

LOP - RECORD CHANGE REQUEST FORM

printed:
12/29/94

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

Insp: ALL

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 12035
 StID : 3815 LOC: -0-
 SITE NAME: Former Okada Property DATE REPORTED : 01/26/89
 ADDRESS : 16109 -0 Ashland Ave DATE CONFIRMED: 01/26/89
 CITY/ZIP : San Lorenzo 94580 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: G CONTRACT STATUS: 9 PRIOR CODE:-0- EMERGENCY RESP: -0-
 RP SEARCH: S DATE COMPLETED: 03/23/92
 PRELIMINARY ASMNT: c DATE UNDERWAY: 03/27/89 DATE COMPLETED: 05/20/94
 REM INVESTIGATION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REMEDIAL ACTION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 POST REMED ACT MON:- DATE UNDERWAY: -0- DATE COMPLETED: -0-

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 03/23/92
 LUFT FIELD MANUAL CONSID: 3HSCAW
 CASE CLOSED: c DATE CASE CLOSED: 12/29/94
 DATE EXCAVATION STARTED : 01/26/89 REMEDIAL ACTIONS TAKEN: UK

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: Brian Walsh
 COMPANY NAME: Citation Homes
 ADDRESS: 404 Saratoga Ave, #100
 CITY/STATE: Santa Clara, C A 94505

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only			Case Progress Changes	
ANNPMS _____	LOP _____	DATE _____	LOP _____	DATE _____

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

88197103
 IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7660

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A C 0 0 0 1 3 9 5 2 5		Manifest Document No. 0 0 0 0 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address OKADA Nursery 16109 Ashland Ave. San Lorenzo, California 94580						A. State Manifest Document Number 88197103									
						B. State Generator's ID									
4. Generator's Phone (415) 276-5560						C. State Transporter's ID 003212									
5. Transporter 1 Company Name DILLARD TRUCKING						D. Transporter's Phone (415) 634-0567									
6. US EPA ID Number C A D 9 8 1 6 9 2 8 0 9						E. State Transporter's ID									
7. Transporter 2 Company Name						F. Transporter's Phone									
8. US EPA ID Number						G. State Facility's ID									
9. Designated Facility Name and Site Address Erickson, Inc. 255 Parr Blvd. Richmond, Ca. 94801						H. Facility's Phone (415) 235-1303									
10. US EPA ID Number C A D 0 0 9 4 6 6 3 9 2						11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. WASTE EMPTY STORAGE TANK CALIFORNIA REGULATED WASTE ONLY b. c. d.						0102TP/101010P						State 512		EPA/Other NONE	
												State		EPA/Other	
												State		EPA/Other	
												State		EPA/Other	
J. Additional Descriptions for Materials Listed Above EMPTY TANK # 1503 TANK CLEAN NO DRY ICE EMPTY TANK # 1504 TANK CLEAN NO DRY ICE						K. Handling Codes for Wastes Listed Above a. 01 b. c. d.									
15. Special Handling Instructions and Additional Information															
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 HIDEO OKADA						Signature Hideo Okada		Month Day Year 12/26/89							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name TIM TALIAFERRO		Signature Tim Taliaferro		Month Day Year 12/25/89					
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 Shannon Lowry						Signature Shannon Lowry		Month Day Year 12/27/89							

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA100101139521510101012		Manifest Document No. 210101012		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address OKADA NURSERY 16109 ASHLAND AVE. SAN LORENZO, CALIFORNIA 94580						A. State Manifest Document Number 88197299			
4. Generator's Phone (415) 276-5560						B. State Generator's ID			
5. Transporter 1 Company Name DILLARD TRUCKING			6. US EPA ID Number CA1091811692B109			C. State Transporter's ID 003206			
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone (415) 634-0567			
9. Designated Facility Name and Site Address ERICKSON, INC. 255 PARR BLVD. RICHMOND, CA. 94801						G. State Facility's ID			
10. US EPA ID Number CA10101946631912						H. Facility's Phone (415) 235-1393			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers No.	13. Total Quantity	14. Unit Wt./Vol	L. Waste No.	
a. WASTE EMPTY STORAGE TANK CALIFORNIA REGULATED WASTE ONLY					011	TA0012150	P	State 512	EPA/Other NONE
b.								State	EPA/Other
c.								State	EPA/Other
d.								State	EPA/Other
J. Additional Descriptions for Materials Listed Above EMPTY TANK # 1505 TANK CLEAN NO DRY ICE						K. Handling Codes for Wastes Listed Above a. 01			
15. Special Handling Instructions and Additional Information									
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 HIDEO OKADA			Signature Hideo Okada			Month Day Year 10/12/89			
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name DON DILLARD			Signature Don Dillard			Month Day Year 10/26/89			
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 SHANNA LOWRY			Signature Shanna Lowry			Month Day Year 10/12/89			

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-862-7660

GENERATOR

TRANSPORTER

FACILITY

1505
OKADA
4444

CERTIFICATE
Certified Services Company
255 Parr Boulevard
Richmond, California 94801

Day or Night
Telephone
(415) 235-1393

For: Erickson Inc Tank No.(s.) 1505 Location: Richmond Date: 2-2-89 Time: 08:40
Test Method: Visual / Gas Tech 1314 SMAV Last Product: leaded Gasoline

This is to certify that I have personally determined that the tank(s) in the following list are in accordance with the American Petroleum Institute and have found the condition of each to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

Tank(s)	Condition
1-250 gal. tank	safe for fire oxy 20.9 %
	LEL < 1 %

Remarks:

