





# General Services Agency

Darlene A. Smith, Director

January 23, 1996

Mr. Scott Seary, CHMM  
Senior Hazardous Materials Specialist  
Alameda County Health Care Services Agency  
Department of Environmental Health  
1131 Harbor Bay Parkway, Second Floor  
Alameda, California 94502  
QIC 30440

SUBJECT: SITE CLOSURE REQUEST  
Fairmont Hospital Campus  
County Project Number 7040  
County Building Number 5519

Dear Mr. Seary:

Enclosed please find a copy of the report entitled "Final Report, Underground Storage Tank Removals, Fairmont Hospital, 15400 Foothill Boulevard, San Leandro, California." The report recommends the following:

- No holes or visual signs of leaks were observed in any of the tanks removed from the site.
- Analysis of three soil samples from the bottom of UST No. 2 were reported to not contain detectable concentrations of TPH-D, BTEX constituents or PCBs.
- Analysis of two soil samples collected from the base of the excavation of UST No. 4 were reported to not contain detectable concentrations of TPH-D or BTEX.
- Groundwater is reported to occur in excess of 45 feet bgs and was not encountered during this investigation.
- There is a low likelihood that groundwater beneath the site has been impacted by the use of the former USTs discussed in this report.
- No additional investigation in association with the USTs formally located at this site is warranted.

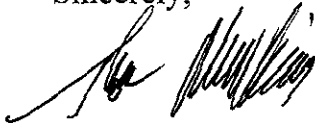
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ENVIRONMENTAL  
PROTECTION

Scott Seary  
Page 2  
January 23, 1996

Therefore, based on the recommendations provided in the report, on behalf of the County of Alameda, General Services Agency, I hereby formally request case closure for this site.

Once you have had a chance to review this case, please contact me at (510) 208-9520 (County tie line 2-9520), so that we may discuss the timeline for bringing this matter to resolution. Should you have any additional questions concerning this matter, please contact me.

Sincerely,



Thomas McKimmy, REA  
Environmental Project Manager

enclosure

cc: Jim de Vos, Deputy Director, GSA - E&EM w/o  
Rod Freitag, Environmental Program Manager w/o  
Subodh Chowdhry, Facilities Manager

**STATE WATER RESOURCES CONTROL BOARD**  
**DIVISION OF CLEAN WATER PROGRAMS**  
 2014 T STREET, SUITE 130  
 P.O. BOX 944212  
 SACRAMENTO, CALIFORNIA 94244-2120  
 (916) 227-4360  
 (916) 227-4530 (FAX)



OCT 31 1995

**ENGINEERING AND ENVIRON. MGMT**  
**ALAMEDA COUNTY-GENERAL SERVICES**  
 1401 LAKESIDE DRIVE ROOM 1115  
 OAKLAND, CA 94612

**UNDERGROUND STORAGE TANK CLEANUP FUND, CLAIM NO. 002632, FOR SITE ADDRESS: 15400 FOOTHILL BLVD, SAN LEANDRO**

The State Water Resources Control Board (State Board) takes pleasure in issuing the attached Letter of Commitment in an amount not to exceed \$29,000. This Letter of Commitment is based upon our review of the corrective action costs incurred to date and your application received on January 17, 1992 and may be modified by the State Board in writing by an amended Letter of Commitment.

Read the terms and conditions listed in the Letter of Commitment. The State Board will take steps to withdraw this Letter of Commitment after 90 calendar days from the date of this transmittal letter unless you proceed with due diligence with your cleanup effort. This means that you must take positive, concrete steps to ensure that corrective action is proceeding with all due speed. For example, if you have not started your cleanup effort, you must obtain three bids and sign a contract with one of these bidders within 90 calendar days. If your cleanup effort has already started and was delayed, you must resume the expenditure of funds to ensure that your cleanup is proceeding in an expeditious manner. You are reminded that you must comply with all regulatory agency time schedules and requirements.

This package includes the following:

- A "Reimbursement Request Instructions" package. Retain this package for future reimbursement requests. These instructions must be followed when seeking reimbursement for corrective action costs incurred after January 1, 1988. Included in the instruction package are:
  - Samples of completed Reimbursement Request forms and Spreadsheets.
  - Recommended Minimum Invoice Cost Breakdown
- A "Bid Summary-Sheet to list information on bids received.
- A "Certification of Non-Recovery From Other Sources" which must be returned before any reimbursements can be made.
- "Reimbursement Request" forms which you must use to request reimbursement of costs incurred.
- "Spreadsheet" forms which you must use in conjunction with your Reimbursement Request.
- "Vendor Data Record" (Std. Form 204) which must be completed and returned with your first Reimbursement Request.

**YOU MUST SUBMIT A REIMBURSEMENT REQUEST PACKAGE BY January 11, 1995, OR SEND A WRITTEN UPDATE EXPLAINING:**

1. Status of cleanup to date.
2. Reason(s) why a reimbursement request has not been submitted.
3. Costs incurred to date for corrective action.
4. Projected date for submitting a reimbursement request.

We constantly review the status of all active claims. If you do not submit a reimbursement request or a written update by the date above, or fail to proceed with due diligence with the cleanup, we will take steps to withdraw your Letter of Commitment.

If you have any questions regarding the Letter of Commitment or the Reimbursement Request package, please contact Cheryl Gordon at (916) 227-4539.

Sincerely,

Dave Deaner, Manager  
 UST Cleanup Fund Program

Enclosures

cc: Mr. Scott Seery  
 Alameda County EHD  
 1131 Harbor Bay Pkway, 2nd Fl  
 Alameda, CA 94502-6577

LETTER OF COMMITMENT FOR REIMBURSEMENT OF COSTS

CLAIM NO: 002632

AMENDMENT NO: 0

CLAIMANT: ALAMEDA COUNTY-GENERAL SERVICES

BALANCE FORWARD: \$0

CO-PAYEE: NONE

THIS AMOUNT: \$29,000

JOINT CLAIMANT: NONE

NEW BALANCE: \$29,000

ATTN: ENGINEERING AND ENVIRON. MGMT

CLAIMANT ADDRESS: 1401 LAKESIDE DRIVE ROOM 1115  
OAKLAND, CA 94612

TAX ID/SSA NO: 94-6000501

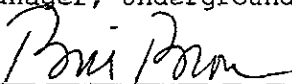
Subject to availability of funds, the State Water Resources Control Board (SWRCB) agrees to reimburse ALAMEDA COUNTY-GENERAL SERVICES (Claimant) for eligible corrective action costs at FAIRMONT HOSPITAL 15400 FOOTHILL BLVD, SAN LEANDRO, CA 94578 (Site). The commitment reflected by this Letter is subject to all of the following terms and conditions:

1. Reimbursement shall not exceed \$29,000 unless this amount is subsequently modified in writing by an amended Letter of Commitment.
2. The obligation to pay any sum under this Letter of Commitment is contingent upon availability of funds. In the event that sufficient funds are not available for reasons beyond the reasonable control of the SWRCB, the SWRCB shall not be obligated to make any disbursements hereunder. If any disbursements otherwise due under this Letter of Commitment are deferred because of unavailability of funds, such disbursements will promptly be made when sufficient funds do become available. Nothing herein shall be construed to provide the Claimant with a right of priority for disbursement over any other claimant who has a similar Letter of Commitment.
3. All costs for which reimbursement is sought must be eligible for reimbursement and the Claimant must be the person entitled to reimbursement thereof.
4. Claimant must at all times be in compliance with all applicable state laws, rules and regulations and with all terms, conditions, and commitments contained in the Claimant's Application and any supporting documents or in any payment requests submitted by the Claimant.
5. No disbursement under this Letter of Commitment will be made except upon receipt of acceptable Standard Form Payment Requests duly executed by or on behalf of the Claimant. All Payment Requests must be executed by the Claimant or a duly authorized representative who has been approved by the Division of Clean Water Programs.
6. Any and all disbursements payable under this Letter of Commitment may be withheld if the Claimant is not in compliance with the provisions of Paragraph 5 above.
7. Neither this Letter of Commitment nor any right thereunder is assignable by the Claimant without the written consent of the SWRCB. In the event of any such assignment, the rights of the assignee shall be subject to all terms and conditions set forth in this Letter of Commitment and the SWRCB's consent.
8. This Letter of Commitment may be withdrawn at any time by the SWRCB if completion of corrective action is not performed with reasonable diligence.

IN WITNESS WHEREOF, this Letter of Commitment has been issued by the SWRCB this 11th day of October, 1995.

STATE WATER RESOURCES CONTROL BOARD

BY   
\_\_\_\_\_  
Manager, Underground Storage Tank Cleanup Fund Program

BY   
\_\_\_\_\_  
Chief, Division Administrative Services

STATE USE:  
CALSTARS CODING:  
0550 - 569.02 - 30530  
\$ \_\_\_\_\_

ENVIRONMENTAL  
PROTECTION

95 NOV -2 PM 2:10

white -env. health  
yellow -facility  
pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## Hazardous Materials Inspection Form

II, III

Site ID # \_\_\_\_\_ Site Name Fairmont Hosp Today's Date 5/25/95  
Site Address 15400 ~~2200~~ Foothill Blvd.  
City S. Leandro Zip 94578 Phone \_\_\_\_\_

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?  
Tom McKinney x 29520  
**Inspection Categories:**  
 I. Haz. Mat/Waste GENERATOR/TRANSPORTER  
 II. Hazardous Materials Business Plan, Acutely Hazardous Materials  
 III. Under ground Storage Tanks

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

**Comments:**  
On-site to observe removal of remaining 12,000 gallon fuel oil UST near loading docks, and 1000 gallon diesel located near the "generator" room located between buildings B and C.

Gary Carlson (AKFD) was on-site to ensure tank inertness of USTs. Terry Kinn (VERSAR), Rod Freitag and Tom McKinney (GSA) and Dave Fisch (Fisch Env.) were on-site during closure.

#2 ① 12,000 - tank removed intact. Bare steel construction was fairly severe corrosion at the supply (west) end. Heavy metal loss noted, but no holes observed. Samples (3) collected from each end and center from native-derived material (although it appears not to be undisturbed).

#5 ② 1000 - tank removed intact. Tar coated (but not wrapped). Tank appears sound. Although water was present in pit, it appears to be infiltration from irrigation, etc., from up slope of the pit. Hence, no H<sub>2</sub>O sample collected. Because this tank was set upon a hold-down pad, samples were collected from native clayey materials encountered off either end.

\* NOTE: PCBs to be sought in 12,000 gal UST samples in addition to TPH-D and BTEX.

Contact Terry Kinn  
Title VERSAR dist. mgr.  
Signature [Signature]

Inspector S. S. [Signature]  
Signature [Signature]

II, III

USTs # 2 and 3

1995

SCOTT SEERY

505  
 5-12-95  
 ACCEPTED

These changes remain in effect until the next meeting of the Board of Supervisors. The Board of Supervisors is the governing body of Alameda County and is responsible for the management and operation of the County's health care services. The Board of Supervisors is composed of seven members, one from each of the seven districts of the County. The Board of Supervisors meets on the second Tuesday of each month at 10:00 a.m. in the Board Room, Alameda County Administration Center, 1000 Broadway, Oakland, CA 94612. The Board of Supervisors may be contacted at (510) 271-4320. The Board of Supervisors is the final authority on all matters relating to the health care services of Alameda County.

