17/93

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)

II.B ACUTELY HAZ. MATLS

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

Site Address _____

City Dublin

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

Time: 11:30 AM - 3:30

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

Comments:

Soil + H₂O Sampling, follow to tank record
ALL EXISTING PIPE HAS BEEN REMOVED

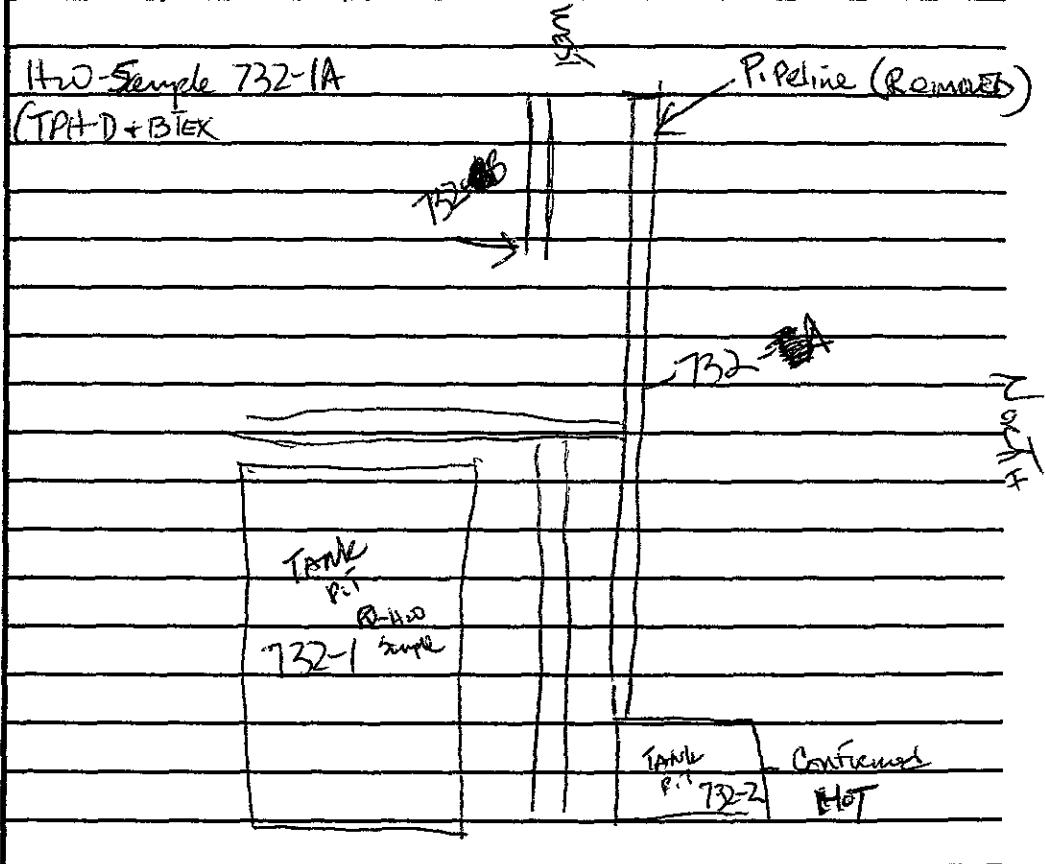
III. UNDERGROUND TANKS (Title 23)

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

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

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

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



Rev 6/88

Contact: PACIFICO M. ZAMORA

Title: _____

Signature: Pacifico M. Zamora

Inspector: JEFF SHAPIRO

Signature: Jeff Shapiro

II, III

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form P.2

II, III

Site ID # _____ Site Name CAMP PARK 5 Today's Date 3/7/93

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)

