

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 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 02/17/97		CASE #		SIGNED <i>[Signature]</i> 4/12/02 DATE		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT BRUCE HAGEMAN		PHONE (510) 284-1661		SIGNATURE <i>[Signature]</i>	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME HAGEMAN - AGUIAR, INC			
ADDRESS 3732 STREET MT. DIABLO BLVD CITY LAFAYETTE STATE CA ZIP 94549						
RESPONSIBLE PARTY	NAME R.E. & JANIE WITH <input type="checkbox"/> UNKNOWN		CONTACT PERSON JANIE WITH		PHONE (510) 254-7011	
	ADDRESS 228 STREET THE KNOLL CITY DRINDA STATE CA ZIP 94563					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) C & L TRUCKING CO.		OPERATOR R.E. & JANIE WITH		PHONE (510) 254-7011	
	ADDRESS 2460 STREET WOOD STREET CITY OAKLAND COUNTY ALAMEDA ZIP 94607					
	CROSS STREET					
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA COUNTY ENVIRONMENTAL		AGENCY NAME HEALTH		CONTACT PERSON DALE KLETKE	
	REGIONAL BOARD SAN FRANCISCO BAY REGION		CONTACT PERSON KEVIN GRAVES		PHONE (510) 567-6880 (510) 286-1255	
SUBSTANCES INVOLVED	(1) NAME DIESEL FUEL		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN			
	(2)					
DISCOVERY/ABATEMENT	DATE DISCOVERED 02/17/97		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input checked="" type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" 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 02/17/97					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER					
	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input checked="" 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 checked="" type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input checked="" 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 type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)					
COMMENTS	MONITORING WELL INSTALLED WILL BE SAMPLED, LAB RESULTS WILL BE SUBMITTED TO ALAMEDA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT FOR REVIEW					
	(Additional comments area)					

LOP Case

BARNBY

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

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REPORT DATE 01/21/97		CASE #		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Bruce Hecox		PHONE (510) 254-1161	SIGNATURE [Signature]	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD		COMPANY OR AGENCY NAME Hecox - Acuna, Inc
	ADDRESS 3732 STREET HT. DUNE BLVD CITY LAURENCE STATE OH ZIP 43049				
RESPONSIBLE PARTY	NAME R.E. JAMES WITH <input type="checkbox"/> UNKNOWN		CONTACT PERSON JAMES WITH	PHONE (510) 254-7011	
	ADDRESS 228 STREET THE KNOLL CITY CRIDA, OH STATE OH ZIP 43023				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) CEL TRUCKING CO.		OPERATOR R.E. JAMES WITH	PHONE (510) 254-7011	
	ADDRESS 2460 STREET WOOD STREET CITY LAURENCE COUNTY ALAMOGA ZIP 43047				
	CROSS STREET				
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMOGA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH		AGENCY NAME ALAMOGA	CONTACT PERSON DALE KLETKE	PHONE (510) 567-6880
	REGIONAL BOARD SAN FRANCISCO BAY REGION		CONTACT PERSON KEVIN LAMON		PHONE (510) 286-1255
SUBSTANCES INVOLVED	(1) NAME DIESEL FUEL (USED SITE (LOP))		QUANTITY LOST (GALLONS) _____ <input checked="" type="checkbox"/> UNKNOWN		
	(2)		_____ <input type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 01/11/97		HOW DISCOVERED <input checked="" type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" 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 01/11/97				
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
	CASE TYPE <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input checked="" 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 checked="" type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input checked="" type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)				
COMMENTS	MONITORING WELL INSTALLED WILL BE SAMPLED LAB RESULTS WILL BE SUBMITTED TO ALAMOGA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT FOR REVIEW				

INSTRUCTIONS

EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.
Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.
Preliminary Site Assessment Underway - implementation of workplan.
Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.
Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.
Cleanup Underway - implementation of remediation plan.
Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.
Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.
Containment Barrier - install vertical dike to block horizontal movement of contaminant.
Excavate and Dispose - remove contaminated soil and dispose in approved site.
Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).
Remove Free Product - remove floating product from water table.
Pump and Treat Groundwater - generally employed to remove dissolved contaminants.
Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.
Replace Supply - provide alternative water supply to affected parties.
Treatment at Hookup - install water treatment devices at each dwelling or other place of use.
Vacuum Extract - use pumps or blowers to draw air through soil.
Vent Soil - bore holes in soil to allow volatilization of contaminants.
No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Clean Water Programs, Underground Storage Tank Program, P.O. Box 944212, Sacramento, CA 94244-2120
3. Regional Water Quality Control Board
4. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
5. Owner/responsible party.