**UNDERGROUND TANK CLOSURE PLAN**

\*\*\* Complete according to attached instructions \*\*\*

1. Business Name Fairmont Hospital  
 Business Owner Alameda County GSA/BMD
  2. Site Address 15400 Fairmont Avenue  
 City San Leandro Zip 94577 Phone N/A
  3. Mailing Address 1401 Lakeside Drive  
 City Oakland Zip 94612 Phone 510-208-9521
  4. Land Owner County of Alameda  
 Address Same as above City, State \_\_\_\_\_ Zip \_\_\_\_\_
  5. Generator name under which tank will be manifested \_\_\_\_\_  
County of Alameda- GSA/BMD
- EPA I.D. No. under which tank will be manifested CAD 981429533



6. Contractor FISCH ENVIRONMENTAL CONSTRUCTION SERVICES  
 Address 1040 W. KATHLEEN LN. SUITE 1B-156  
 City Lodi Phone (209) 367-4563  
 License Type A-HAZ ID# 483865

Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Consultant Versar Inc  
 Address 1255 Harbor Bay PKWY, Ste., 100  
 City Alameda Phone 510-814-5900

8. Contact Person for Investigation  
 Name Terrance King Title Project Geologist  
 Phone 814-5924

9. Number of tanks being closed under this plan 2  
 Length of piping being removed under this plan Less than 25 feet  
 Total number of tanks at facility 4

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

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

a) Product/Residual Sludge/Rinsate Transporter  
 Name ERICKSON'S EPA I.D. No. CA0009466392  
 Hauler License No. 0019 License Exp. Date 7/31/95  
 Address 255 Parc Blvd.  
 City Richmond state CA zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site  
 Name ERICKSON EPA I.D. No. CA128521725  
 Address 255 Parc Blvd  
 City Richmond state CA zip 94801

c) Tank and Piping Transporter

Name ERICKSON EPA I.D. No. CAD009466392  
Hauler License No. 0019 License Exp. Date 7/31/95  
Address 255 Parr Blvd  
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name ERICKSON EPA I.D. No. CAD128581725  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Terrence Kinn  
Company Versar Inc.  
Address 1255 Harbor Bay Pkwy Ste., 100  
City Alameda State CA Zip 94502 Phone 814-5924

12. Laboratory

Name McCampbell Analytical  
Address 110 2nd Avenue South, #D7  
City Pacheco, State CA Zip 94553  
State Certification No. 1644

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

If yes, describe.

14. Describe methods to be used for rendering tank inert

Displace internal vapors by dry ice-- not less than 20lbs of ice per 1,000  
gallons of tank capacity

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
12,000 gal.	#5 Fuel oil	Soil	Native soils less than two feet below tank pit base
1000 gal	diesel fuel	"	"

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan
Less than 20 cubic yards	<del>Three beneath UST, one from stockpile, and one from beneath product piping.</del> One discrete sample for ea. 20 yds <sup>3</sup> for on-site reuse. Disposal/aeration sample frequencies may vary.

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
Diesel BTEX		8015(m)/3550 8020	1.0 mg/kg 0.005 mg/kg

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer N/A owner operator

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

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

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

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

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

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

Signature of Contractor

Name (please type) CHRISTINA FISCH

signature Christina Fisch

Date 5/3/95

Signature of Site Owner or Operator

Name (please type) ROO ERRETTA

signature RM

Date 5/5/95

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: FAIRMONT HOSPITAL

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

A. OWNER'S TANK I. D. # <u>5511-1</u>	B. MANUFACTURED BY: <u>K&amp;T</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>6/94</u>	D. TANK CAPACITY IN GALLONS: <u>12,000</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input checked="" type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

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

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

A. TYPE OF SYSTEM	<input checked="" type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL ?		YES ___ NO ___
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>94</u>	OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>94</u>	

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

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

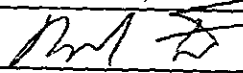
**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) ROD FREITAG  DATE 11/6/95

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

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **FAIRMONT HOSPITAL**

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

A. OWNER'S TANK I.D.# <b>5511-2</b>	B. MANUFACTURED BY: <b>K&amp;T</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>6/94</b>	D. TANK CAPACITY IN GALLONS: <b>12,000</b>

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

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

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

A. TYPE OF SYSTEM <input checked="" type="checkbox"/> 1 DOUBLE WALL <input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) <b>94</b> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <b>94</b>		

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

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

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <b>ROD FREITAG</b>	DATE <b>11/6/95</b>
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**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME <b>FAIRMONT HOSPITAL</b>		NAME OF OPERATOR <b>ALAMEDA COUNTY GENERAL SERVICES AGENCY</b>		
ADDRESS <b>15400 FOOTHILL BLVD.</b>		NEAREST CROSS STREET <b>FAIRMONT DR.</b>	PARCEL # (OPTIONAL)	
CITY NAME <b>SAN LEANDRO</b>		STATE <b>CA</b>	ZIP CODE <b>94578</b>	SITE PHONE # WITH AREA CODE <b>510-667-4473</b>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input checked="" type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST <b>SURODH CHOWDHRY</b>				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <b>2</b>	E. P. A. I. D. # (optional)

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <b>HANSPARD, LEE</b>	PHONE # WITH AREA CODE <b>510-667-4473</b>	DAYS: NAME (LAST, FIRST) <b>CHOWDHRY SURODH</b>	PHONE # WITH AREA CODE <b>510-208-9533</b>
NIGHTS: NAME (LAST, FIRST) <b>SHIFT ENGINEER</b>	PHONE # WITH AREA CODE <b>510-667-7973</b>	NIGHTS: NAME (LAST, FIRST) <b>HANSPARD, LEE</b>	PHONE # WITH AREA CODE <b>510-635-7101</b>

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <b>COUNTY OF ALAMEDA - GSA</b>		CARE OF ADDRESS INFORMATION <b>ENGINEERING &amp; ENVIRONMENTAL MANAGEMENT</b>		
MAILING OR STREET ADDRESS <b>1401 LAKESIDE DR.</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <b>OAKLAND</b>		STATE <b>CA</b>	ZIP CODE <b>94612</b>	PHONE # WITH AREA CODE <b>510-208-9525</b>

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <b>SAME AS II.</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME		STATE	ZIP CODE	PHONE # WITH AREA CODE

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

TY (TK) HQ **44-000324**

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

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

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

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

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

OWNER'S NAME (PRINTED & SIGNED) <b>ROD FREITAG</b>	OWNER'S TITLE <b>ENVIRONMENTAL PROGRAM MGR.</b>	DATE <b>11/6/95</b>
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**LOCAL AGENCY USE ONLY**

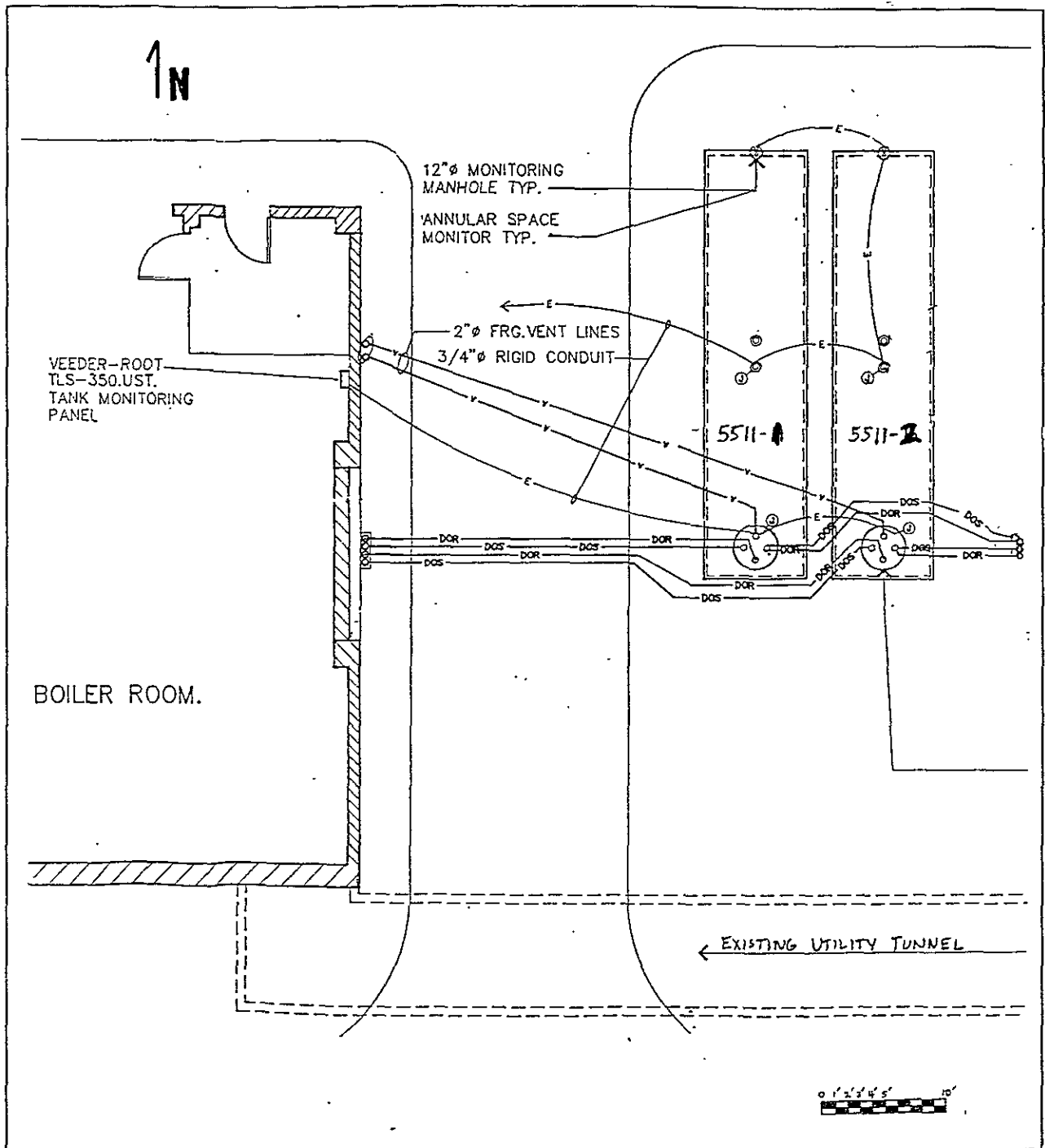
COUNTY # <input type="text"/>	JURISDICTION # <input type="text"/>	FACILITY # <input type="text"/>
LOCATION CODE - OPTIONAL <input type="text"/>	CENSUS TRACT # - OPTIONAL <input type="text"/>	SUPVISOR - DISTRICT CODE - OPTIONAL <input type="text"/>

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

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



SECTION I



**SITE PLAN**

**FAIRMONT HOSPITAL  
15400 FOOTHILL BOULEVARD  
SAN LEANDRO, CALIFORNIA**

white -env.health  
yellow -facility  
pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## Hazardous Materials Inspection Form

II, III

Site ID # \_\_\_\_\_ Site Name Fairmont Hospital Today's Date 5/18/95

Site Address 15400 Fairmont Ave

City San Leandro Zip 94 Phone \_\_\_\_\_

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

**Inspection Categories:**

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

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

**Comments:**

On-site to observe UST site - tank closures (2) postponed because of reported difficulties with product\* vacuumed from 12,000 gal diesel UST. Discussed issues with Terry Kimu (VERSTAR). Closures of these tanks to be scheduled in the coming week.

\* The product was discovered to contained concentrations of PCBs at levels which precluded their disposal where originally intended.