In the event of any physical or atmospheric changes affecting the gas-free condition of the above tanks, or if in any doubt immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

Standard Safety Designation:

Safe for Men: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

Safe for Fire: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 per cent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration than permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

Representative Reardon
Title

[Signature]
Inspector

1503
Okada Bros.
4444

CERTIFICATE
Certified Services Company
255 Parr Boulevard
Richmond, California 94801

Day or Night
Telephone
(415) 235-1393

For: Erickson Inc Tank No.(s.) 1503 Location: Richmond Date: 2-1-89 Time: 13:05
Test Method: Visual / Gastech 1314 SMPN Last Product: Fuel oil

This is to certify that I have personally determined that the tank(s) in the following list are in accordance with the American Petroleum Institute and have found the condition of each to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

Tank(s)	Condition
1-4000 gal. tank	Safe for fire oxy 20.9% LEL < 1%

Remarks:

In the event of any physical or atmospheric changes affecting the gas-free condition of the above tanks, or if in any doubt immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

Standard Safety Designation:

Safe for Men: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

Safe for Fire: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 per cent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration than permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

Representative _____ Title _____

Inspector Shannon Lewis

1504

OKADA
4444

CERTIFICATE

Certified Services Company
255 Parr Boulevard
Richmond, California 94801

Day or Night
Telephone
(415) 235-1393

For: Erickson Inc. Tank No.(s.) 1504 Location: Richmond Date: 2-1-89 Time: 13:07
Test Method: Visual / Gastech 1314 SMPN Last Product: Fuel Oil

This is to certify that I have personally determined that the tank(s) in the following list are in accordance with the American Petroleum Institute and have found the condition of each to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

Tank(s)	Condition
1-6000 gal. tank	Safe for fire O ₂ 20.9% LEL 11%

Remarks:

In the event of any physical or atmospheric changes affecting the gas-free condition of the above tanks, or if in any doubt immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

Standard Safety Designation:

Safe for Men: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

Safe for Fire: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 per cent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration than permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

Representative

Rearden
Title

[Signature]
Inspector

Inspector

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK,
FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Shipper's No. _____

CARRIER: ERICKSON TRUCKING INC.

SCAC

Carrier's No. 019
Date _____

TO: Consignee LMC CORP.
Street 600 SOUTH 4TH STREET
Destination RICHMOND, CA Zip 94805

FROM: Shipper ERICKSON INC.
Street 255 PARR BLVD.
Origin RICHMOND, CA Zip 94801

Route: _____

Vehicle Number 1D25 2127

No. Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
6		Non-DOT regulated material Gas Free, Triple rinsed underground tanks for scrap 4491/1438 4486/1491, 1492, 1493 4444/1504 4499/1508	NONE	N/A	N/A	N/A	NONE

Remit C.O.D. to:
Address: _____
City: _____ State: _____ Zip: _____

COD Amt: \$ _____

C.O.D. FEE:
Prepaid
Collect \$ _____

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if the shipment is to be delivered to the consignee without recourse on the carrier, the consignee shall sign the following statement:
The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.
(Signature of Consignee)

FREIGHT CHARGES
 PREPAID COLLECT

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

This is to certify that the above-named materials are properly packaged, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.
Per _____

PLACARDS REQUIRED

PLACARDS SUPPLIED

YES NO - FURNISHED BY CARRIER
DRIVER SIGNATURE: _____

SHIPPER: ERICKSON INC.
PER: S. Lowry
DATE: 2-6-89

CARRIER: ERICKSON TRIC
PER: Jerry Brown
DATE: 2-6-89

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK,
FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

9-BLS-A3 (Rev. 6/87)

WEIGHMASTER CERTIFICATE
THIS IS TO CERTIFY that the following described commodity was weighed, measured, or counted by a weighmaster, whose signature is on this certificate, who is a recognized authority of accuracy, as prescribed by Chapter 7 (commencing with Section 12700) of Division 5 of the California Business and Professions Code, administered by the Division of Measurement Standards of the California Department of Food and Agriculture.

LMC METALS
A DIVISION OF SIMSMETAL USA CORPORATION

600 SOUTH 4th STREET RICHMOND, CALIFORNIA 94804 (415) 238-0608
1800 MONTEREY HIGHWAY SAN JOSE, CALIFORNIA 95112 (408) 294-8443
130 NORTH 12th STREET SACRAMENTO, CALIFORNIA 95814 (916) 444-3380
740 NORTH WILSON WAY STOCKTON, CALIFORNIA 95205 (209) 466-6875
699 SEAPORT BLVD. REDWOOD CITY, CALIF. 94063 (415) 369-4161

DATE: _____
DIV: 63646
TYPE OF PURCHASE: CASH CHECK ON ACCT I/C PRE PAID

TARE: 09:25 02/06/89 45520. 1b
09:50 02/06/89 31960. 1b

NET 3560 lbs. 6.78 N.T. 40 PER N.T. AMOUNT
PER LT.

COMMODITY: Tanks CODE 201 INV. 1 CK BY: Erickson Inc

DRIVER'S NAME: _____ VEHICLE LICENSE/LMC NO. 1438 1504
DRIVER'S LICENSE NO. 1491 1508 TRAILER LICENSE NO./RR CAR NO. 1492 1493
DISMANTLER NO./SEAL NO. CARRIERS NAME/WS NO. _____

FOR SALVAGE VEHICLE SALES: I hereby certify, under penalty of perjury, that any vehicles sold have been cleared for dismantling with the Department of Motor Vehicles.
HOLD HARMLESS AGREEMENT: Seller will indemnify and hold buyer harmless from damages, demands and liabilities, including reasonable attorney's fees, resulting from the breach of any warranty hereunder and driver agrees to be responsible for damage to vehicle during unloading.
BILL OF SALE: I warrant that I am the owner (or owner's representative) of the material described herein and have the right to sell same, that it contains no hazardous material as defined by Federal or State law and that for payment hereby received, I sell and convey title to LMC METALS.