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 soils |
| | 3) Daily Vadose
One time soils
Annual tank test |
| | 4) Monthly Groundwater
One time soils |
| | 5) Daily Inventory
Annual tank testing
Conf pipe leak det
Vadose/groundwater mon. |
| | 6) Daily Inventory
Annual tank testing
Conf pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other |
| New Tanks | ___ 7. Precip Tank Test 2643 |
| | Date: _____ |
| | ___ 8. Inventory Rec. 2644 |
| | ___ 9. Soil Testing . 2646 |
| | ___ 10. Ground Water. 2647 |
| ___ 11. Monitor Plan 2632 | |
| ___ 12. Access. Secure 2634 | |
| ___ 13. Plans Submit 2711 | |
| Date: _____ | |
| ___ 14. As Built 2635 | |
| Date: _____ | |

Site Address _____
 City Dublin 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:

732-1
 WATER from the large pit was removed by H&E environmental services. Sampling of the trench, where pipeline was removed, is not possible. The trench is filled with topsoil. However, there is a sufficient amount of native soil which was removed from each pipeline trench to sample.

PIPELINE Soil Samples: I sampled 20FT. MEASURED FROM EAST END of ~~the~~ pipeline Diesel pipeline

732-A1 - 20 FT	732-B1
" A2 - 10 "	" B2
" A3 - etc.	" B3
" A4 -	" B4
" A5 -	" B5
" A6 -	" B6
" A7 -	" B7

The diesel pipeline samples were taken w/ Jaws because the samples did not have enough brass tubes.

II, III

Contact: _____

Title: _____
 Signature: Pamela M. Gurnsey

Inspector: Jeff Shepard
 Signature: Jeff Shepard

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

P.3

II, III

Site ID # _____ Site Name Camp Banks Today's Date 3/17

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 _____

City _____ 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

II.B ACUTELY HAZ. MATLS

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

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

Comments:

Submit A detailed report to me within 45 days regarding the following:

1. Results of initial water samples.
2. Results of confirmatory samples (H₂O & soil) from each Tank Pit AND Trench, if applicable
3. Summarize All data and ~~submit~~ submit your conclusions as to further work/Remediation or request closure.
4. This preliminary report must be approved by a professional engineer or geologist.

If you have any questions before submission of this report contact me directly at (510) 271-4320

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 man.
 - 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. Precis Tank Test 2643 Date: _____
- ___ 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 2711 Date: _____
 - ___ 14. As Built 2635 Date: _____

Rev 6/88

Contact: _____

Title: _____

Signature: Pamela M. Jenkins

Inspector: Jeff Shapiro

Signature: Jeff Shapiro

II, III

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name CAMP PARKS Today's Date 2/28/93

Site Address Bk 730
 City Dublin 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:

TANK REMOVAL

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. MAT'L'S

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

III. UNDERGROUND TANKS (Title 23)

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

Monitoring for Existing Tanks

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

- 7. Precs Tank Test 2643
 - Date: _____
- 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 2711
 - Date: _____
 - 14. As Built 2635
 - Date: _____

Rev 6/88

FACILITIES MANAGER: Ron Weiland 828-8335

1-550 GAL. DIESEL.

WATER is in the PIT. - TANK FLOATING (photo)
LEL- 2 1/2, O2- 3 1/2. No Holes detected.

- WATER sample taken

Hauler # 7000 ex- 1/94 H+H

SAMPLE # 732-2

Remove ALL PIPING Associated w/ these Tanks

1-206 GAL. DIESEL TANK. H2O in PIT (photo)

Surface to ^{bottom} PIT = approx. 13'. GROUND WATER in this
Area is at this depth. THE H2O SHOULD BE REMOVED

and Allowed to Recharge. Remove excess fill
material before resampling H2O. No holes detected

Sample # 732-1

It was raining while the water samples
were taken.