Contact Terry Kimu  
Title \_\_\_\_\_  
Signature \_\_\_\_\_

Inspector S. SPERRY  
Signature [Signature]

II, III

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DRA OR FACILITY NAME <u>FAIRMONT HOSPITAL</u>		NAME OF OPERATOR		
ADDRESS <u>15400 FOOTHILL BLVD</u>		NEAREST CROSS STREET <u>FAIRMONT DR</u>	PARCEL # (OPTIONAL)	
CITY NAME <u>SAN LEANDRO</u>		STATE <u>CA</u>	ZIP CODE <u>94578</u>	SITE PHONE # WITH AREA CODE <u>(510) 667-7975</u>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS* <input checked="" type="checkbox"/> COUNTY AGENCY* <input type="checkbox"/> STATE AGENCY* <input type="checkbox"/> FEDERAL AGENCY*				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST <u>SUBODH CHOUDHRY</u>				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <u>2 OLD</u> <u>2 NEW</u>	E. P. A. I. D. # (optional) <u>CAD 981929533</u>

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <u>HANFORD LEE</u>	PHONE # WITH AREA CODE	DAYS: NAME (LAST, FIRST) <u>CHOUDHRY SUBODH</u>	PHONE # WITH AREA CODE <u>(510) 208-9533</u>
NIGHTS: NAME (LAST, FIRST) <u>BOILER ROOM ATTD. (510) 437-4384</u>	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST) <u>CHOUDHRY SUBODH</u>	PHONE # WITH AREA CODE <u>(510) 745-8557</u>

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <u>COUNTY OF ALAMEDA GSA</u>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <u>1401 LAKESIDE DR</u>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <u>OAKLAND</u>		STATE <u>CA</u>	ZIP CODE <u>94612</u>	PHONE # WITH AREA CODE <u>(510) 208-9525</u>

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <u>SAME AS II. ABOVE</u>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME		STATE	ZIP CODE	PHONE # WITH AREA CODE

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

TY (TK) HQ 44-000324

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

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

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

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

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

OWNER'S NAME (PRINTED & SIGNED) <u>ROD FREITAG</u>	OWNER'S TITLE <u>ENVIRONMENTAL PROGRAM MGR</u>	DATE MONTH/DAY/YEAR <u>5/5/95</u>
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**LOCAL AGENCY USE ONLY**

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

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

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

**DBA OR FACILITY NAME WHERE TANK IS INSTALLED:**

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

A. OWNER'S TANK I.D.# <u>5511-4</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1968</u>	D. TANK CAPACITY IN GALLONS: <u>1,000</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED		
<input checked="" type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)		

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

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

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

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

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

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>12/94</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>350</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>ROD FREITAG</u>	DATE <u>5-5-95</u>
---	--------------------

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

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: \_\_\_\_\_

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

A. OWNER'S TANK I.D.# <u>5511-2</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1952</u>	D. TANK CAPACITY IN GALLONS: <u>12,000</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	3 DIESEL	6 AVIATION GAS
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>#5 Domestic Oil</u>				C. A. S. #: _____	

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

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

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

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

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>12/94</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>&lt; 50</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	---	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Roo Freitas</u>	DATE <u>5-5-95</u>
--	-----------------------

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

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Fairmont Hospital

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

A. OWNER'S TANK I.D.# 5511-2 B. MANUFACTURED BY: UNKNOWN

C. DATE INSTALLED (MO/DAY/YEAR) 1952 D. TANK CAPACITY IN GALLONS: 12,000

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

A.  1 MOTOR VEHICLE FUEL  4 OIL  90 EMPTY  95 UNKNOWN  
 2 PETROLEUM  3 CHEMICAL PRODUCT

B.  1 PRODUCT  2 WASTE

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

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED: #5 DOMESTIC OIL G.A.S.#:

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

A. TYPE OF SYSTEM  1 DOUBLE WALL  2 SINGLE WALL  3 SINGLE WALL WITH EXTERIOR LINER  4 SECONDARY CONTAINMENT (VAULTED TANK)  95 UNKNOWN  99 OTHER

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

C. INTERIOR LINING  1 RUBBER LINED  2 ALLOY LINING  3 EPOXY LINING  4 PHENOLIC LINING  5 GLASS LINING  6 UNLINED  95 UNKNOWN  99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_

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

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) N/A OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) N/A

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

A. SYSTEM TYPE (A U) 1 SUCTION (A U) 2 PRESSURE (A U) 3 GRAVITY (A U) 99 OTHER

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

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

D. LEAK DETECTION  1 AUTOMATIC LINE LEAK DETECTOR  2 LINE TIGHTNESS TESTING  3 INTERSTITIAL MONITORING  99 OTHER

**V. TANK LEAK DETECTION**

1 VISUAL CHECK  2 INVENTORY RECONCILIATION  3 VADOZE MONITORING  4 AUTOMATIC TANK GAUGING  5 GROUND WATER MONITORING  6 TANK TESTING  7 INTERSTITIAL MONITORING  91 NONE  95 UNKNOWN  99 OTHER

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) 12/94 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING \_\_\_\_\_ GALLONS 3. WAS TANK FILLED WITH INERT MATERIAL? YES  NO

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

APPLICANT'S NAME (PRINTED & SIGNATURE) \_\_\_\_\_ DATE \_\_\_\_\_

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

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

PERMIT NUMBER \_\_\_\_\_ PERMIT APPROVED BY/DATE \_\_\_\_\_ PERMIT EXPIRATION DATE \_\_\_\_\_



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

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Fremont Hospital

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

A. OWNERS TANK I.D.# 5511-4 B. MANUFACTURED BY: UNKNOWN

C. DATE INSTALLED (MO/DAY/YEAR) 1968 D. TANK CAPACITY IN GALLONS: 1000

**II. TANK CONTENTS** (FA-1 IS MARKED, COMPLETE ITEM C.)

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

B.  1 PRODUCT  2 WASTE

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

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

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

A. TYPE OF SYSTEM  1 DOUBLE WALL  3 SINGLE WALL WITH EXTERIOR LINER  95 UNKNOWN  2 SINGLE WALL  4 SECONDARY CONTAINMENT (VAULTED TANK)  99 OTHER

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

C. INTERIOR LINING  1 RUBBER LINED  2 ALKYL LINING  3 EPOXY LINING  4 PHENOLIC LINING  5 GLASS LINING  6 UNLINED  95 UNKNOWN  99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_

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

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) N/A OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) N/A

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

A. SYSTEM TYPE (A U) 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 99 OTHER

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

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

D. LEAK DETECTION  1 AUTOMATIC LINE LEAK DETECTOR  2 LINE TIGHTNESS TESTING  3 INTERSTITIAL MONITORING  99 OTHER

**V. TANK LEAK DETECTION**

1 VISUAL CHECK  2 INVENTORY RECONCILIATION  3 VADOZE MONITORING  4 AUTOMATIC TANK GAUGING  5 GROUND WATER MONITORING  6 TANK TESTING  7 INTERSTITIAL MONITORING  91 NONE  95 UNKNOWN  99 OTHER

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) 12/94 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 350 GALLONS 3. WAS TANK FILLED WITH INERT MATERIAL? YES  NO

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

APPLICANT'S NAME (PRINTED & SIGNATURE) \_\_\_\_\_ DATE \_\_\_\_\_

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

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

PERMIT NUMBER \_\_\_\_\_ PERMIT APPROVED BY/DATE \_\_\_\_\_ PERMIT EXPIRATION DATE \_\_\_\_\_

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME <b>FAIRMONT HOSPITAL</b>	NAME OF OPERATOR <b>COUNTY OF ALAMEDA GENERAL SERVICES AGENCY</b>	
ADDRESS <b>15400 FOOTHILL BLVD</b>	NEAREST CROSS STREET <b>FAIRMONT DRIVE</b>	PARCEL # (OPTIONAL)
CITY NAME <b>SAN LEANDRO</b>	STATE <b>CA</b>	ZIP CODE <b>94578</b>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS <input checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY		SITE PHONE # WITH AREA CODE <b>(510) 667-7975</b>
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> & OTHER		# OF TANKS AT SITE <input checked="" type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS <b>2 OLD</b> <b>2 NEW</b> E.P.A. I.D. # (optional) <b>CA 981429533</b>

EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY) - optional	
DAYS: NAME (LAST, FIRST) <b>HANSPARD LEE</b>	PHONE # WITH AREA CODE	DAYS: NAME (LAST, FIRST) <b>CHOWDHRY, SUBODH</b>	PHONE # WITH AREA CODE <b>(510) 208-9533</b>
NIGHTS: NAME (LAST, FIRST) <b>BOILER ROOM ATTENDANT</b>	PHONE # WITH AREA CODE <b>(510) 437-4389</b>	NIGHTS: NAME (LAST, FIRST) <b>CHOWDHRY, SUBODH</b>	PHONE # WITH AREA CODE <b>(510) 745-8357</b>

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <b>COUNTY OF ALAMEDA - GSA</b>	CARE OF ADDRESS INFORMATION <b>ENGINEERING AND ENVIRONMENTAL MGT</b>	
MAILING OR STREET ADDRESS <b>1401 LAKESIDE DRIVE</b>	<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY	
CITY NAME <b>OAKLAND</b>	STATE <b>CA</b>	ZIP CODE <b>94612</b>
		PHONE # WITH AREA CODE <b>(510) 208-9525</b>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <b>SAME AS II. ABOVE</b>	CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS	<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY	
CITY NAME	STATE	ZIP CODE
		PHONE # WITH AREA CODE

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

TY (TK) HQ **44-000324**

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

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

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

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

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

I  II  III

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

OWNER'S NAME (PRINTED & SIGNED)	OWNER'S TITLE	DATE	MONTH/DAY/YEAR
---------------------------------	---------------	------	----------------

LOCAL AGENCY USE ONLY

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

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.  
OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK PERMIT



**ACORD****CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

1/05/95

## PRODUCER

**JOHNSON & HIGGINS**

OF WASHINGTON, DC, INC.

1401 EYE STREET, NW

SUITE 400

WASHINGTON, DC 20005-2204

MICHAL R. GNATEK

(202) 898-1401

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

**COMPANIES AFFORDING COVERAGE**COMPANY LETTER **A**

COMMERCE AND INDUSTRY INS CO

COMPANY LETTER **B**

NATIONAL UNION FIRE INS CO (PA)

COMPANY LETTER **C**

HARTFORD UNDERWRITERS INS CO

COMPANY LETTER **D**

AMERICAN INTERNATIONAL SPECIALTY LINES INS CO

COMPANY LETTER **E**

## INSURED

VERSAR INC.

ATT PAMELA J. JOHN

6850 VERSAR CENTER

SPRINGFIELD VA 22151

**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)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	3405734	12/31/94	12/31/95	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ 2,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	5050556	12/31/94	12/31/95	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	BE3096935	12/31/94	12/31/95	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	77WZCQ4412	7/01/94	7/01/95	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE-EACH EMPLOYEE \$ 1,000,000
D	OTHER Errors & Omissions (Contract, Prof. Liability Incl.)	7735631	12/31/94	12/31/95	\$1500000 Each Claim \$1500000 Aggregate \$150000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS (LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS AND MAY HAVE DEDUCTIBLES OR RETENTIONS) EVIDENCE OF COMMERCIAL GENERAL LIABILITY, BUSINESS AUTOMOBILE LIABILITY, UMBRELLA LIABILITY, WORKERS COMPENSATION AND EMPLOYERS LIABILITY AND ERRORS &amp; OMISSIONS COVERAGES AS RESPECTS THE NAMED INSURED.

**CERTIFICATE HOLDER**

VERSAR INC.