BY: _____ DEPUTY
SIGNATURE OF SELLER OR AGENT: Jerry Brown

LMC 410 (8-88)

DIVISION ALPHA FILE COPY

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Shipper's No. _____

CARRIER: ERICKSON TRUCKING INC.

SCAC

Carrier's No. 019
Date _____

TO:
Consignee LMC CORP.
Street 600 SOUTH 4TH STREET
Destination RICHMOND, CA Zip 94805

FROM:
Shipper ERICKSON INC.
Street 255 PARR BLVD.
Origin RICHMOND, CA Zip 94801

Route: _____

Vehicle Number _____

No. Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
5		Non-DOT regulated material Gas Free, Triple rinsed underground tanks for scrap	NONE	N/A	N/A	N/A	NONE
		4471 / 1497, 1498					
		4476 / 1500					
		4488 / 1502					
		4444 / 1505					

Remit C.O.D. to:
Address: _____
City: _____ State: _____ Zip: _____

COD Amt: \$ _____

C.O.D. FEE:
Prepaid
Collect \$ _____

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if the shipment is to be delivered to the consignee without recourse on the carrier, the consignee shall sign the following statement:
The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.
(Signature of Consignee)

FREIGHT CHARGES
 PREPAID COLLECT

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.
Per D. Bailey

PLACARDS REQUIRED

NO

PLACARDS SUPPLIED

YES NO - FURNISHED BY CARRIER
DRIVER SIGNATURE: _____

SHIPPER: Erickson Inc.
PER: S. Leary
DATE: 2-6-89

CARRIER: Erickson
PER: Dan Bailey
DATE: 2-6-89

LMC 410 (8-88)

WEIGHMASTER CERTIFICATE
THIS IS TO CERTIFY that the following described commodity was weighed, measured, or counted by a weighmaster whose signature is on this certificate, who is a recognized authority of accuracy, as prescribed by Chapter 7 (commencing with Section 12700) of Division 5 of the California Business and Professions Code, as amended by the Council of Measurement Standards of the California Department of Food and Agriculture.



- 600 SOUTH 4th STREET RICHMOND, CALIFORNIA 94804 (415) 236-0506
- 1800 MONTEREY HIGHWAY SAN JOSE, CALIFORNIA 95112 (408) 294-8443
- 130 NORTH 12th STREET SACRAMENTO, CALIFORNIA 95814 (916) 444-3380
- 740 NORTH WILSON WAY STOCKTON, CALIFORNIA 95205 (209) 468-6875
- 699 SEAPORT BLVD. REDWOOD CITY, CALIF. 94063 (415) 369-4161

DATE: / /
 63645
DV

GROSS WEIGHT 09:22 02/06/89 44960. 1b

TARE 09:38 02/06/89 32840. 1b

TYPE OF PURCHASE
 CASH CHECK ON ACCT I/C PRE PAID

VENDOR NO. 9
CHECK NO. _____

NET 12120 lbs. 606 ~~606~~ N.T. 40 PER N.T.
L.T. PER L.T.

COMMODITY <u>TANKS</u>	CODE <u>201</u>	INV.	PR BY <u>104</u>	CK BY <u>ERICKSON</u>	WEIGHED FOR <u>FWA</u>
FRT CODE	FREIGHT COST	B/L NO.	* DUNNAGE OR EXCESS TARE - EXPLAIN BELOW: <u>1497</u> <u>1498</u> <u>1500</u> <u>1502</u> <u>1505</u>		
DRIVER'S NAME	VEHICLE LICENSE/LMC NO. <u>5C55802</u>	ADDRESS			
DRIVER'S LICENSE NO.	TRAILER LICENSE NO./RR CAR NO.	POINT OF ORIGIN			
DISMANTLER NO./SEAL NO.	CARRIERS NAME/WB NO.				

LMC METALS WEIGHMASTER
BY: [Signature] DEPUTY

FOR SALVAGE VEHICLE SALES: hereby certify, under penalty of perjury, that any vehicles sold have been cleared for dismantling with the Department of Motor Vehicles.

HOLD HARMLESS AGREEMENT: Seller will indemnify and hold buyer harmless from damages, demands and liabilities, including reasonable attorney's fees, resulting from the breach of any warranty hereunder and driver agrees to be responsible for damage to vehicle during unloading.

BILL OF SALE: I warrant that I am the owner (or owner's representative) of the material described hereon and have the right to sell same, that it contains no hazardous material as defined by Federal or State law and that for payment hereby received, I sell and convey title to LMC METALS.

[Signature]
SIGNATURE OF SELLER OR AGENT

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK,
FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Shipper's No. _____

CARRIER: ERICKSON TRUCKING INC.