Contact: PACIFICO M. ICASIANO

Title: ENVIRONMENTAL ENGR

Signature: Pacifico M. Icasiano

Inspector: JEFF SHAPIRO

Signature: Jeff Shapiro

II, III

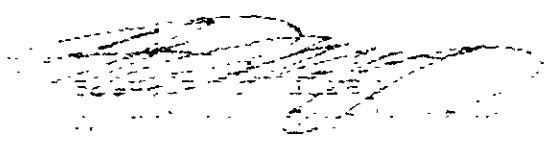


ENVIRONMENTAL SERVICES

210 CHINA BASIN, BY NINE 4100 300 4472, 10 Y 201 405 46 80 5 FAX 10 20 00 00 00 00



2007 10 17 2000



H&H DRIVER - JOB SITE TIME DOCUMENTATION

ENVIRONMENTAL SERVICES
DIVISION OF H&H SHIP SERVICE, CO.
(415) 543-4835

Driver Norman Berg

Vehicle #'s H 37-CT9

Job # 12188

Date: 2-23-93

Customer: HEADQUARTERS 124th ARCOM/ENGINEER

Job Site Address: U.S. ARMY RESERVE CENTER
Building 730 MARKS RTA
Dublin Calif

Arrival Time at Job Site: 7:00 AM

Customer Signature: _____

Departure Time from Job Site: 13:00 PM

Customer Signature: _____

Documentation for Delay at Job Site: _____

Customer Signature: Ronald Wilson

DR 1019

IN CASE OF EMERGENCY

DO NOT WRITE BELOW THIS LINE

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. 7 2 0 2 1 0 4 9 0 4 7 5 0 4 0	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address HEADQUARTERS 124TH ARCOM / ENGINEERS 4575 - 36th Avenue West. Seattle. WA. 98149-5000		A. State Manifest Document Number 92215281	
4. Generator's Phone (206) 281 3147	B. State Generator's ID		
5. Transporter 1 Company Name H & H Ship Service Company	6. US EPA ID Number	C. State Transporter's ID 982004	
		D. Transporter's Phone (415) 543-4835	
7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID	
		F. Transporter's Phone	
9. Designated Facility Name and Site Address H & H Ship Service Company 120 Terry A Francois Street San Francisco CA 94107	10. US EPA ID Number	G. State Facility's ID C 2 1 0 0 1 1 7 5 1 1 6 9	
		H. Facility's Phone (415) 543-4835	

92215281

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7350

GENERATOR

TRANSPORTER

FACILITY

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
	No.	Type			
a. OIL AND WATER NON-PCRA HAZARDOUS WASTE LIQUID	9	1 T T	45000	G	State: 92215281 EPA/Other:
b.					State: EPA/Other:
c.					State: EPA/Other:
d.					State: EPA/Other:

16. Additional Descriptions for Materials Listed Above FUEL, OIL AND WATER PROFILE #A2506	K. Handling Codes for Wastes Listed Above	
	a. 01	b.
	c.	d.

15. Special Handling Instructions and Additional Information
 JOB #L1161
 24 Hr. Emergency Contact: H & H #74151 543-4835
 APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR
 JOB SITE: U.S. ARMY RESERVE CENTER
 Building 230, PARKS RFTA
 Dublin California

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the 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 federal, state and international laws.

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	Signature	Month	Day	Year
		7	2	1 5 9 3

17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed/Typed Name	Signature	Month	Day	Year
EDWARD G. MILANO	<i>Edward G. Milano</i>	7	2	1 5 9 3

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

DO NOT WRITE BELOW THIS LINE.

5274

H&H DRIVER JOB SITE TIME DOCUMENTATION

MENTAL SERVICES
OF H&H SHIP SERVICE, CO.
(415) 543-4835

Driver NORMAN PERC

Vehicle #'s 137-7122

Job # 12101

Date: 2-16-93

Customer: HEADQUARTERS 124^M ARCOM/ENG

Job Site Address: U.S. ARMY RESERVE CENTER
BUILDING 730 PARES RFTA
DUDMAN, CALIF

Arrival Time at Job Site: 3:00

Customer Signature: [Signature]

Departure Time from Job Site: 1:30

Customer Signature: [Signature]

Documentation for Delay at Job Site: _____

Customer Signature: [Signature]