STUD 5182

Underground Contamination Investigations, Groundwater Consultants, Environmental Engineering

March 3, 1997

Mr. Dale Klettke
Alameda County Health Services
Environmental Health Division
Environmental Protection (LOP)
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

**RE: C & L Trucking Co.
2460 Wood Street
Oakland, CA 94607**

Dear Mr. Klettke:

In Response to your letter dated January 22, 1997 and subsequent telephone conversation concerning the subject site. Hageman-Aguiar, Inc. is submitting the enclosed groundwater sampling report, dated March 3, 1997.

I have also included an Underground Storage Tank Unauthorized Release Contamination Site Report. I have talked with Mr. With concerning data that you have requested (Groundwater Monitoring Well Installation Workplan). There appears to be no documentation in Mr. With's files. We were also unable to locate the second Monitoring Well. It might be as you suggested been paved over since its installation.

Please review the Report and advise if we can be of more assistance.

Sincerely,
HAGEMAN-AGUIAR, INC.

Bruce Hageman
cc: Mr. Ralph and Janice With
enclosures

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

STID 5182

LS / DK

January 22, 1997

Ralph and Janice With
228 The Knoll
Orinda, CA 94563

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

"NOTICE OF VIOLATION"

RE: FORMERLY C & L TRUCKING, 2460 WOOD STREET, OAKLAND, CA 94607

Dear Ralph and Janice With:

This letter is a follow up to the Alameda County Department of Environmental Health letter dated December 8, 1995. In the December 8, 1995 letter you were requested to fill out and submit the ULR report, submit the groundwater monitoring well installation work plan and any information documenting additional work performed at this site to this office. **This information was to be provided to this office no later than 90 days from the date of this letter or March 9, 1996.** A copy of the December 8, 1995 letter is enclosed for your review.

Therefore you are to submit the required information to this office within 30 days of the date of this letter, or no later than February 24, 1997.

Please be advised that this letter constitutes a formal request for technical reports pursuant to California Water Code Section 13267(b) and Health and Safety Code Sections 25299.37 and 25299.78.

Should you have any questions or comments, please feel free to call Thomas Peacock directly at (510)567-6782.

Sincerely,

Dale Klettke, CHMM
Hazardous Materials Specialist

enclosure

c: Thomas Peacock--files
Bob Chambers, Alameda County District Attorney's Office

5182nov1.dkt



DATE: 12/28/95

FROM: Louis Paris

TO: Dale Klette, Alameda County

FAX NUMBER: 510-337-9335

NUMBER OF PAGES (Including This Page): 1

You asked me to for you a
report done for Corner Petroleum,
project name CML, for
samples taken about 8/90.

I checked our 1990 file for
Corner Petroleum, and do not
have anything for that project.
If you have a chain of custody
or other documentation, I could
search further.



STID 5182

December 8, 1995

Ralph and Janice With
228 The Knoll
Orinda, CA 94563

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

RE: FORMALLY C & L TRUCKING, 1700 24TH STREET, OAKLAND, CA 94607

Dear Ralph and Janice With:

This letter follows a cursory review of the case file for the above referenced site. On January 17, 1990 a 10,000-gallon diesel underground storage tank was removed from this site. On August 29, 1990, Dennis Byrne of this office witnessed the collection of two soil samples at a depth of approximately six feet below grade from each end of the diesel tank excavation. One water sample was collected from the groundwater which had accumulated in the diesel excavation pit.

Laboratory results detected 140 ppm of total petroleum hydrocarbons as diesel (TPHd) from the soil sample collected towards the street and 1600 ppm of TPHd was detected in the soil sample collected towards the yard. In addition, the groundwater sample collected from the diesel pit detected 1,600 and 1,800 parts per billion of TPHd.

This site has had an unauthorized release of petroleum hydrocarbons, namely diesel, which contaminated soils and the underlying shallow groundwater aquifer. Please fill out the attached "Underground Storage Tank Unauthorized Release (Leak)/Contamination Site Report".