SCAC

Carrier's No. 019
Date _____

TO:
Consignee LMC CORP
Street 600 SOUTH 4TH STREET
Destination RICHMOND, CA Zip 94805

FROM:
Shipper ERICKSON INC
Street 255 PARR BLVD.
Origin RICHMOND, CA Zip 94801

Route: _____ Vehicle Number _____

No. Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (Subject to correction)	RATE	LABELS REQUIRED (or exemption)
2		Non-DOT regulated material gas free, triple rinsed underground tanks for scrap	NONE	n/a	n/a	n/a	NONE
		4444 / 1503					
		4476 / 1501					

Remit C.O.D. to:
Address: _____
City: _____ State: _____ Zip: _____

C.O.D. Amt: \$ _____

C.O.D. FEE:
Prepaid
Collect \$ _____

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if the shipment is delivered to the consignee without recourse on the carrier, the carrier shall not be liable for the following conditions:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
(Signature of Consignor)

FREIGHT CHARGES
 PREPAID COLLECT

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said Carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

PLACARDS REQUIRED NO

PLACARDS SUPPLIED YES NO - FURNISHED BY CARRIER

DRIVER SIGNATURE: _____

SHIPPER: Erickson Inc
PER: S. Coory
DATE: 2-3-89

CARRIER: Erickson Trucking
PER: R. Haney
DATE: 2-3-89

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK,
FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

9-BLS-A3
(Rev. 6/87)

WEIGHMASTER CERTIFICATE
THIS IS TO CERTIFY that the following described commodity was weighed, measured, or counted by a weighmaster, whose signature is on this certificate who is a recognized authority of accuracy as prescribed by Chapter 7 (commencing with Section 12700) of Division 5 of the California Business and Professions Code, administered by the Division of Measurement Standards of the California Department of Food and Agriculture.

LMC METALS
A DIVISION OF SIMSMETAL USA CORPORATION

600 SOUTH 4th STREET RICHMOND, CALIFORNIA 94804 (415) 238-0808
1800 MONTEREY HIGHWAY SAN JOSE, CALIFORNIA 95112 (408) 294-8443
130 NORTH 12th STREET SACRAMENTO, CALIFORNIA 95814 (916) 444-3380
740 NORTH WILSON WAY STOCKTON, CALIFORNIA 95205 (209) 466-6875
599 SEAPORT BLVD. REDWOOD CITY, CALIF 94063 (415) 369-4181

DATE: _____
DIV: **63505**
TYPE OF PURCHASE: CASH CHECK ON ACCT I/C PRE PAID
VENDOR NO. _____ CHECK NO. _____

LMC 410 (8-88)

GROSS WEIGHT	09:24 02/03/89	48980.1b
TARE	10:00 02/03/89	31480.1b
NET	17500 lbs	-8.75 N.T. 40 PER N.T. AMOUNT PER LT.

COMMODITY: **Tanks** CODE: **201** INV: _____ PR BY: _____ CK BY: _____ WEIGHED FOR: **ERICKSON INC**

FRT CODE: _____ FREIGHT COST: _____ S/L NO: _____ * DUNNAGE OR EXCESS TARE - EXPLAIN BELOW

DRIVER'S NAME: _____ VEHICLE LICENSE/LMC NO: **11086332** ADDRESS: _____
DRIVER'S LICENSE NO: _____ TRAILER LICENSE NO./RR CAR NO: _____ POINT OF ORIGIN: _____
DISMANTLER NO./SEAL NO: _____ CARRIERS NAME/WB NO: _____

LMC METALS WEIGHMASTER BY: **R** DEPUTY

FOR SALVAGE VEHICLE SALES: I hereby certify, under penalty of perjury, that any vehicles sold have been cleared for dismantling with the Department of Motor Vehicles.

HOLD HARMLESS AGREEMENT: Seller will indemnify and hold buyer harmless from damages, demands and liabilities, including reasonable attorney's fees, resulting from the breach of any warranty hereunder and driver agrees to be responsible for damage to vehicle during unloading.

BILL OF SALE: I warrant that I am the owner (or owner's representative) of the material described herein and have the right to sell same, that it contains no hazardous material as defined by Federal or State law and that for payment hereby received, I sell and convey title to LMC METALS.

SIGNATURE OF SELLER OR AGENT: **R. Haney**

DIVISION ALPHA FILE COPY



Clark & Witham, Inc.

Phone:
(510) 659-1805
Fax:
(510) 659-6344

3499 Edison Way, Fremont, CA. 94538

ALCO
GZMAT
94 AUG -8 PM 4: 27

Consulting Engineering Geologists

August 3, 1994
CHO002-C

Ms. Eva Chu
Alameda County Department of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, California 94621

Subject: Documentation for Removal of Underground Storage Tanks at Former Okada Property, 16109 Ashland Avenue, San Lorenzo, California.

Ms. Chu:

Enclosed, per your request, are Uniform Hazardous Waste Manifests for three underground storage tanks removed from the Okada Property on January 26 and 27, 1989. The manifests reference 4,000- and 6,000-gallon fuel oil tanks and a 250-gallon gasoline tank. Please call if you have any questions.

Sincerely,
Clark & Witham, Inc.