ATTN: PAM JOHN

6850 VERSAR CENTER

SPRINGFIELD

VA 22151

**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

*Christine Di Bona*



# General Services Agency

---

Darlene A. Smith, Director

November 1, 1994

Mr. Scott Seery, CHMM  
Senior Hazardous Materials Specialist  
Alameda County Health Care Services Agency  
Department of Environmental Health  
1131 Harbor Bay Parkway, Second Floor  
Alameda, California 94502

SUBJECT: REPORT DOCUMENTING THE CLOSURE AND ABANDONMENT  
IN-PLACE OF UNDERGROUND STORAGE TANK UST #1,  
FAIRMONT HOSPITAL, 15400 FOOTHILL BOULEVARD,  
SAN LEANDRO, CALIFORNIA

Dear Mr. Seery:

Enclosed is the *October 4, 1994 Final Report Documenting The Closure And Abandonment In-Place Of The Underground Storage Tank At Fairmont Hospital, 15400 Foothill Boulevard, San Leandro, California*. This report was prepared by GeoStrategies Inc. to document the closure in-place activities for one petroleum storage tank, referred to as UST #1 on August 12, 1994. Please note that GeoStrategies is recommending the following: "Based on ESE's *Subsurface Investigation Report dated June 1, 1993* which reports no hydrocarbons detected in the soil surrounding UST #1, GeoStrategies recommends that (1) the Alameda General Services Agency should not be required to perform additional environmental work concerning UST #1 at the subject site, and (2) tank closure for UST #1 be granted."

Therefore, Alameda County is hereby requesting that (1) no further investigation concerning UST #1 be conducted at the subject site, and (2) tank closure for UST #1 be granted as soon as possible. If you have any questions, please call me at (510) 208-9521. Thank you for your continued cooperation and I look forward to working with you.

Sincerely,

Andrew B. Garcia, REA  
Environmental Project Manager

enclosure

cc: Mr. Joel Coffman, GeoStrategies Inc. - w/o

ABG;abg; g:\project\env\7040fhos\EH1101  
Project 93-7040, Bldg. 5519

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

CASE FILE #

UST # 1

In-place closure  
 1994

SCOTT SEERY

887-94  
 7-13-94 ACCEPTED\*  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 470 27th Street, Room 200  
 Oakland, CA 94612  
 Telephone: (415) 364-7237

These plans have been reviewed and found to be acceptable and essentially comply with the provisions of State and local health laws (Title 25, Chapter 4.5) and those required by the Department and its local health officers. The State and local laws are in effect and the project will be in compliance with State and local laws. The project will be in compliance with State and local laws. If any requirements are not met, the contractor must be notified of these requirements and be on the job and able to correct them. The contractor must be in compliance with the construction and installation specifications. Any change or alteration of these plans and specifications must be submitted to the Department and to the Fire and Building Inspector. Details must be provided 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:

~~Final inspection~~  
 Final inspection  
 Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.  
 THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THE PERMIT

\* Piping must be emptied and removed and/or capped

UNDERGROUND TANK CLOSURE PLAN

\*\*\* Complete according to attached instructions \*\*\*

1. Business Name Fairmont Hospital  
 Business Owner County of Alameda General Services Agency
  2. Site Address 15401 Foothill Boulevard  
 City San Leandro Zip 94578 Phone (510)437-4391
  3. Mailing Address 4400 Mac Arthur Boulevard  
 City Oakland Zip 94619 Phone (510)535-6280
  4. Land Owner County of Alameda General Services Agency  
 Address 4400 MacArthur Boulevard City, State Oakland, CA zip 94619
  5. Generator name under which tank will be manifested N/A
- EPA I.D. No. under which tank will be manifested N/A

6. Contractor GeoStrategies Inc.  
Address 6747 Sierra Court, Suite G  
City Dublin Phone (510) 551-7444  
License Type\* A, HAZ ID# 671250

\*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Consultant GeoStrategies Inc.  
Address 6747 Sierra Court, Suite G  
City Dublin Phone (510) 551-7444

8. Contact Person for Investigation  
Name Ms. Lisa L. Kelly Title Staff Engineer  
Phone (510) 551-7444

9. Number of tanks being closed under this plan [REDACTED]  
Length of piping being removed under this plan N/A  
Total number of tanks at facility 2

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name Erickson, Inc. EPA I.D. No. CAD009466392  
Hauler License No. 019 License Exp. Date May 1995  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson, Inc. EPA I.D. No. \_\_\_\_\_  
Address Same  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c) Tank and Piping Transporter

Name N/A EPA I.D. No. \_\_\_\_\_  
Hauler License No. \_\_\_\_\_ License Exp. Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

d) Tank and Piping Disposal Site

Name N/A EPA I.D. No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

11. Experienced Sample Collector

Name Mr. Barry McCoy  
Company GeoStrategies Inc.  
Address 6747 Sierra Court, Suite G  
City Dublin State CA Zip 94568 Phone (510) 551-7444

12. Laboratory

Name AEN  
Address 3440 Vincent Road  
City Pleasant Hill State CA Zip 94523  
State Certification No. 1172

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

If yes, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Describe methods to be used for rendering tank inert

Please refer to the Work Plan.

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
Please refer to the Work Plan.			

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan
N/A	N/A

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPH-D & BTX&E	EPA Method 3510	EPA Method 8015/8020	50 ppb 0.5 ppb

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

18. Submit Worker's Compensation Certificate

Name of Insurer TGI Insurance Company

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)-

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

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

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

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

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

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

Signature of Contractor

Name (please type) Steven P. Viani - GeoStrategies Inc.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Site Owner or Operator

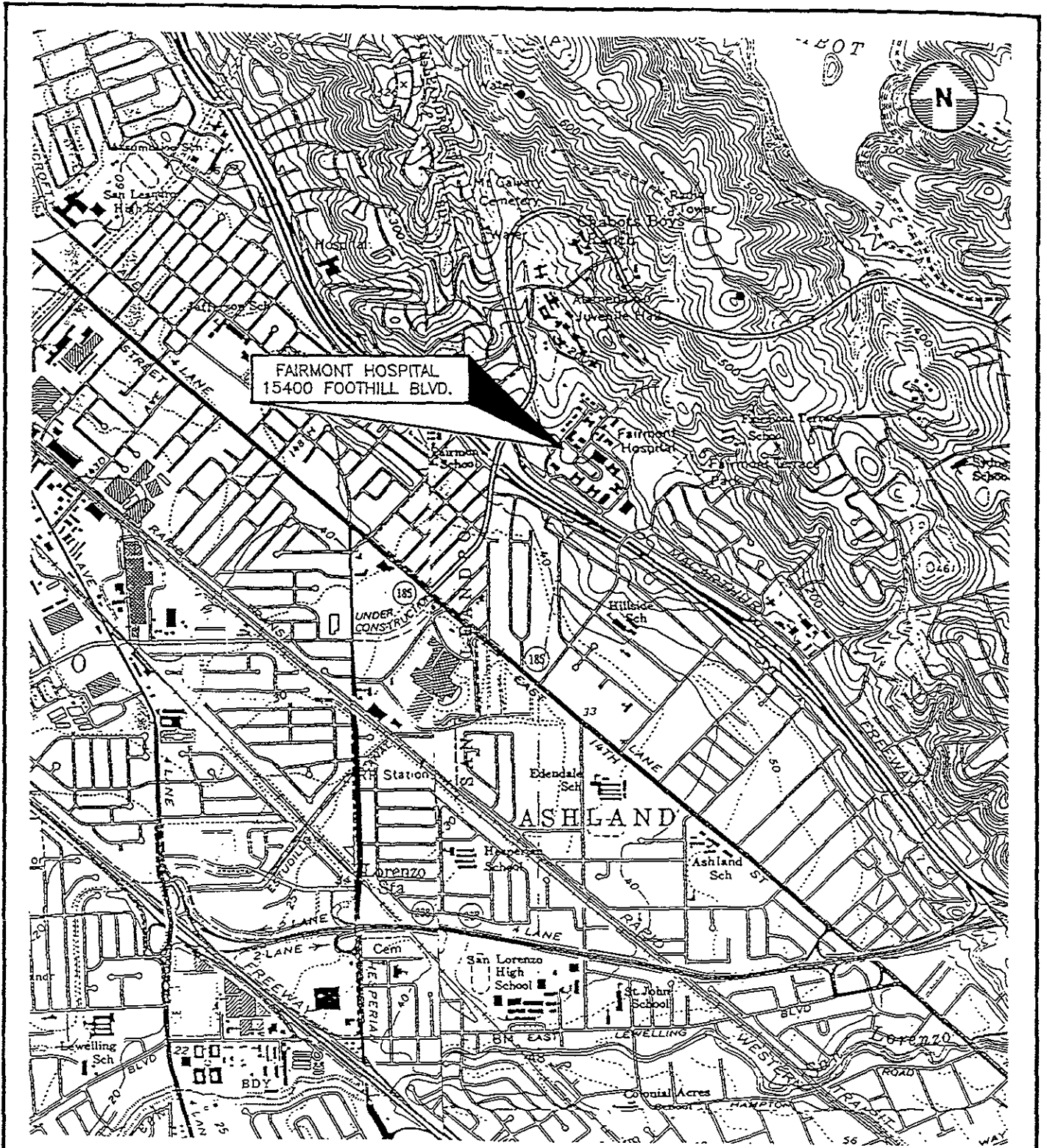
Name (please type) Jim de Vos - General Services Agency

Signature *Jim de Vos*

Date 6-21-94



## **ATTACHMENTS**



ADAPTED FROM USGS HAYWARD AND SAN LEANDRO 7 1/2 MINUTE TOPOGRAPHIC QUADRANGLES



Environmental  
Science &  
Engineering, Inc.

DATE

1/93

PROJ. NO.