DR 1019

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA 0210490405 090003
 Manifest Document No. 2. Page 1 of 1
 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
HEADQUARTERS 124TH ARCOM / ENGINEERS
4575 - 76th Avenue West, Seattle, WA. 98149-5000

A. State Manifest Document Number
82215280

4. Generator's Phone (206) 281-3142 Attn: Mr. Carlito Hidalgo

B. State Generator's ID

5. Transporter 1 Company Name
H & H Ship Service Company

C. State Transporter's ID
107001

6. US EPA ID Number
CA 0004771156

D. Transporter's Phone
(415) 543-4835

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
H & H Ship Service Company
230 Terry A. Francois Street
San Francisco, CA. 94107

G. State Facility ID
CA 0004771156

H. Facility Phone
(415) 543-4835

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type
 13. Total Quantity
 14. Unit Wt/Vol

OIL AND WATER
NON-RCRA HAZARDOUS WASTE LIQUID

001 TT 050100 3

b.

State EPA/Other

c.

State EPA/Other

d.

State EPA/Other

J. Additional Descriptions for Materials Listed Above
FUEL OIL AND WATER

K. Handling Codes for Wastes Listed Above

PROFILE #12506

a. 01 b. c. d.

15. Special Handling Instructions and Additional Information
JOB #12161 **JOB SITE: U.S. ARMY RESERVE CENTER**
24 Hr. Emergency Contact: H & H #415: 543-4835 **Building 730, PARKS RFTA**
APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR **Dublin, California**

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the 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 federal, state and international laws.
 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 Signature Month Day Year
RONALD WEINER 124TH ARCOM **[Signature]** 0 2 1 6 9 3

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name Signature Month Day Year
NORMAN L. BERG **[Signature]** 0 2 1 6 9 3

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

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

92215280

GENERATOR

9269

H&H DRIVER · JOB SITE TIME DOCUMENTATION

MENTAL SERVICES
OF H&H SHIP SERVICE, CO.
(415) 543-4835

Driver EDWARD G MILLANO

Vehicle #'s H-30 T-130

Job # 2161

Date: 2-16-93

Customer: US Army Reserve Center

Job Site Address: US Army Reserve Center
Building 730, PAVUS 2 ETA
Indio, Ca

Arrival Time at Job Site: 14:45

Customer Signature: [Signature]

Departure Time from Job Site: 17:00

Customer Signature: [Signature]

Documentation for Delay at Job Site: _____

Customer Signature: [Signature]

DR 1019

DO NOT WRITE BELOW THIS LINE

NA

2/16/93

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. Manifest Document No. 2. Page 1 of 1
 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
HEADQUARTERS 124TH ARCOM / ENGINEERS
4575 - 36th Avenue West, Seattle, WA. 98199-5000

State/Manifest Document Number
92215279

4. Generator's Phone (206) 281-2142 Attn: Mr. Carlita Hildage

City/County/State
Seattle, WA

5. Transporter 1 Company Name
H & H Ship Service Company

C. State/Transporter ID
402001

7. Transporter 2 Company Name
 8. US EPA ID Number

D. Transporter's Phone
(206) 443-8015

9. Designated Facility Name and Site Address
H & H Ship Service Company
220 Terry A. Francois Street
SAN FRANCISCO, CA 94107

G. State/Facility ID
CA 04004771163
 H. Facility Phone
(415) 541-4835

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type 13. Total Quantity 14. Unit Wt/Vol

a. **OIL AND WATER**
NON-RCRA HAZARDOUS WASTE LIQUID

9	0	1	T	T	0	5	0	0	0	G
---	---	---	---	---	---	---	---	---	---	---

b.
 c.
 d.

State	Waste Number
EPA/Other	
State	
EPA/Other	
State	
EPA/Other	
State	
EPA/Other	

1. Additional Descriptions for Materials Listed Above
FUEL, OIL AND WATER
PROFILE #A2506

K. Handling Codes for Wastes Listed Above
 a. **B1**
 b.
 c.
 d.

15. Special Handling Instructions and Additional Information
JOB #12161
24 Hr. Emergency Contact: H & H #415: 543-4835
APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR
JOB SITE: U.S. ARMY RESERVE CENTER
Building 730, PARKS RFTA
Dublin, California

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the 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 federal, state and international laws.