Instructions for filling out the ULR report form are printed on the back of each form copy.

On January 2, 1991, the case file documents a conversation Dennis Byrne had with Mike Comers of Comers Petroleum Equipment Company. In this conversation a groundwater monitoring program was proposed in which two groundwater monitoring wells were to be installed, one on the east side and one on the west side of the diesel excavation pit. The installation of two monitoring wells instead of the normal three monitoring wells was agreed upon by Dennis Byrne of this office on the basis of a nearby site (Pacific Supply Company-1747 24th Street) documenting a westerly groundwater flow direction. Please forward a work plan for the installation of the two (2) groundwater monitoring wells.

Please forward this ULR report, the groundwater monitoring well installation work plan and any information documenting additional work performed at this site to this office. **Please provide these documents no later than 90 days from the date of this letter or March 9, 1996.** This information is required for this office to evaluate this case, and determine what, if any, additional work will be required.

Ralph and Janice With
RE: C & L Trucking
December 8, 1995
Page 2 of 2

Please be advised that this is a formal request for technical reports pursuant to California Water Code Section 13267(b). Failure to respond may result in the referral of this case to the RWQCB for enforcement action.

Please also bear in mind that, in order to maintain SB2004 UST clean-up fund eligibility, specific bidding requirements and contracting criteria must be met. You are encouraged to contact the SWRCB fund representative (916/227-4529) for more case-specific information, or if you have not, as of yet, applied for financial assistance.

Please feel free to call me directly at (510)567-6880 should you have any questions concerning this matter.

Sincerely,



Dale Klettke, CHMM
Hazardous Materials Specialist

enclosure

c: Gordon Coleman, Acting Chief, Environmental Protection Department--file
Gil Jensen, Alameda County District Attorney's Office

ROSIO
2460 WOOD ST

DATE: 3-6-92
TO : Local Oversight Program
FROM: Kevin
SUBJ: Transfer of Eligible Oversight Case

Site name: C and L Trucking
Address: 1700 24th St. city Oakland zip 607
Closure plan attached? Y N DepRef remaining \$ 124.⁰⁰
DepRef Project # 1066 STID #(if any) 3773
Number of Tanks: 1 removed? Y N Date of removal Jan. 1990 (17th)
Leak Report filed? Y N Date of Discovery Not determined
Samples received? Y N Contamination: unknown
Petroleum Y N Types: Avgas Jet leaded unleaded Diesel
fuel oil waste oil kerosene solvents
Monitoring wells on site NONE Monitoring schedule? Y N

Briefly describe the following:

Preliminary Assessment Not completed

Remedial Action Samples taken

Post Remedial Action Monitoring NONE

Enforcement Action NONE

Comments: 10,000 gal diesel tank removed. Later D. Byrne witnessed some sampling 8-29-90. Phone message says Mike Comer states he has lab results. There are no results in this file.

Mike should be contacted to forward results to this office.

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Division Inspection Form

1
 8/29/90

Site ID# _____ Site Name C + L Tracking Today's Date 8/29/90
 Site Address 1700 24th St (wood st) EPA ID# _____
 City Oakland 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)

I.A GENERATOR (Title 22)

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

Comments:

observed removal of two soil samples from the former diesel tank pit. Tank had been removed at some prior time.

samples collected from a depth of about 3' from either end of tank pit. Groundwater observed at a depth of ~6.5'

A composite will be collected from the two spoils piles

Dispenser pumps are to be removed and one soil sample collected from within a depth of 3' below pumps.

Approved application forms left with M. Comer.

I.B TRANSPORTER (Title 22)

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

Contact: Mike Comer

Title: _____

Signature: M. P. Comer

Inspector: D Byrne

Signature: D Byrne

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

US 8966
 Fee Paid \$ 309
 7/1/90

ACCEPTED
 8/24/90
 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 complete and essentially meet the requirements of State and local health laws. Changes to your plans indicated by the Department are to meet or comply with the State and local laws. The project proposed meets the requirements of all laws. The project proposed building was in our jurisdiction and of any required building was in our jurisdiction.