6-93-5021

ALAMEDA CTY. GSA - FAIRMONT HOSPITAL  
15401 FOOTHILL BOULEVARD  
SAN LEANDRO, CALIFORNIA

DRAWN BY

CVS

CAD FILE

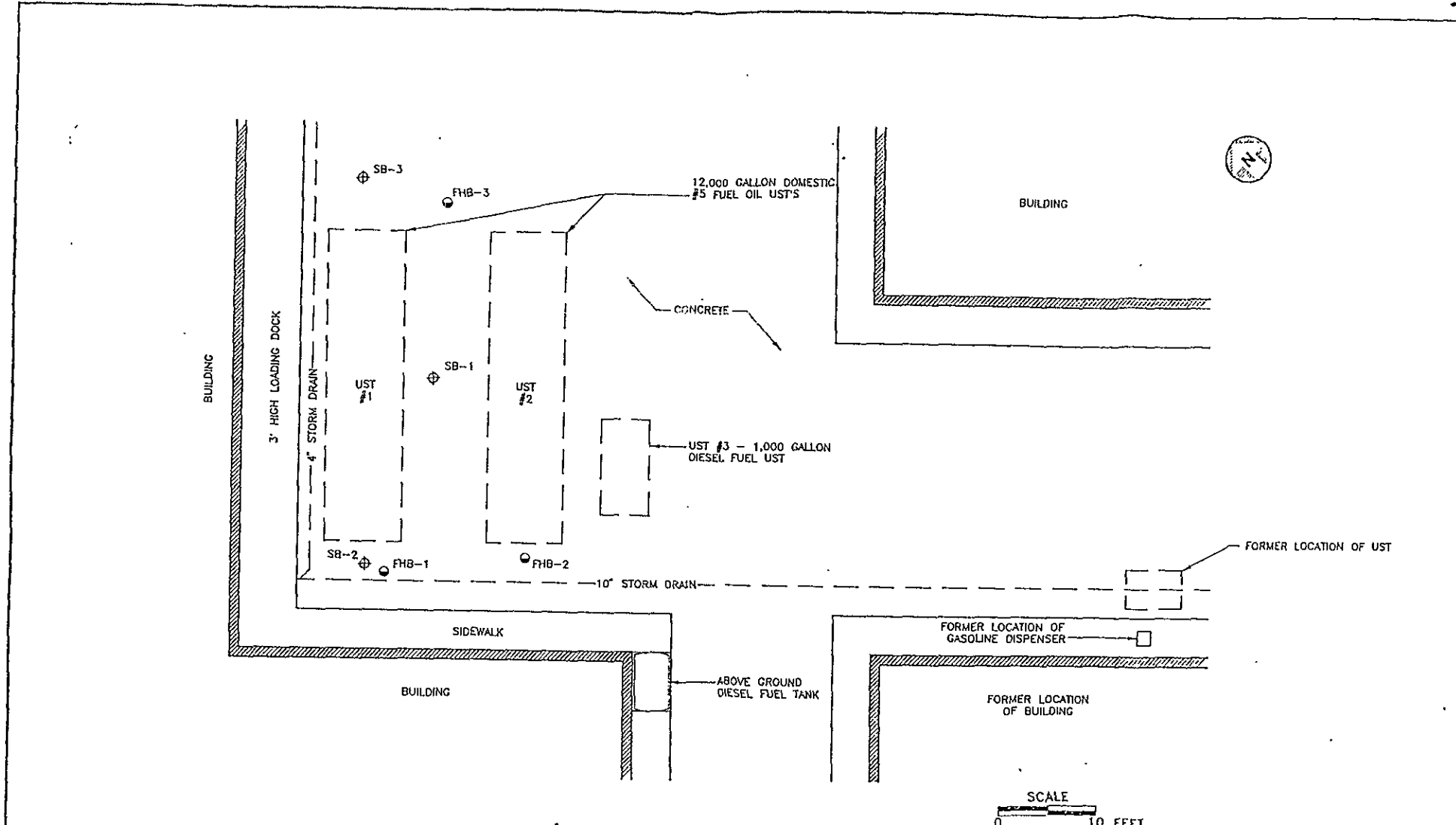
50211001

APPROVED BY

REVISED

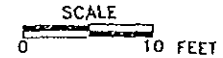
4090 NELSON AVENUE, SUITE J  
CONCORD, CA 94520


FIGURE 1  
VICINITY MAP



**LEGEND**

- ⊕ SOIL BORING LOCATION (4/21/93 BY ESE)
- UST UNDERGROUND STORAGE TANK
- ⊙ BACKFILL VADOSE WELL (INSTALLED JUNE 1988 BY GREGG & ASSOCIATES)



 <b>Environmental Science &amp; Engineering, Inc.</b> <small>A GILCOFF Company</small>	DATE	1/93	PROJ. NO.	6-93-5021	ALAMEDA CTY GSA - FAIRMONT HOSP 15401 FOOTHILL BOULEVARD SAN LEANDRO, CALIFORNIA
	DRAWN BY	CVS	CAD FILE	50211002	
4090 NELSON AVENUE, SUITE J CONCORD, CA 94520	APPROVED BY		REVISED	DWR 5/93	FIGURE 2 SOIL BORING LOCATIONS

# ADDENDUM CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

04/14/94

**PRODUCER**  
 Matsen Insurance Brokers  
 100 Stony Point Road Ste.160  
 P.O. Box 907  
 Santa Rosa, CA 95402

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

## COMPANIES AFFORDING COVERAGE

- |                |                                      |
|----------------|--------------------------------------|
| COMPANY LETTER | A General Star Indemnity Company     |
| COMPANY LETTER | B Aetna Casualty & Surety            |
| COMPANY LETTER | C General Security Insurance Company |
| COMPANY LETTER | D Transamerica Insurance Company     |
| COMPANY LETTER | E                                    |

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

## 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)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. OWNERS' & CONTRACTOR'S PROT. \$5,000 Deduct. Each Claim	IYG321584	04/01/94	04/01/95	GENERAL AGGREGATE \$1,000,000 PRODUCTS-COMP/OP AGG. \$1,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	063FJ24102458	04/01/94	04/01/95	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
C	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	GP50085	04/01/94	04/01/95	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WCP80570916	04/01/94	04/01/95	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000
A	OTHER Professional Liability *Claims Made Form	IYG321583	04/01/94	04/01/95	1,000,000 Each Claim/ Aggregate subject to \$5,000 Ded. per claim

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

RE: All California Operations of the Named Insured.  
 Certificate Holder is additional insured per form CG2010 attached.

## CERTIFICATE HOLDER

County of Alameda, Its Officers,  
 Agents and Employees  
 80 Swan Way, Room 200  
 Oakland, CA 94621

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

*[Signature]*

State of California

# Contractors State License Board

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

GEOSTRATEGIES INC



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

A - GENERAL ENGINEERING CONTRACTOR  
HAZ - HAZARDOUS SUBSTANCES REMOVAL



State of  
California  
Department of  
Consumer  
Affairs

Witness my hand and seal this day,  
May 14, 1993

Issued May 13, 1993

*David R. Phillipis*  
Registrar of Contractors

*[Signature]*  
\_\_\_\_\_  
Signature of Licensee

*[Signature]*  
\_\_\_\_\_  
Signature of License Qualifier

671250

\_\_\_\_\_  
License Number

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



State of California  
CONTRACTORS STATE LICENSE BOARD



License Number

671250

Entity

CORP

Business Name

GEORGE REGES I

Classification

Expiration Date

05/31/95



### **3.0 HAZARD EVALUATION**

**PARAMETER:** 10% LEL maximum, 300 ppm THC TLV maximum

**SPECIAL PRECAUTIONS AND COMMENTS:**

Applicable safety procedures must be followed per GeoStrategies Inc. Health and Safety Plan. Applicable procedures are attached:

Section 9.1 - Underground Storage Tank Removal and Installation (for inerting, traffic work, electric tools, etc. only)

Section 9.4 - Line Testing

Section 9.6 - Street Work

Section 9.9 - Steam Cleaner and Pressure Washer Use

Section 9.10 - Product Transfer

All personnel working on this project must have been trained pursuant to the provisions of CFR 1910-120. (Records available at GeoStrategies offices.) Provisions must be made to insure vapors are not allowed to accumulate in garage area during degassing.

### **4.0 SITE SAFETY WORK PLAN**

**PERIMETER ESTABLISHMENT:**

Use barricades, flagging and vehicles to restrict access to work areas

**PERSONAL PROTECTION:**

Level of Protection: EPA Level D

Modifications: Hard hats and red vests required

Surveillance Equipment and Material:  
Gastech

**SITE ENTRY PROCEDURES:**

No unauthorized personnel



**DECONTAMINATION PROCEDURES:**

Tools will be steam cleaned, the rinse water will be collected and removed from the site by a licensed hazardous waste hauler. Personal protective equipment will be washed thoroughly with detergent solution and water.

**FIRST AID:** As applicable

**WORK LIMITATIONS (TIME OF DAY, WEATHER, HEAT/COLD STRESS):**  
As applicable

**CLOSURE-DERIVED MATERIAL DISPOSAL:**

All closure-derived material will be disposed of properly by a licensed hazardous waste hauler after applicable analytical tests have been conducted and the results have been reviewed.

**TEAM COMPOSITION:**

GeoStrategies Inc.: Field Engineer (1); Gettler-Ryan Inc.: Site Foreman (1) (Site Foreman is Site Safety Officer), Laborers (2); Subcontractors: Licensed Hazardous Waste Hauler, Slurry Provider, Slurry Pumper

**5.0 EMERGENCY INFORMATION**

**LOCAL RESOURCES:**

Ambulance/Hospital	Dial 911
Police/Sheriff/Highway Patrol	Dial 911

**SITE RESOURCES:**

Water Supply	Fire Extinguisher
Telephone	First Aid Kit
Visqueen	Sorbant Pads

**EMERGENCY CONTACT:**

GeoStrategies Inc.	1-510-551-8777
--------------------	----------------

**EMERGENCY ROUTES:**

Nearest emergency hospital is: Eden Hospital Medical Center  
(See Attached Information)

HOSPITAL LOCATION IS MARKED ON MAP.

## 9.0 SPECIFIC PROCEDURES

### 9.1 UNDERGROUND STORAGE TANK REMOVAL AND INSTALLATION

- 9.1.1 Underground storage tanks are to be removed or installed by employees specifically authorized by the Field Operations Manager.
- 9.1.2 Call Underground Service Alert at 1-800-642-2444 to mark all utilities in the sidewalks surrounding service station. Check to see who is covered by service. Some municipalities do not subscribe. Requests must be made 72 hours in advance.
  - 9.1.2.1 Call any known non-subscribers to USA to mark their lines. ie. local sewer and storm drain agencies.
  - 9.1.2.2 If available, use site drawings of underground lines to mark line locations before any excavating is done.
  - 9.1.2.3 If needed, no parking signs should be posted at this time.
- 9.1.3 Project Manager will conduct a site safety briefing with project foreman prior to the start of work.
  - 9.1.3.1 Project foreman will conduct a preconstruction site safety briefing with his crew and sub-contractors.
  - 9.1.3.2 The foreman is responsible for insuring visitors are aware of site safety requirements.
- 9.1.4 Use sufficient lighted barricades and flagging to secure excavated areas (1 barricade for each ten feet of distance to cover plus 2).
  - 9.1.4.1 Sites and/or excavations will normally be fenced.
- 9.1.5 Shut off all power to station exterior (pumps, lights, etc.) when starting tank excavation. VERIFY power is off (See Section 9.13).
- 9.1.6 Post "No Smoking" signs and enforce them.
- 9.1.7 Observe overhead line clearances. A minimum 10 ft. clearance must be maintained.

- 9.1.8 Hard hats are to be worn by all personnel while any heavy equipment is in operation. (i.e., hop-to, crane etc)
- 9.1.8.1 Hard hats will be worn by employees working in the tank excavation or trenches when there is a danger of falling objects.
- 9.1.9 Fire extinguishers are required on site during tank removal operations. (2-20 lb. ABC minimum)
- 9.1.10 Use accepted procedures for freeing tanks of vapors:
- Tank may not contain more than 1 gal. of product per 1000 gal. capacity.
  - Remove all product from tank after all lines have been purged.
  - Add a minimum of 10 gal. of water to tank and allow to settle 5 minutes then pump out into approved drums.
  - Recheck tank for liquid product.
  - Begin vapor free/tank ventilation with compressed air venturi device. Device must be bonded metal to metal (grounded) to prevent build up of static electricity.
  - When LEL is less than 10%.
  - Insert 30 lbs of dry ice per 1000 gal. of tank capacity using as many tank openings as possible. Local regulations may require more.
  - Add 5 gallons of water to dry ice in tank.
  - Use Gastector to check vapor levels in tank hole or other excavations to insure vapors have not collected.
  - Tank LEL must be less than 10% or as instructed by local fire marshal before it may be moved.
  - Drums of extracted water/product are to remain on site for later disposal. Drums must be labeled as to contents. (Tank bottom water is considered a hazardous waste.)
  - Tanks must be removed from site as soon as possible and properly disposed of. (manifested)

- 9.1.11 Use of electrically powered tools in tank excavation while old UGST are in ground is prohibited.
  - 9.1.11.1 A manual four wheel cutter is recommended for cutting lines when necessary.
  - 9.1.11.2 Pneumatic tools may be used providing LEL in tank area is confirmed below 20% Gastechtor reading.
- 9.1.12 All persons not required to be working at the excavation should remain outside work area.
  - 9.1.12.1 Watch for fellow workers walking around excavation, hopto, loader and other heavy equipment.
- 9.1.13 No personnel may enter a tank excavation deeper than five feet below grade for any reason unless the excavation is properly shored, sloped or benched. (See section 9.12)
  - 9.1.13.1 Personnel may enter the excavation to walk on the tank top during purging, LEL checks or to attach chains for removal, as per above.
  - 9.1.13.2 Use extreme caution when walking on any tank top as they can be very slippery.
- 9.1.14 When working in the street, all personnel must wear red vests and hard hats. Stop/slow paddles must be used by traffic control personnel. Traffic control personnel must be used any time normal street traffic is affected. i.e. Loading or unloading tanks.
- 9.1.15 If a vehicle or piece of equipment is protruding into the street, it must be coned and/or barricaded. Two way traffic must be maintained.
- 9.1.16 When tanks are being loaded or unloaded, no personnel are allowed to be under the tanks.
- 9.1.17 No personnel are allowed to work on a tank top while tank is above ground or on a trailer.
  - 9.1.17.1 Ladders must be used or tank may be rolled such that necessary work i.e., air testing may be performed from ground level.