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: **RONALD WEIAND 124TH ARCOM** Signature: *[Signature]* Month: 0 Day: 2 Year: 1993

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name: **ROBERT S. HANSEN** Signature: *[Signature]* Month: 0 Day: 2 Year: 1993

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:

DO NOT WRITE BELOW THIS LINE.

92215279
 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

5272

H&H DRIVER · JOB SITE TIME DOCUMENTATION

TRUCK RENTAL SERVICES
TRUCK RENTAL SERVICE, CO.
(15) 543-4835

Driver: NORMAN BERG

Vehicle #'s H 37 - T 122

Job # _____

Date: 2-16-93

Customer: HEADQUARTERS 124th AIRCOM ENGINEER

Job Site Address: U.S. ARMY RESERVE CENTER
BUILDING 730 - DAVIS RFTA
DUBLIN, CALIF

Arrival Time at Job Site: 8:30 AM

Customer Signature: _____

Departure Time from Job Site: 11:00 AM

Customer Signature: _____

Documentation for Delay at Job Site: _____

Customer Signature: Ronald [Signature]

DR 1019

92215278

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 0210490405		Manifest Document No. 000001		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address HEADQUARTERS 124TH ARCOM / ENGINEERS 4575 - 36th Avenue West, Seattle, WA. 98199-5000				A. State Manifest Document Number 92215278					
4. Generator's Phone (206) 281-3143 Attn: Mr Carlito Hildago				B. State Generator's ID					
5. Transporter 1 Company Name H & H Ship Service Company		6. US EPA ID Number PA000471168		C. State Transporter's ID 402000		D. Transporter's Phone (415) 942-4835			
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone			
9. Designated Facility Name and Site Address H & H Ship Service Company 220 Terry A. Francois Street San Francisco, CA. 94107				10. US EPA ID Number PA000471168		G. State Facility's ID		H. Facility's Phone (415) 942-4835	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) OIL AND WATER NON-RCRA HAZARDOUS WASTE LIQUID b. c. d.			12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste Number		
			No.	Type			State		
			001	P			95000	EPA/Other	
								State	
								EPA/Other	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the 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 federal, state and international laws. 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.				K. Handling Codes: for Wastes Listed Above					
15. Special Handling Instructions and Additional Information JOB #12161 24 Hr. Emergency Contact: H & H # (415) 942-4835 APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR				JOB SITE: U.S. ARMY RESERVE CENTER Building 730, PARKS RFTA Dublin, California					
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name RONALD WEIAND 124th ARCOM		Signature <i>Ronald Weiand</i>		Month Day Year 02 16 93	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name ESTEBAN PEVALVER		Signature <i>Esteban Pevalver</i>		Month Day Year 02 16 93	
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	

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 FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA00210490405000007		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address HEADQUARTERS 124TH ARCOM / ENGINEERS 4575 - 36th Avenue West, Seattle WA. 98199-5000						A. State Manifest Document Number 92215367							
4. Generator's Phone (206) 381-1147 Attn. Mr. Carlito Hildago						B. State Generator ID							
5. Transporter 1 Company Name H & H Ship Service Company						C. State Transporter's ID 40194							
6. US EPA ID Number CA00001771163						D. Transporter's Phone (415) 542-4805							
7. Transporter 2 Company Name						E. State Transporter ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address H & H Ship Service Company 220 Terry A. Francois Street San Francisco CA. 94107						G. State Facility ID CA00001771163							
10. US EPA ID Number CA00001771163						H. Facility Phone (415) 542-4805							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers		13. Total Quantity		14. Unit Wt/Vol				
RESIDUE DIESEL TANK NON-RCRA HAZARDOUS WASTE SOLID					No.		Type		L. Waste Number				
					001		TP		13000		2		
1. Additional Descriptions for Materials Listed Above EMPTY 18,000 gallon tank last containing diesel. Tank inerted with dry ice for transport. PROFILE #A250?						K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information JOB #12186 24 Hr. Emergency Contact: H & H (415) 542-4805 APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR						JOB SITE: U.S. ARMY RESERVE CENTER Building 230 (PARKS RPTA) Dublin, California							
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Printed/Typed Name RIVALD JENNIFER				Signature <i>[Signature]</i>				Month 02		Day 23		Year 93	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name MARTIN J. COSTELLO				Signature <i>[Signature]</i>				Month 02		Day 23		Year 93	
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					