One copy of these reviewed plans must be available to all contractors and craftsmen performing the removal.
 Any change or alterations of these plans and specifications must be submitted to this Department and to the Building Department in the same manner as the original plans. 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 and Piping
- Sampling
- Final Inspection

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

- Business Name C & L Trucking Co.
 Business Owner R. E. With & Janice With
- Site Address 1700 24th St.
 city Oakland, Cal. Zip 94607 Phone 834-8550
- Mailing Address P.O. Box 1436, Orinda, CA 94563
 city Orinda, Cal. Zip 94563 Phone 254-7011
- Land Owner R. E. With & Janice With
 Address 228 The Knoll City, State Orinda, Cal. Zip 94563
- EPA I.D. No. T 31031
- Contractor _____
 Address _____
 City _____ Phone _____
 License Type _____ ID# _____
- Consultant Coner Petroleum Equip Co.
 Address P.O. Box 1691
 city Pleasanton, Cal. Phone (415) 625-2091

8. Contact Person for Investigation

Name R.E. With Title OWNER

Phone 834-8550

9. Total No. of Tanks at facility 1

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

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Transporter

Name _____ EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

b) Rinsate Transporter

Name Frickson Inc. EPA I.D. No. 005921

Address 255 Para Blvd.

City Richmond State Ca Zip 94801

c) Tank Transporter

Name "Ganc" EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

d) Tank Disposal Site

Name "Ganc" EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

e) Contaminated Soil Transporter

Name NONE EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

12. Sample Collector

Name Conner Petroleum Equip Co.

Company _____

Address P.O. Box 1691

City Pleasanton State Ca Zip 94566 Phone (515) 625-2091

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
10,000	Diesel	soil / water	Soil, each end of tank at water level Water taken at well outside gate 10' from tank exc.

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

If yes, describe. _____

15. NFPA methods used for rendering tank inert? Yes [✓] No []

If yes, describe. Steam Clean till clean, dry ice

An explosion proof combustible gas meter shall be used to verify tank inertness.

16. Laboratories

Name Trace Anal 783-6960

Address 3423 Investment Blvd

City Hayward State Cal Zip 94545

State Certification No. ON File

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
TPH-D BTX-E	GC F10 3550 8020 / 8240	

18. Submit Site Safety Plan

19. Workman's Compensation: Yes [] No []

Copy of Certificate enclosed? Yes [] No []

Name of Insurer N/A WORK HAS BEEN COMPLETED

20. Plot Plan submitted? Yes [] No []

21. Deposit enclosed? Yes [✓] No []

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

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

I 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 and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Signature of Contractor

Name (please type) _____

Signature _____

Date _____

Signature of Site Owner or Operator

Name (please type) Ralph With & Janice With

Signature Jenny With-McBriarty

Date 7/10/90

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. After approval of plan, notification of at least two (2) working days (48 hours) must be given to this Department prior to removal of tank(s).
5. A copy of your approved plan must be sent to the landowner.
6. Triple rinse means that:
 - a) Final rinse must contain less than 100 ppm of Gasoline (EPA method 8020 for soil, or EPA method 602 for water) or Diesel (EPA method 418.1). Other methods for halogenated volatile organics (EPA method 8010 for soil, EPA method 601 for water) may be required. The composition of the final rinse must be demonstrated by an original or facsimile report from a laboratory certified for the above analyses.
 - b) Tank interior is shown to be free from deposits or residues upon a visual examination of tank interior.
 - c) Tank should be labelled as "tripled rinsed; laboratory certified analysis available upon request" with the name and address of the contractor.

If all the above requirements cannot be met, the tank must be transported as a hazardous waste.

- 7.. Any cutting into tanks requires local fire department approval.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A
SAMPLING RESULTS

Tank or Area	Contaminant	Location & Depth	Results (specify units)

INSTRUCTIONS

2. SITE ADDRESS

Address at which closure or modification is taking place.

5. EPA I.D. NO.

This number may be obtained from the State Department of Health Services, 916/324-1781.

6. CONTRACTOR

Prime contractor for the project.

7. OTHER

List professional consultants here.

12. SAMPLE COLLECTOR

Persons who are collecting samples.

13. SAMPLING INFORMATION

Historic contents - the principal product(s) used in the last 5 years.

Material sampled - i.e., water, oil, sludge, soil, etc.

16. LABORATORIES

Laboratories used for chemical and geotechnical analyses.

17. CHEMICAL METHODS:

All sample collection methods and analyses should conform to EPA or DHS methods.