- 9.1.18 A temporary vent must be installed in each newly installed tank.
  - 9.1.18.1 Tanks taken out of service but not immediately removed must be vented above grade.
- 9.1.19 Tanks will be ballasted with water to avoid tank floating. Gasoline may be used at the direction of the customer only.
- 9.1.20 All driveways and excavated areas must be barricaded and flagged at all times except to allow worker and equipment access.
- 9.1.21 Insure all public right of ways (street and sidewalks) are clean and free of job caused hazards.
- 9.1.22 Fence excavation as required.
- 9.1.23 Nail 2"x4" lumber between barricades around excavated areas and driveways where fencing is not used.
- 9.1.24 Cover trenches with 1 1/8" plywood where needed for walking. Barricade all others, regardless of fencing.
- 9.1.25 Keep area lighted at night when possible.
- 9.1.26 A 24 hour guard will be maintained on site when required. e.g. an excavation over 5 feet deep containing water, excessive vapors are present or there is exposed piping which has been tested.

#### 9.4.1 Petrotite Testing (Hydrostatic)

- 9.4.1.1 Turn off power to submersible pumps before opening any line.
- 9.4.1.2 Lockout/Tagout breaker switch and post warning sign. Inform station personnel of affected products. (See Section 9.3)
- 9.4.1.3 Secure all nozzles on affected products.
- 9.4.1.4 Follow all manufacturers procedures for equipment set up.
- 9.4.1.5 Use cones and barricades as necessary to close off working area. Wearing of red warning vests while working on service islands is recommended.
- 9.4.1.6 When removing dispenser door panels:
  - Do not stand panels up against anything (they may fall and hit cars or people).
  - Lay panels flat, out of the way, if possible.
- 9.4.1.7 Avoid product spillage. Use absorbent materials and pans if required.
- 9.4.1.8 If Petrotite line test fails:
  - Do not put system back into service until repairs are made, the line retested, the test holds, and the system is without defects.
  - If line is to be left out of service, screw down product check valve, trip all product impacts and tape off product breaker switch.

9.4.2 Air, nitrogen or helium testing of lines

- 9.4.2.1 Two men recommended for all pressure testing.
- 9.4.2.2 Lines will be isolated from tanks when testing above 5 psi. (maximum pressure is 100 psi. unless otherwise specified).
- 9.4.2.3 Turn off power to submersible pump and secure product nozzles of affected products when testing product lines.
- 9.4.2.4 Keep air compressor as far away as possible from tank complex and pump islands.
- 9.4.2.5 Always remove fill caps and, if possible, drop tubes from ALL tanks when testing lines.
- 9.4.2.6 Confirm line configuration. Check for crossed lines.
- 9.4.2.7 Use two good/serviceable gauges.
- 9.4.2.8 All primary piping is to be tested at 90 to 100 PSI. Use 0-120 PSI gauge.
- 9.4.2.9 Test will be left on for 1 hour minimum.
- 9.4.2.10 If product line test fails:
  - Do not put system back into service until repairs are made, the line is retested, the test holds, and the system is without defects.
  - If line is to be left out of service screw down product check valve, trip all impacts and lock out product breaker switch.

#### 9.4.2.11 When testing is complete:

- Bleed pressure off slowly.
- Watch for vapor accumulation in surrounding area.
- Remove all plugs.
- Reconnect all lines.
- Reset all impact valves.
- Check for and repair any product leaks.
- Insure all systems are operational prior to leaving site.
- Systems that fail testing are not to be put back into service until repairs are made.



9.6 STREET WORK

- 9.6.1 All planned street work will be submitted to the Safety Manager a minimum of 72 hours prior to commencement of work.
- 9.6.2 The Safety Manager is responsible for formulating a traffic safety plan for the site.

- 9.6.3 The Safety Manager or Superintendent will physically check each site for street layout.
- 9.6.3.1 All digging/drilling locations should be marked with white paint at this time.
- 9.6.3.2 USA will be notified immediately after marking.
- 9.6.3.3 If needed, no parking signs should be posted a minimum of 72 hours prior to commencement of work.
- 9.6.4 The traffic safety plan will include as a minimum:
- map of location with excavation points marked.
  - lanes to be affected.
  - traffic control devices needed.
- 9.6.5 A traffic safety plan will be made for each site requiring regular monitoring and/or sampling of street wells. This plan will become a part of the work order.
- 9.6.6 Two persons are required for all street work requiring a traffic lane closure. Two persons recommended for all other street work.
- 9.6.7 A red safety vest with reflective stripes will be worn by all personnel working in the street or by those crossing a street on regular basis to work. Hard hats are recommended while working in the street to provide additional protection and visibility to motorists.
- 9.6.8 The State of California Department of Transportation (CALTRANS) guidelines will be used as the traffic control guide unless specifically supplemented by local requirements.
- 9.6.9 No work in the street will commence until the affected lanes have been closed off and all traffic control devices are in place.

- 9.6.10 Vehicles should be parked so as to provide maximum protection for personnel. At least 1 vehicle must be equipped with a warning light other than hazard flashers.
  
- 9.6.11 All excavations in the street including parking areas will be covered by trench plates when practical.
  
- 9.6.12 Any cones or delineators left overnight in or near the street must have reflective sleeves.
  - 9.6.12.1 Unattended 28" cones are not to be used to block a lane of traffic at night.
  
- 9.6.13 Barricades left overnight must be lighted. Use of unattended barricades in the street is not recommended.

## 9.9 STEAM CLEANER/PRESSURE WASHER USE

- 9.9.1 All personnel using the steam cleaner/pressure washers (SC/PW) must read the operators manual on the equipment.
- 9.9.2 Eye and hand protection are required while operating this equipment. Face shields, goggles and insulated rubber gloves are strongly recommended.
- 9.9.3 Use only diesel in the burner unit. Use only regular gas in engine, DO NOT CONFUSE TANKS.
- 9.9.4 Turn unit off completely while refueling.
- 9.9.5 Do not spray water on electrical components.
- 9.9.6 Grip steam cleaning wand securely before starting washer. Serious injury can be inflicted if an unsecured wand starts whipping.
- 9.9.7 Units with shut off guns should not be operated in the shut off position for extended periods. Insure burner shuts off when gun is shut off.
- 9.9.8 Protect discharge hose(s) from vehicular traffic.
  - 9.9.8.1 Replace any discharge hose which has signs of damage or wear.
- 9.9.9 Protect the public and all property from flying debris and wand discharge.
- 9.9.10 Drum and label all cleaning water as required by local regulations.
- 9.9.11 Use proper containment for equipment being cleaned.

## 9.10 PRODUCT TRANSFER

- 9.10.1 During the course of our operations we may be required to transfer flammable products (gasoline/diesel primarily) from tank to tank, dispenser to drum, tank to drum, etc. for on site storage or tank and line testing.
- 9.10.2 During any product transfer extreme care must be taken to prevent the build up of static electricity through bonding and grounding.
- 9.10.3 Spills must always be avoided. Have absorbent materials readily accessible.

9.10.4 The primary means of transfer are the use of:

- approved flammable liquid transfer pump.
- approved hand operated transfer pump.
- gasoline dispenser to calibration bucket, safety can or drum.

9.10.4.1 When using the pneumatic gasoline transfer pump, care must be taken to insure:

- tank truck hoses are being used.
- pump is grounded.
- 20 lb ABC fire extinguisher is readily accessible.
- discharge nozzle is below product level when possible.
- discharge hose is bonded to container by use of grounding wire and/or that nozzle is below product level.
- intake should be below product level to minimize air intake.

9.10.4.2 When using hand transfer pump, care must be taken to insure:

- discharge hose is bonded to tank or drum. (use ground wire or tip of standard steel braid gasoline hose)
- discharge nozzle is below surface of product.

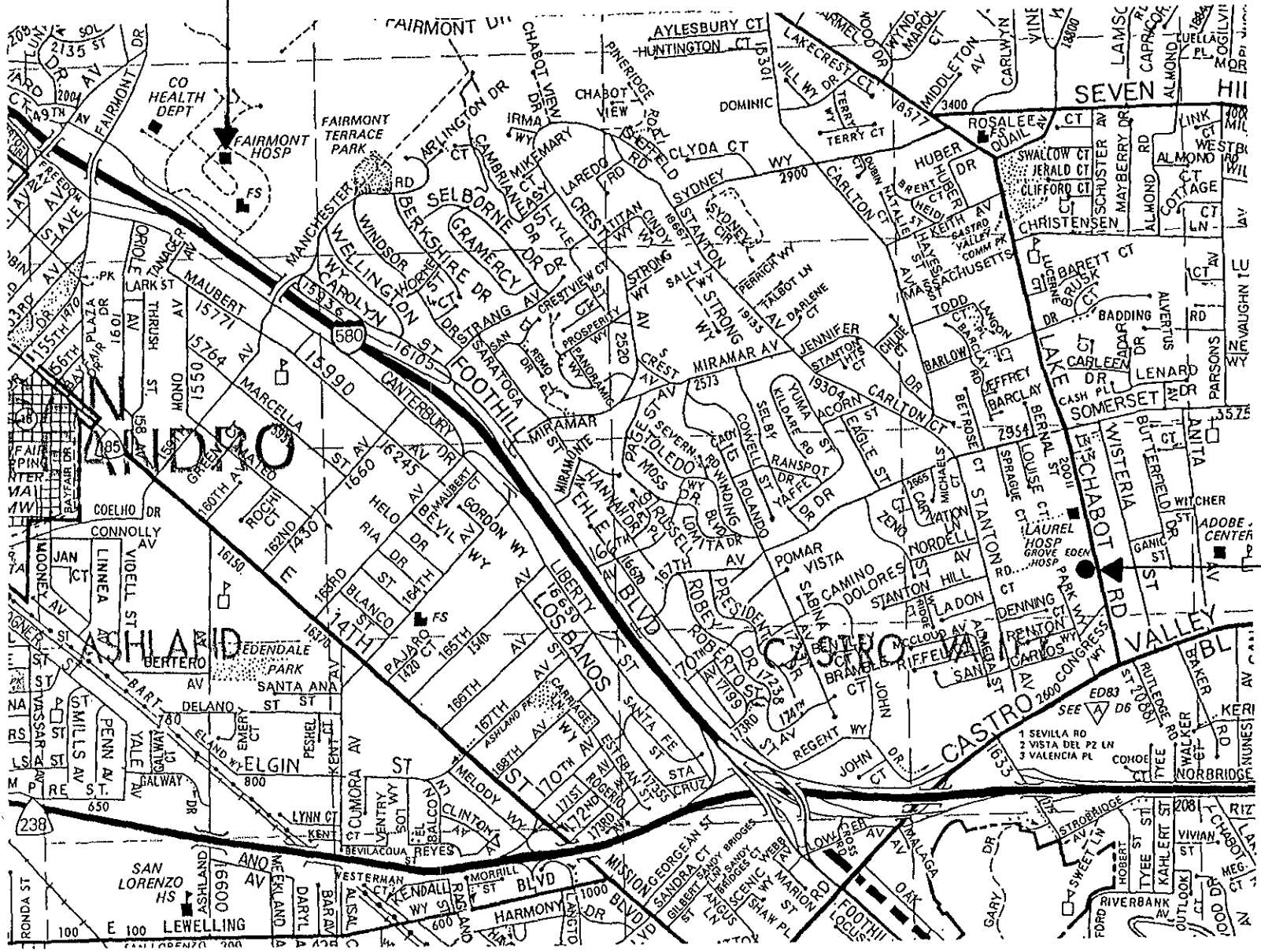
9.10.4.3 When using gasoline dispenser to transfer product care must be taken to insure:

- nozzle tip rests against the metal container.
- a bonding (grounding) wire is used whenever lines are being purged of air. (Metal to metal contact is required).
- DO NOT use a plastic bucket!