DO NOT WRITE BELOW THIS LINE.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. Manifest Document No. 2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
HEADQUARTERS 124TH ARCOM ENGINEERS
4575 - 36th Avenue West Seattle WA. 98199-5000

4. Generator's Phone (206) 281-3142 Attn: Mr. Carlito Hildago

5. Transporter 1 Company Name H & H Ship Service Company 6. US EPA ID Number

7. Transporter 2 Company Name 8. US EPA ID Number

9. Designated Facility Name and Site Address
H & H Ship Service Company
220 Terry A. Francois Street
San Francisco, CA. 94107

State Manifest Document Number
 State Generator ID
 State Transporter ID
 State Facility ID
 Facility Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
	No.	Type			
a. OIL AND WATER NON-RCRA HAZARDOUS WASTE LIQUID	001	T T	0.5000	G	State # 34735 EPA/Other
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
FUEL, OIL AND WATER
PROFILE #A2500

K. Handling Codes for Wastes Listed Above
 a. 01 b.
 c. d.

15. Special Handling Instructions and Additional Information
JOB #12392 **JOB SITE: U.S. ARMY RESERVE CENTER**
24 Hr. Emergency Contact: H & H # (415) 542-4835 **Building 730, (PARKS RPTA)**
APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR **Dublin, California**

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Printed/Typed Name Signature Month Day Year
RONALD WEINAND *Ronald Weinand* 0 3 1 7 9 3

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name Signature Month Day Year
ESTEBAN M. PENALVER *Esteban M. Penalver* 0 3 1 7 9 3

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

DO NOT WRITE BELOW THIS LINE.

92215587
 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

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.

Manifest Document No.

2. Page 1

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

C A 0 2 1 0 4 9 0 4 0 5 0 2 6 0 0 1 of 1

3. Generator's Name and Mailing Address

CAMP PARKS

ECS-30 BUILDING 730 PARKS PETA, DUBLIN, CA. 94568

4. Generator's Phone (510) 828 1474 8335

5. Transporter 1 Company Name

6. US EPA ID Number

PETROLEUM RECYCLING CORP.

CAT 080 Q11 059

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

PETROLEUM RECYCLING CORP.

13331 NORTH HIGHWAY 33

PATTERSON, CA. 95363

CAD 083 166 728

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

a. **NON RCRA HAZARDOUS WASTE LIQUID (OIL & WATER)**

0 0 1 T T

0 0 6 5 0 G

b.

c.

d.

Additional Descriptions for Materials Listed Above

Handling Codes for Wastes Listed Above

01

15. Special Handling Instructions and Additional Information

24 HR. EMERGENCY CONTACT: 1-800-874-4444

24 HR. EMERGENCY RESPONSE: CHEM TEL INC. 1-800-255-3924

APPROPRIATE PROTECTIVE CLOTHING & RESPIRATOR

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Printed/Typed Name

Ronald Weiland

Signature

Ronald Weiland

Month Day Year
0 4 1 4 9 3

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Patrick M. Leach

Signature

Patrick M. Leach

Month Day Year
0 4 1 4 9 3

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

Actual Gallons per wt 580

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Stephan A. Peart

Signature

Stephan A. Peart

Month Day Year
0 4 1 4 9 3

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

92693278

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7350

GENERATOR

TRANSPORTER

FACILITY