Contaminant - Specify the chemical to be analyzed.

Sample Preparation Method Number - The means used to prepare the sample prior to analyses - i.e., digestion techniques, solvent extraction, etc. Specify number of method and reference if not an EPA or DHS method.

Analysis Method Number - The means used to analyze the sample - i.e., GC, GC-MS, AA, etc. Specify number of method and reference if not a DHS or EPA method.

NOTE:

Method Numbers are available from certified laboratories.

18. SITE SAFETY PLAN

A plan outlining protective equipment and additional specialized personnel in the event that significant amount of hazardous materials are found. The plan should consider the availability of respirators, respirator cartridges, self-contained breathing apparatus (SCBA) and industrial hygienists.

19. ATTACH COPY OF WORKMAN'S COMPENSATION

20. PLOT PLAN

The plan should consists 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 Line
- d) Location of all Structures
- e) Location of all relevant existing equipment including tanks and piping to be removed
- f) Streets
- g) Underground conduits, sewers, water lines, utilities
- h) Existing wells (drinking, monitoring, etc.)
- i) Depth to ground water
- j) All existing tanks in addition to the ones being pulled

rev. 9/88
mam

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



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

18 May 1990

Janice With
C & L Trucking Company
P.O. Box 1436
Orinda, CA 94563

Subject: Removal of a 10,000 gallon diesel fuel underground storage tank at 2460 Wood Street, Oakland.

Dear Ms. With:

This letter is to reiterate the discussion which we held on the 17th of May 1990, concerning the actions which need to be taken regarding the 10,000 gallon diesel tank removed in January 1990, from your property at the location listed above. No permits regarding this operation had been issued by either the Oakland Fire Prevention Bureau or this office. This letter is to inform you of specific steps which you must now take to rectify the situation.

A completed underground storage tank closure/modification plan will have to be submitted in triplicate to this office. Please ensure that all of the requested information is provided. Once approved, this form will constitute a permit to proceed with the project. A copy of this document is included with this letter for your use.

A check for \$333.00, made payable to the County of Alameda, should accompany these documents. This deposit, authorized by Section 3-141.6 of the Ordinance Code of the County of Alameda, is used to offset the expenses incurred by County employees in the exercise of their oversight responsibilities. Records are maintained to the time County personnel commit to a given project and the account is charged at an hourly rate. The balance of the account will be returned to you upon the completion of the project.

Soil samples will have to be collected from either end of the former tank pit, above the highest ground water depth. These samples should be analyzed by a State certified laboratory for the presence of Total Petroleum Hydrocarbon-Diesel (EPA Method GCFID 3550) and Benzene, Toluene, Xylene and Ethylbenzene (EPA Method 8020 or 8240). The results of these analysis and the water analysis which you stated was collected during the tank removal will have to be submitted to this office for review. The need for any follow-up remedial action at this site will be based upon the data derived.

Janice With
C & L Trucking Company
P.O. Box 1436
Orinda, CA 94563
Re. 2460 Wood St. Oakland
18 May 1990
Page 2 of 2

If you have any questions concerning this matter, please contact
Larry Seto or myself at (415) 271-4320.

Sincerely,


Dennis J. Byrne
Hazardous Materials Specialist

enclosure

cc: Gil Jensen, Alameda County District Attorney's Office, Consumer
and Environmental Protection Division
Doug Krause, DOHS
Lester Feldman, SFBRWQCB
Rafat Shahid, Assistant Director, Alameda County Department of
Environmental Health
Jerry Blueford, Fire Marshal, Oakland Fire Prevention Bureau.

FILE

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Division Inspection Form

Site ID# _____ Site Name C + L Trucking Today's Date 5/17/90
 Site Address 2460 wood st (P.O. Box 1436 Orinda, CA 94563) EPA ID# _____
 City Oakland Zip 94607 Phone _____

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

Inspection Categories:

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

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

I.A GENERATOR (Title 22)

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

Comments:

1 10,000 gal diesel tank removed in January 1990.

Permitting process not followed. No clearance from county Haz Mat or Oakland Fire.

Tanks disposed of by Ericson's, a copy of haz waste manifest provided.

Apparently no soil analysis conducted in regards to tank removal.

Soil from tank excavation is being stored on lot, no obvious odor or unusual evidence of contamination.