Rodger C. Witham
Project Manager

cc: Mr. Martin Petersen w/attachments

LOP - RECORD CHANGE REQUEST FORM .

printed:
05/23/94

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

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 12035
 StID : 3815
 SITE NAME: Former Okada Property DATE REPORTED : 01/26/89
 ADDRESS : 16109 Ashland Ave DATE CONFIRMED: 01/26/89
 CITY/ZIP : San Lorenzo 94580 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: G CONTRACT STATUS: 4 PRIOR CODE: EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 03/23/92
 PRELIMINARY ASMNT: U DATE UNDERWAY: 03/27/89 DATE COMPLETED:
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 03/23/92
 LUFT FIELD MANUAL CONSID: 3HSCAW
 CASE CLOSED: DATE CASE CLOSED:
 DATE EXCAVATION STARTED : 01/26/89 REMEDIAL ACTIONS TAKEN: UK

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Brian Walsh
 COMPANY NAME: Citation Homes
 ADDRESS: 404 Saratoga Ave, #100
 CITY/STATE: Santa Clara, C A 94505

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only

Case Progress Changes

ANNPGMS _____ LOP _____ DATE _____

LOP _____ DATE _____

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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

StID 3815

October 18, 1993

Mr. Martin Petersen
Citation Homes Central
404 Saratoga Ave., Suite 100
Santa Clara, CA 95050

**Subject: Groundwater Monitoring at Former Okada Property, 16109
Ashland Ave., San Lorenzo, CA 94580**

Dear Mr. Petersen:

I have completed review of Clark & Witham's September 1993 Ground Water Monitoring Report for the above referenced site. Water analyses did not detect levels of hydrocarbons in monitoring wells MW-2, and only trace levels in well MW-3. Please continue with another groundwater monitoring/sampling event in March 1994. At that time your site will be re-evaluated for potential case closure. If you have any questions, please contact me at (510) 271-4530.

Sincerely,

A handwritten signature in cursive script, appearing to read "Eva Chu".

eva chu
Hazardous Materials Specialist

cc: Rodger Witham, 3499 Edison Way, Fremont, CA 94538
files

okada2

92 MAY 14 PM 3:50

May 13, 1992

Ms. Juliet Shin
Alameda County
Department of Enviromental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, CA 94621

Re: Former Okada Property
16109 Ashland Ave.
San Lorenzo, California

Dear Ms. Shin:

Our recent conversation revealed that our file was not complete. Enclosed are the reports that we discussed. These reports are described as follows:

- 1) Quarterly Ground Water Monitoring, July 1990
- July 6 sampling (Table 5) shows ND for BTEX and TPH as gasoline and diesel.
- 2) Excavation and Sampling Procedures, September 1990
- Excavation of the pits to ensure that all potential source of contaminants were removed. Tests show no contaminated soils remain in the areas of the previously used tanks.

In our conversation you also staed that you would require one more set of groundwater sampling in order to consider closure. I will be ordering a test at this time and will forward the results upon receipt.

Please review and advise me as to any action we need to follow in order to obtain a clear status. Thank you for your attention to this matter.

Sincerely yours,



Brian J. Walsh

BJW:cm

DATE: 1-23-92
TO : Local Oversight Program
FROM: Carry Seto
SUBJ: Transfer of Eligible Oversight Case

Site name: Former Okada Property
Address: 16109 Ashland Ave. City San Lorenzo Zip _____
Closure plan attached? Y N DepRef remaining \$ _____
DepRef Project # _____ STID #(if any) 3815
Number of Tanks: 2 removed? Y N Date of removal 1-26-89
Samples received? Y N Contamination: Oil + grease, positive diesel, gas
Petroleum Y N Types: Avgas Jet leaded unleaded Diesel
fuel oil waste oil kerosene solvents
Monitoring wells on site 3 Monitoring schedule? Y N
LUFT category 1 2 3 * H S C A R W G O
Briefly describe the following:
Preliminary Assessment installing M.W.
Remedial Action recommended removal of contaminated soil near MW1 + MW3
Post Remedial Action Monitoring Quarterly
Enforcement Action None

Note: There is no proof in our files that the contaminated soil near MW1 + MW3 has been removed. Also, the workplan identified in the letter of Citation # 12-490 has not been read.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Certified Mail #P 062 128 318

November 19, 1990

Mr. Bryan Walsh
Citation Builders, Property Owners
404 Saratoga Ave., Suite 100
Santa Clara, CA 95050

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

11-20-90
*Bryan said he will send
me the information by
Dec 1st.*

RE: Former Okada Property, 16109 Ashland Ave., San Lorenzo, CA

Dear Mr. Walsh:

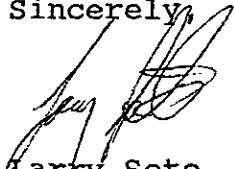
I have reviewed your quarterly groundwater analysis report dated March 16, 1990, that was prepared by your consultant, Terratech. All three monitoring wells contained contaminants. All three wells must continue to be monitored on a quarterly basis in accordance to the Tri-Regional Recommendations For Preliminary Evaluation and Investigation of Underground Tank Sites, 10th August, 1990.

I concur with your consultants recommendation that the contaminated soils in the areas of MW-1 and MW-3 should be removed. In addition, the lateral and vertical extent of contamination must be fully characterized.

Please submit a workplan along with your present investigation/remediation status within fifteen (15) days of the receipt of this letter.

If you have any questions, please contact me at (415) 271-4320.

Sincerely,


Larry Seto, Senior,
Hazardous Materials Specialist

LS:mnc

cc: Gil Jensen, Alameda County District Attorney, Consumer and
Environmental Protection Agency
Okada Bros., Inc., Former Owner
RWQCB
Charlene Williams, DOHS
Rafat A. Shahid, Assistant Agency Director, Environmental Health
Files

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge)
 2. Restricted Delivery (Extra charge)

3. Article Addressed to: MR. Bryan Walsw Citation Builders, Property Owners 404 Saratoga Ave, Suite 100 Santa Clara, CA 95050	4. Article Number P062 128 318
5. Signature - Address X <i>[Signature]</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent X <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 11/20/90	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

P 062 128 318

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

16109 *[Signature]*

Sent to Bryan Walsw	
Street and No 404 Saratoga Ave #100	
State and Zip Code Santa Clara 95050	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and date delivered	
Return Receipt showing name, date and address of return	
TOTAL Postage and Fees	\$
Postmark or Date	11/19/90

PS Form 3800, June 1985

90 DEC -6 AM 12:06

December 4, 1990

Alameda County Dept. of Environmental Health
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA. 94621

Re: Former Okada Property
16109 Ashland Ave.
San Lorenzo, CA.