9.10.5 Do not use trash or other water pumps for fuel transfer.

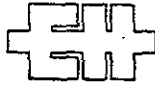
- 9.10.6 When necessary, approved safety cans will be used to store gasoline and diesel on Gettler-Ryan Inc. vehicles. Five (5) gallons of each product is the maximum allowable storage.
- 9.10.7 When pouring gasoline/diesel into tank or any container use approved funnels.
- 9.10.8 Flammable liquids will be stored on site only in DOT approved drums. (closed top with 1-2" bung and 1-3/4" bung) Drums must be properly labeled.

WORK SITE - FAIRMONT HOSPITAL  
15401 FOOTHILL BLVD.



EDEN HOSPITAL  
MEDICAL CENTER  
(SEE INFORMATION  
NEXT PAGE)

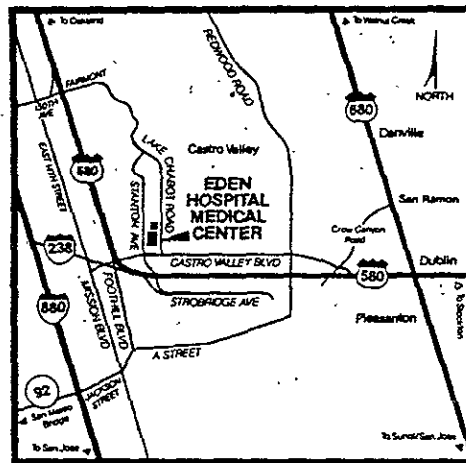
# EDEN HOSPITAL MEDICAL CENTER



- 24-Hour Physician Staffed  
Emergency Department  
& Trauma Center
- Complete & Comprehensive  
Medical & Health Care Services
- An Entire Floor Devoted  
to Maternity & Women's  
Services • 889-5045
- Eden Heart Institute • 889-5087
- Cancer Center • 727-2792
- Geriatric Services  
(including transportation &  
senior housing) • 727-2719
- Adult & Older Adult  
Psychiatric Services • 889-5072
- Complete Physical Medicine &  
Rehabilitation Services • 889-5064

**537-1234**

20103 Lake Chabot Road  
Castro Valley, California 94546



A community hospital conveniently  
located near Highways 580 and 880

**We're here when you need us.**



UST #1

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME Fairmont Hospital		NAME OF OPERATOR County of Alameda		
ADDRESS 15401 Foothill Boulevard		NEAREST CROSS STREET Fairmont Drive	PARCEL # (OPTIONAL)	
CITY NAME San Leandro		STATE CA	ZIP CODE 94578	SITE PHONE # WITH AREA CODE N/A
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input checked="" type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST _____				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		# OF TANKS AT SITE 2	E. P. A. I. D. # (optional)	

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) Mr. Peter C. Kinney	PHONE # WITH AREA CODE (510) 535-6280	DAYS: NAME (LAST, FIRST) Mr. Lee Hanspadd	PHONE # WITH AREA CODE (510) 437-4391
NIGHTS: NAME (LAST, FIRST) Boiler Room Attendent	PHONE # WITH AREA CODE (510) 437-4389	NIGHTS: NAME (LAST, FIRST) Mr. Chowdhry	PHONE # WITH AREA CODE (510) 535-6226

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME County of Alameda General Services Agency	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 4400 MacArthur Boulevard	<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Oakland	STATE CA	ZIP CODE 94619	PHONE # WITH AREA CODE (510) 535-6280

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER County of Alameda General Services Agency	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 4400 MacArthur Boulevard	<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Oakland	STATE CA	ZIP CODE 94619	PHONE # WITH AREA CODE (510) 535-6280

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

TY(TK) HQ 44-000324

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

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

**VI. LEGAL NOTIFICATION AND BILLING ADDRESS**

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

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

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

OWNER'S NAME (PRINTED & SIGNED) PETER C. KINNEY <i>Peter C. Kinney</i>	OWNER'S TITLE Env. Prog. MGR.	DATE MONTH/DAY/YEAR 6-21-94
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**LOCAL AGENCY USE ONLY**

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

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

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Fairmont Hospital

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

A. OWNER'S TANK I.D.# <u>UST #1</u>	B. MANUFACTURED BY: <u>unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>unknown</u>	D. TANK CAPACITY IN GALLONS: <u>12,000</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>Domestic No. 5 Fuel</u>			C. A. S. #:		

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 85 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>N/A</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>N/A</u>

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

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

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>PETER C. KINNEY</u>	DATE <u>6-21-94</u>
--	------------------------

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

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Fairmont Hospital

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

A. OWNER'S TANK I.D.# <u>UST #1</u>	B. MANUFACTURED BY: <u>unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>unknown</u>	D. TANK CAPACITY IN GALLONS: <u>12,000</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Domestic No. 5 Fuel C.A.S.#: \_\_\_\_\_

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER

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

C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
		<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_

D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) N/A OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) N/A

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

A. SYSTEM TYPE	A (U) 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A (U) 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A (U) 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER

D. LEAK DETECTION  1 AUTOMATIC LINE LEAK DETECTOR  2 LINE TIGHTNESS TESTING  3 INTERSTITIAL MONITORING  99 OTHER N/A

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>PETER C. KINNEY</u>	DATE <u>6-21-94</u>
---	---------------------

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

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS



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

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

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

DBA OR FACILITY NAME Fairmont Hospital		NAME OF OPERATOR County of Alameda		
ADDRESS 15401 Foothill Boulevard		NEAREST CROSS STREET Fairmont Drive	PARCEL # (OPTIONAL)	
CITY NAME San Leandro		STATE CA	ZIP CODE 94578	SITE PHONE # WITH AREA CODE N/A
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input checked="" type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST _____				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		# OF TANKS AT SITE 2	E. P. A. I. D. # (optional)	

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) Mr. Peter C. Kinney	PHONE # WITH AREA CODE (510) 535-6280	DAYS: NAME (LAST, FIRST) Mr. Lee Hanspadd	PHONE # WITH AREA CODE (510) 437-4391
NIGHTS: NAME (LAST, FIRST) Boiler Room Attendent	PHONE # WITH AREA CODE (510) 437-4389	NIGHTS: NAME (LAST, FIRST) Mr. Chowdhry	PHONE # WITH AREA CODE (510) 535-6226

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME County of Alameda General Services Agency		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 4400 MacArthur Boulevard		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Oakland		STATE CA	ZIP CODE 94619	PHONE # WITH AREA CODE (510) 535-6280

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER County of Alameda General Services Agency		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 4400 MacArthur Boulevard		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Oakland		STATE CA	ZIP CODE 94619	PHONE # WITH AREA CODE (510) 535-6280

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

TY (TK) HQ 44-000324

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

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

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

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

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

OWNER'S NAME (PRINTED & SIGNED) Peter C. Kinney <i>PCK</i>	OWNER'S TITLE Env. Prog. Mgr.	DATE MONTH/DAY/YEAR 6-21-94
---	----------------------------------	--------------------------------

**LOCAL AGENCY USE ONLY**

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

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.  
OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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 1174

March 15, 1994

Mr. Peter Kinney  
Alameda County General Services Agency  
4400 Mac Aurthur Boulevard  
Oakland, CA 94619

RE: FAIRMONT HOSPITAL, 15400 FOOTHILL BOULEVARD, SAN LEANDRO -  
SITE ASSESSMENT WORK PLAN

Dear Mr. Kinney:

Thank you for the recent submittal of the February 28, 1994 Versar, Inc. work plan for the subsurface investigation of the referenced site. This work plan has been reviewed in context with the body of work performed to date at the site.

The cited Versar work plan has been accepted with the following additions:

- 1) An additional boring should be advanced through the southwest end of the tank pit to determine the vertical extent of contamination documented during tank removal (12,000 ppm TPH-D);
- 2) Initial borings advanced outside the tank pit should be continuously cored for the first approximate 10 feet in depth in order to substantially evaluate the **vertical** profile of apparent soil contamination observed in the excavation sidewalls during tank removal.

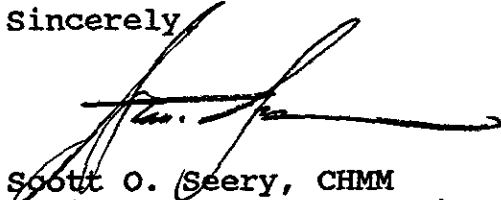
Standard sampling criteria should be followed thereafter (e.g., every 5 feet, changes in lithology, subjective evidence of contamination, etc.). All samples collected which exhibit evidence of soil contamination should be analyzed for the presence of target compounds;

- 3) As needed to evaluate the **lateral** extent of contamination, "step out" borings should be advanced until the extent of soil contamination is defined.

Mr. Peter Kinney  
RE: Fairmont Hospital, 15400 Foothill Blvd.  
March 15, 1994  
Page 2 of 2

Please submit a copy of the project Health and Safety Plan once prepared. Please also contact this office at 510/271-4530 when field work is slated to begin.

Sincerely

A handwritten signature in black ink, appearing to read "Scott O. Seery", with a long horizontal flourish extending to the right.

Scott O. Seery, CHMM  
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Assistant Agency Director  
Gil Jensen, Alameda County District Attorney's Office  
Ed Laudani, Alameda County Fire Department  
Terrance Kinn, Versar, Inc., 1255 Harbor Bay Pkwy. Ste. 100  
Alameda, CA 94501



Environmental  
Science &  
Engineering, Inc.

93 SEP -3 AM 11:38

September 2, 1993

Mr. Robert Weston  
Alameda County Health Agency  
Department of Environmental Health  
80 Swan Way, Room 200  
Oakland, CA 94621

**SUBJECT: FAIRMONT HOSPITAL  
15400 FOOTHILL ROAD  
SAN LEANDRO, CA 94578  
ESE PROJECT #6-93-5057**

Dear Mr. Weston:

On August 24, 1993, approximately 6 cubic yards of gasoline-impacted soil resulting from the excavation of the gasoline tank (ESE closure report dated April 23, 1993) were removed from site. The gasoline-impacted soils were sent to the Browning-Ferris Industries Vasco Road landfill located at 4001 North Vasco Road, Livermore, California, a state-licensed sanitary landfill facility. A copy of the non-hazardous special waste manifest is attached.

ESE recommends that no further work be required at the location of the former gasoline underground storage tank. Your response would be much appreciated.

Please contact me at (510) 685-4053 with any questions regarding this project.

Sincerely,

ENVIRONMENTAL SCIENCE & ENGINEERING, INC.