Pit back filled with clean fill.

Letter to go explaining what needs to be done Ralph + Janile with to return from Alaska in September 1990

I.B TRANSPORTER (Title 22)

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

Contact: _____

Title: _____

Signature: _____

Inspector: _____

Signature: J. Brown

C and L Trucking

A CALIFORNIA CORPORATION

Mailing address: P.O. Box 1436 Terminal: 2460 WOOD STREET
Orinda, CA 94563 OAKLAND, CALIF.
Telephone: (415) 834-8550

Director
County of Alameda
Health Care Services Agency
P.O. Box 28924
Oakland, Ca 94604

March 15, 1990

Dear Sir,

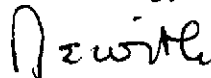
I am returning your Invoice # 0011150 because I no longer have an underground fuel tank.

I removed the tank January 17, 1990, because I had not used the tank in over a year and did not want the continuing liability of an underground fuel tank.

I'm complying with State Regulations. I have had the tank precision tested annually, with all test results being within the N.F.P.A. 329 guidelines.

I had the tank and all rinsite material manifested through Erickson Inc. , 255 Parr Blvd. Richmond (415-235-1393) and copies of such manifests are enclosed.

Yours Truly,



Ralph E. With

Please print or type. (Form designed for use on elite dot matrix typewriter).

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

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CAAD009466392	Manifest Document No. 1011	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address S+L Trucking 1700 WOOD AVE OAKLAND CALIF			A. State Manifest Document Number 88122234		B. State Generator's ID
4. Generator's Phone ()			C. State Transporter's ID 00/523		D. Transporter's Phone (415) 235-1293
5. Transporter 1 Company Name ERIKSON TRUCKING			6. US EPA ID Number CAAD009466392		E. State Transporter's ID
7. Transporter 2 Company Name			8. US EPA ID Number		F. Transporter's Phone
9. Designated Facility Name and Site Address ERIKSON INC 255 PARR BLVD RICHMOND, CALIF			10. US EPA ID Number CAAD009466392		G. State Facility's ID
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. WASTE EMPTY STORAGE TANK CALIF REGULATED WASTE ONLY					
b.					State 072 EPA/Other NONE
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above EMPTY Diesel TANK 10,000 GAL			K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information			a. b. c. d.		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. 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 M.P. Comer		Signature <i>M.P. Comer</i>		Month Day Year 01/11/90	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name THOMAS J. ROTHSTEIN		Signature <i>Thomas J. Rothstein</i>		Month Day Year 01/11/90	
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	

COUNTY OF ALAMEDA
HEALTH CARE SERVICES AGENCY
 ENVIRONMENTAL HEALTH BILLING
 P.O. BOX 28924 OAKLAND, CA 94604
 PHONE: (415) 271-4374

INVOICE NO. 0011150

uqa -

C & L TRUCKING CO.

SOLD TO
 C & L TRUCKING CO.
 RALPH WITH
 2460 WOOD STREET
 OAKLAND CA 94607

SHIP TO
 C & L TRUCKING CO.
 RALPH WITH
 2460 WOOD STREET
 OAKLAND CA 94607

ACCOUNT NO.	SLS	PURCHASE OR	SHIP VIA	DATE SHIP	TERMS	INV. DATE	PAGE
T31031	0	-	-	03/01/90	NET 30	03/01/90	1

QTY ORDERED	QTY SHIPPED	ITEM NO.	DESCRIPTION	UNIT PRICE	EXT. PRICE
1.0	1.0	021	TANK CONTAINER - ONE	125.00	125.00

8% PENALTY - 30 DAYS FROM INVOICE DATE

FEBRUARY 1, 1990 ALL FEES INCREASED

SALE AMOUNT	125.00
SALES TAX	0.00
FREIGHT	
DEPOSIT	
TOTAL	125.00

001110

90 MAY -7 AM 11:22

OFFICE OF THE
ATTORNEY GENERAL
STATE OF MISSISSIPPI
JACKSON, MISSISSIPPI

OFFICE OF THE
ATTORNEY GENERAL
STATE OF MISSISSIPPI
JACKSON, MISSISSIPPI

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TAMM HOSPITAL - JACKSON

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RECEIVED BY THE STATE OF MISSISSIPPI