Dear Mr. Seto:

Regarding the aforementioned project, we have removed the soil from the contaminated area and isolated them for remediation.

Enclosed is the most recent test that had been performed. A work-plan will be forwarded to you upon receipt.

If you have any questions, do not hesitate to call.

Sincerely yours,



Brian J. Walsh

BW/rs

**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 # 4528733
Fee Paid \$450.00
Date 12/28/88

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
430 - 27th Street Oakland, CA 94612
Telephone: (415) 874-7337

1-6-89
C.S.

These plans have been reviewed and found to be acceptable and meet the requirements of State and local health laws. Changes to your plans indicated in this Department use to assure compliance with State and local laws, the project proposed health is not returned for issuance of any required building permits for construction.

One copy of these accepted plans must be on the job and a copy 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 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 regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name OKADA BROS., INC.
(PARTNERSHIP)
- * Business Owner Hideo OKADA, Kingi OKADA, Kazuko OKADA, Toshiharu OKADA
2. Site Address 16109 Ashland Ave.
city SAN LORENZO, CA, zip 94580 Phone (415) 276-5560
3. Mailing Address Okada Bros., inc. 16109 Ashland Ave
city San Lorenzo, CA. zip 94580 Phone (415) 276-5560
- *4. Land owner (Partnership) Okada Bros., INC. (See Business owner Above)
Address 16109 Ashland Ave. city, state San Lorenzo, CA. zip 94580
5. EPA I.D. No. EPA #CAC 000139525 Board of Equalization #not required
6. Contractor ERICKSON, INC.
Address 255 PARR BLVD.
city RICHMOND, CA. 94801 Phone (415) 235-1393
License Type General Contractor type A ID# A-168067
E.P.A. CAP 009 466 392
P.H.S. waste hauler #0019
CWP Lic. #4919
7. Consultant George Makkissy OF TERRARESEARCH, INC.
Address 1580 N. 4th St.
city San Jose, CA. 95112 Phone (408) 287-9460

Consultant J

For Buyer Citation Homes

8. Contact Person for Investigation

Name Hideo Okada

Title Okada Bros, INC.
Part Owner, Manager

Phone (415) 276-5560

9. Total No. of Tanks at facility 2 underground & 1 above ground to be removed from site

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 ERICKSON, INC. EPA I.D. No. CAD009466392

Address 255 PARR BLVD.

city RICHMOND State CA Zip 94801

b) Rinsate Transporter

Name ERICKSON, INC. EPA I.D. No. CAD009466392

Address 255 PARR BLVD.

city RICHMOND State CA Zip 94801

c) Tank Transporter

Name ERICKSON, INC. EPA I.D. No. CAD009466392

Address 255 PARR BLVD.

city RICHMOND State CA Zip 94801

d) Tank Disposal Site

Name ERICKSON, INC. EPA I.D. No. CAD009466392

Address 255 PARR BLVD

city RICHMOND State CA zip 94801

e) Contaminated Soil Transporter

Name ERICKSON, INC. EPA I.D. No. CAD009466392

Address 255 PARR BLVD.

city RICHMOND State CA zip 94801

12. Sample Collector

Name George Makdissy
 Company TerraSearch, Inc.
 Address 1580 N. 4th St.
 city San Jose State CA zip 95112 Phone (408) 287-9460

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
① 250 Gallons	Leaded Gasoline	Soil	1'-2' below Fill & Opposite ends of Tanks. (to Be-taken in natural Soil interface.)
② 4000 Gallons	#5 Fuel Oil (Previously cleaned)		
③ 6000 Gallon Above Ground Tank	#5 Fuel Oil (Previously cleaned)	Sampling should not be required as Tank is on Cement Saddles Above Ground.	

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

If yes, describe. TANKS HAVE BEEN OUT OF SERVICE FOR Several years, Erickson, Inc. steamed tanks clean several years ago. Tanks were never used after that cleaning.

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

If yes, describe. 1.5 lbs. Dry Ice Per 100 Gal. Capacity of tanks. All pumpable liquids to be removed prior to excavation. Oxy/Comb. Meter to verify.
 An explosion proof combustible gas meter shall be used to verify tank inertness.

16. Laboratories

Name International Technology Corp
 Address 2055 Junction Ave
 city San Jose State CA zip 95131
 State Certification No. 137 PH: #408-943-1540

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
TANK #1 (250 Gal.) Contained leaded Gas	Total Petroleum Hydrocarbons as Gasoline Benzene, Toluene, Xylenes, and ethyl benzene	TPH-G BTXE EPA 8020 with Luft TPH-G
TANK #2 (4000 Gal.) Contained #5 Fuel Oil	Total Petroleum Hydrocarbons as Diesel Benzene, Toluene, Xylenes, and ethyl benzene	TPH-D > Luft TPH-D (Sonication) BTXE > EPA 8020
* TANK #3 (6000 Gal.) Contained #5 Fuel Oil	* TANK #3 is a Above Ground TANK, Soil Samples should not be required	(* See Info. to left *)

18. Submit Site Safety Plan

19. Workman's Compensation: Yes No

Copy of Certificate enclosed? Yes No

Name of Insurer _____

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) Robert J. Cox, Erickson, INC.
Signature *Robert James Cox*
Date 12-27-88

Signature of Site Owner or Operator

Name (please type) Hideo Okada, Okada Bros., INC.
Signature *H. Okada*
Date 12-27-88

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.

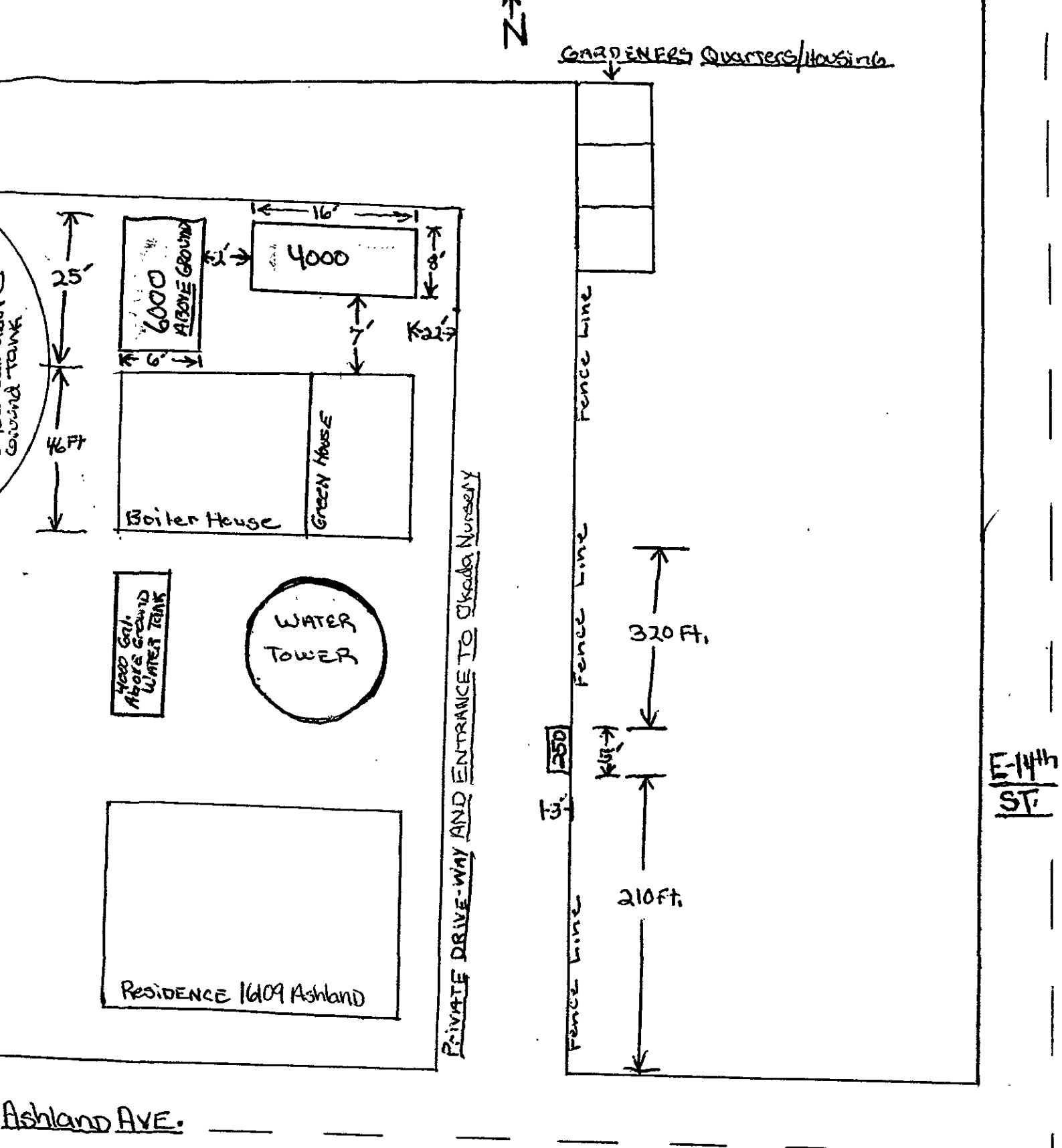
19. ATTACH COPY OF WORKMAN'S COMPENSATION

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



PLOT PLAN Okada Bros, NURSERY
 TANK REMOVAL
 16109 Ashland Ave,
 San Lorenzo, CA,
 PH.# (415) 276-5560
 CONTACT: Hideo Okada

Erickson Project #4444
 DISTANCE measured in Feet
 [] TANKS TO Be removed
 Plan BY: Jim Cox Erickson, INC.



ERICKSON INC. 255 PARR BLVD. • RICHMOND, CA 94801 • (415) 235-1393 • FAX (415) 235-3709 • CONTR. LIC. A-168067

December 27, 1988

Permit Department
Alameda County Hazardous Materials Dept.
80 Swan Way Room 200
Oakland, CA 94621

Dear Inspector

Erickson, Inc. will follow the Site Safety and Health Plan below when performing underground tank removal work in Alameda County.

SITE SAFETY AND HEALTH PLAN

Okada Bros., Inc. Underground Tank Removal

Alameda Co. San Lorenzo, California

1. The tank excavation area shall be secured by a cyclone fence or other suitable barrier to prevent entry into the excavation area by unauthorized persons during excavation operations and protect against the physical hazards of an open excavation.
2. During routine excavation of the tank(s), respiratory protection is normally not required. If there is evidence of soil contamination (soil discolored, hydrocarbon vapors, etc.) prior to or during excavation the immediate area around the excavation shall be monitored for percent level of the Lower Explosive Limit (LEL). If the LEL exceeds 10%, employees will be required to wear half mask respirators with organic vapor cartridges when performing duties at the excavation site. LEL readings in excess of 20% will require that all work be suspended until the LEL is reduced below 20%. Dependent upon soil and weather conditions, a dust pre-filter may be required for nuisance dust. Erickson employees follow the requirements our Respiratory Protection Program, which has been approved by a Certified Industrial Hygienist.

Rollins Burdick Hunter of Northern California
Insurance Brokers
Formerly Schroeter, White & Johnson, Inc.
P.O. Box 1439, Oakland, California 94604
150 Grand Avenue, Oakland, California 94612
Telephone (415) 832-8000

December 28, 1988

**ROLLINS BURDICK
HUNTER**

Okada Bros. Nursery
16109 Ashland Ave.
San Lorenzo, CA 94580


Re: Erickson, Inc.
Certificate of Insurance

Gentlemen:

Enclosed please find a Certificate of Insurance evidencing coverages currently in force for the above captioned Insured.

Should you have any questions concerning the enclosure, please feel free to contact us.

Very truly yours,


Janine Chisholm, CPCU
Vice President 

JC:kay

cc: Erickson, Inc.

Enclosure

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
12/28/88

PRODUCER

RBH NORTHERN CA - OAKLAND
P.O. BOX 1439
OAKLAND, CA 94604

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

CODE

SUB-CODE

COMPANY LETTER **A** National Union - LA

COMPANY LETTER **B** Industrial Indemnity - SF

COMPANY LETTER **C** American Home Assurance - SF

COMPANY LETTER **D** National Union - Denver

COMPANY LETTER **E**

INSURED

Erickson Inc.
235 Parr Blvd.
Richmond, CA 94801

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
D	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CLAIMS MADE, X OCCUR. OWNER'S & CONTRACTOR'S PROT.	GL5406843	7/01/88	5/01/89	GENERAL AGGREGATE	\$ 2,000
					PRODUCTS-COMP/OPS AGGREGATE	\$ 2,000
					PERSONAL & ADVERTISING INJURY	\$ 1,000
					EACH OCCURRENCE	\$ 1,000
					FIRE DAMAGE (Any one fire)	\$ 100
					MEDICAL EXPENSE (Any one person)	\$ 5
B	AUTOMOBILE LIABILITY X ANY AUTO X ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS GARAGE LIABILITY	AS8825055	7/01/88	7/01/89	COMBINED SINGLE LIMIT	\$ 5,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	OTHER THAN UMBRELLA FORM				AGGREGATE	\$
C	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC5815832	7/01/88	7/01/89	STATUTORY	\$ 1,000 (EACH ACCIDENT)
						\$ 1,000 (DISEASE-POLICY LIMIT)
						\$ 1,000 (DISEASE-EACH EMPLOYEE)
A	OTHER CONTR POLLUTION	CPL5648465	6/10/88	6/10/89	1,000 OCCURRENCE	
					5,000 AGGREGATE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CERTIFICATE HOLDER

Okada Bros. Nursery
16109 Ashland Ave.
San Lorenzo, CA 94580
Attn: Hideo Okada

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

Janine Chisholm
Janine Chisholm, CPCU

3. Erickson, Inc. uses Gastech oxygen/combustible gas monitors models 1314, 1641, or GX-82. These units are calibrated weekly and maintained in accordance with the manufacturers specifications.
4. A jobsite safety meeting shall be conducted prior to the start of each days work. The safety meeting shall outline the work to be performed that day and address site safety hazards. The jobsite safety meeting shall be documented, detailing the subjects/information discussed and names of the participants.
5. The following emergency numbers shall be maintained at the jobsite:

Ambulance/Fire/Police Emergency number - 911


Erickson, Inc. - 235-1393

Local Hospital -

Merritt Peralta Emergency - 547-1700
350 Hawthorne Av.
(Hawthorne and Webster)
6. All employees shall be trained for the work to be performed in compliance with applicable Federal, State and Local regulations.

If you should have any further questions in regard to this project please call me at 235-1393.

Thank you.


Terry Justice
Safety Director

Sept. 5, 1990

William Faulhaber
Alameda County Dept. of Env. Health
80 Swan Way
Oakland, CA

Dear Mr. Faulhaber:-

^{Faxing}
I am ~~sending~~ ^{faxing} the most recent report which
contains a detailed site history of the site.

As you can see, the oil tank (underground) showed
some contamination in the soils at the time of the
excavation. Due to urgent matters, grading of the
site, the contaminated area was excavated on
Aug. 29, 1990. The excavated pits, see the
attached figure, is on the site undrain and
covered by visqueen sheeting.

Six soil samples were taken from the excavation
area to confirm the non presence of contamination
due to diesel and Total Oil and Grease (TOG).
The samples are still in the lab. ~~and~~

A report documenting the activities with recommendations
will be ready by the end of next week.

Sincerely

RAGMI E. JUREF

FAX COVER SHEET

Date: Sept 5-1990

94578

Company: ACDHS

Attention: William Faulkner

From: PA Smi

Number of pages including cover: _____

Remarks: _____

If you have any questions or did not receive the complete fax, please contact our office.

Thank you.