  
Michael K. Foget  
Staff Engineer

MKF:sf

Attachments

pc: Mr. Peter Kinney, Alameda County GSA

f:\6935057\weston.ltr

**NON-HAZARDOUS SPECIAL WASTE MANIFEST**

**GENERATOR**

Generator Name ALAMEDA COUNTY GSA Generating Location FAIRMONT HOSPITAL  
 Address 440 MACARTHUR BLVD. Address 15400 FOOTHILL ROAD  
OAKLAND, CA. 94619 SAN LEANDRO, CA.  
 Phone No. 5 1 0 - 5 3 5 6 2 8 0 Phone No. 5 1 0 - 6 6 7 4 4 7 3

3FI Waste Code C A 4 0 5 0 8 1 3 9 3 3 9 3 4 9 - 1 Containers 0 1 Type T  
 Description of Waste SOIL WITH GASOLINE (approx. 6 cubic yards) NON HAZARDOUS  
Comingled with approx. 6 cubic yards of soil with Diesel  
 Quantity 2 Units Y

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

BY BY CARPENTER AS AGENT FOR AGSSA Signature [Signature] Shipment Date 08 24 93  
 Generator Authorized Agent Name

**TRANSPORTER**

Truck No. C-85 Phone No. 408-729-0196  
 Transporter Name CABALLERO TRUCKING Driver Name (Print) ED CABALLERO  
 Address 2530 BERRYESSA ROAD, STE 527 Vehicle License No./State \_\_\_\_\_  
SAN JOSE, CA. 95132 Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 08 24 93 Driver Signature [Signature] Delivery Date 08 24 93

**DESTINATION**

Site Name BFI VASCO ROAD Phone No. 5 1 0 - 4 4 7 0 4 9 1  
 Address 4001 NORTH VASCO ROAD, LIVERMORE, CA. 94550

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date \_\_\_\_\_

PASS CODE \_\_\_\_\_

GENERATOR RETAIN



STID 1174

Please transfer into LOP data base.

DATE: 8-18-93  
TO : Local Oversight Program  
FROM: ROB WESTON  
SUBJ: Transfer of Eligible Local Oversight Case

S.

Site name: EMMONT HOSPITAL  
Address: 15400 FOOTBALL BLVD city SL Zip 94878

TO BE ELLIGIBLE FOR LOP A CASE MUST MEET 3 QUALIFICATIONS:

- 1. Number of Tanks: 1 removed?  Y N Date of removal 7-29-93
- 2. Samples received?  Y N Contamination level: 12,000 PPM SOL  
(ppm and type of test) TPH-D

Contamination should be over 100 ppm TPH to qualify for LOP

- 3. Petroleum  Y N Types: Avgas Jet leaded unleaded Diesel  
fuel oil waste oil kerosene solvents

DepRef remaining \$ NA Closed with Candace/Leslie? Y N  
(If no explain why?)

IF YOUR SITE MEETS ALL OF THE ABOVE QUALIFICATIONS YOU SHOULD DO THE FOLLOWING TO TRANSFER THE SITE:

- 1. YOU MUST CLOSE THE DEPOSIT REFUND CASE AT THIS TIME. YOU MUST ACCOUNT FOR ALL TIME YOU HAVE SPENT ON THE CASE AND TURN IN THE ACCOUNT SHEET TO LESLIE. IF THERE ARE FUNDS STILL REMAINING IT IS STILL BETTER TO TRANSFER THE CASE TO LOP AS THE RATE FOR LOP ALLOWS THE ADDITION OF MANAGEMENT AND CLERICAL TIME. DO NOT ATTEMPT TO CONTINUE TO OVERSEE THE SITE SIMPLY BECAUSE THERE ARE FUNDS REMAINING!
- 2. COMPLETE THE A AND B PERMIT APPLICATION FORMS AND GIVE TO CONNIE/ELAINE
- 3. GIVE THE ENTIRE CASE TO THE PROPER LOP STAFF UPSTAIRS FOR THEM TO DO THE REST OF THE TRANSFER AND YOU ARE DONE!

PLEASE NOTE, OTHER TANKS REMAIN ON SITE.

ASN 80A-153-10

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.  SIGNED: <u>Peter Kinney</u> DATE: <u>8/17/93</u>
--	--	--

REPORT DATE <u>0</u> M <u>8</u> M <u>1</u> D <u>3</u> D <u>9</u> Y <u>3</u> Y	CASE #
--	--------

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>Peter Kinney</u>	PHONE <u>(510) 535-6280</u>	SIGNATURE <u>Peter Kinney</u>	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <u>Alameda County General Services Agency</u>		
	ADDRESS <u>4400 Macarthur Boulevard</u> <u>Oakland,</u> <u>CA</u> <u>94619</u> <small>STREET CITY STATE ZIP</small>			

RESPONSIBLE PARTY	NAME <u>Alameda County, GSA</u> <input type="checkbox"/> UNKNOWN	CONTACT PERSON <u>Peter Kinney</u>	PHONE <u>(510) 535-6280</u>
	ADDRESS <u>4400 Macarthur Boulevard</u> <u>Oakland</u> <u>CA</u> <u>94619</u> <small>STREET CITY STATE ZIP</small>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>Fairmont Hospital</u>	OPERATOR <u>Lee Hansbar</u>	PHONE <u>(510) 437-4391</u>	
	ADDRESS <u>15400 Foothill Boulevard</u> <u>San Leandro</u> <u>Alameda</u> <u>94578</u> <small>STREET CITY COUNTY ZIP</small>			
	CROSS STREET <u>Fairmont Drive</u>	TYPE OF AREA <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> OTHER	TYPE OF BUSINESS <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER <u>Hospital</u>	

IMPLEMENTING AGENCIES	LOCAL AGENCY <u>Alameda County Health Agency</u>	AGENCY NAME	CONTACT PERSON <u>Robert Weston</u>	PHONE <u>(510) 271-4320</u>
	REGIONAL BOARD			PHONE ( )

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

DISCOVERY/ABATEMENT	DATE DISCOVERED <u>0</u> M <u>7</u> M <u>2</u> D <u>9</u> D <u>9</u> Y <u>3</u> Y	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE	

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	TANKS ONLY: CAPACITY <u>1000</u> GAL. AGE <u>33</u> YRS <input type="checkbox"/> UNKNOWN	MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER
--------------	---	---	--	---

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

CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) <input checked="" type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES
----------------	--

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

COMMENTS	
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Environmental  
Science &  
Engineering, Inc.

93 AUG 16 PM 12:50

TO: Alameda County Health Agency  
Division of Hazardous Materials  
Department of Environmental Health  
80 Swan Way, Room 200  
Oakland, CA 94621

DATE: August 13, 1993

ATTN: Mr. Robert Weston

JOB NUMBER: 6-93-5059


SUBJECT: Alameda County Juvenile Hall, 2200 Fairmont Drive, San Leandro, California  
Fairmont Hospital, 15400 Foothill Boulevard, San Leandro, California

WE ARE TRANSMITTING THE FOLLOWING:

Two Signed Underground Storage Tank Unauthorized Release (leak) Contamination  
Site Reports.

DIST:  
LB  
FILE  
ORIGINATOR

ENVIRONMENTAL SCIENCE & ENGINEERING, INC.

BY   
Michael K. Foget  
Staff Engineer

white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # 1174 Site Name FARMONT HOSP Today's Date 7/29/93

Site Address 15400 FARMONT DRIVE

City SAN LEANDRO Zip 94 Phone \_\_\_\_\_

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MAT'L S

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

III. UNDERGROUND TANKS (Title 23)

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

Inspection Categories:

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

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

Comments:

ON SITE TO OBSERVE REMOVAL OF  
 A 1000 GALLON DIESEL UST.  
 TANK 12' X 4' SINGLE WALL  
 MILD STEEL.

PIPING REMOVED PRIOR TO MY ARRIVAL.  
 PIPE JOINTS INTO TANK WERE ~~BE~~ LEAD SOLDERED.

ONE HOLE THRU GOING ON END FACING  
 ROW UP DOOR (WEST END)

TANK APPEARS TO HAVE LEAKED AND  
 STAINING OBSERVED AT BOTH ENDS.  
 DARKENED SOIL APPEARS LIMITED TO  
 HORIZONTAL STRATA AT ENDS OF TANK.

TWO SAMPLES TAKEN FROM BENEATH TANK. BOTH  
 OBSERVED TO BE CONTAMINATED

Rev 6/88

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Inspector: Robert Weston

Signature: \_\_\_\_\_

II, III

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

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

July 12, 1993

Mr. Jim de Vos  
Alameda County General Services Agency  
4400 MacArthur Boulevard  
Oakland, CA 94619

Subject: Fairmont Hospital, UST Closure in place

Dear Mr. de Vos:

This Department has received and reviewed the Environmental Science & Engineering, Inc. (ESE) report dated June 1, 1993 detailing the subsurface investigation adjacent to the 12,000-gallon underground storage tank (UST) for #5 fuel oil. The purpose of the investigation was to prepare for closure of UST #1 in place due to the proximity to critical building structures.

Based on data presented in the report as well as the earlier Gregg & Associates, Inc. site characterization report, ESE recommends closure in place for UST #1. This Department concurs with ESE's recommendation.

If you have questions regarding this matter please contact me.

Sincerely,

Robert Weston  
Hazardous Materials Specialist

cc: Pete Kinney, GSA  
Chief Ferdinand, Alameda County Fire Department  
Pat Galvin, ESE

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

June 30, 1993

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

Mr. Jim deVos  
Alameda County General Services Agency  
4400 MacArthur Boulevard  
Oakland, CA 94619

Subject: No Further Action Letter

Dear Mr. deVos:

This Department witnessed the removal of a 500 gallon leaded gasoline tank located at Fairmont Hospital, 15400 Foothill Boulevard, San Leandro on March 30, 1993. In addition to onsite observations the Department has reviewed reports by ES&E documenting the closure activities of the tank site. According to the laboratory analyses provided in the report soil beneath the tank has not been impacted.

Based on field observations and laboratory reports this tank location requires no further action by General Services Agency. Further work could be required if conditions change or a water quality threat is discovered at the site.

If you have any questions regarding this matter please contact me at 271-4320.

Sincerely,

Robert Weston  
Hazardous Materials Specialist

cc: Subodh Chowdhry, ALCO Facilities Manager Hospitals  
Doug Johnson, Alameda County Fire Department  
Pat Galvin, ES&E

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME <i>ALAMEDA COUNTY GSA - FAIRMONT HOSPITAL</i>		NAME OF OPERATOR <i>PAUL <del>HILLER</del> LEE HANSPARD</i>		
ADDRESS <i>15400 FOOTHILL BLVD.</i>		NEAREST CROSS STREET <i>150TH AVE</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>SAN LEANDRO</i>		STATE <i>CA</i>	ZIP CODE <i>94578</i>	SITE PHONE # WITH AREA CODE <i>(510) (607)-4473</i>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS* <input checked="" type="checkbox"/> COUNTY AGENCY* <input type="checkbox"/> STATE AGENCY* <input type="checkbox"/> FEDERAL AGENCY*				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST <i>JIM de VOS</i>				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <i>23</i>	E. P. A. I. D. # (optional) <i>CAD 981429533</i>

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <i>KINNEY, PETER</i>	PHONE # WITH AREA CODE <i>(510) 535-6280</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <i>ALAMEDA COUNTY GENERAL SERVICES AGENCY</i>		CARE OF ADDRESS INFORMATION <i>JIM de VOS</i>		
MAILING OR STREET ADDRESS <i>4400 MAX ARTAUR BLVD.</i>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <i>OAKLAND</i>		STATE <i>CA</i>	ZIP CODE <i>94619</i>	PHONE # WITH AREA CODE <i>(510) 535-6280</i>

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <i>SAME AS PROPERTY OWNER</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME		STATE	ZIP CODE	PHONE # WITH AREA CODE

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

TY(TK) HQ   -

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

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

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

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

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

OWNER'S NAME (PRINTED & SIGNED) <i>Peter Kinney</i>	OWNER'S TITLE <i>Env. Prog. Mgr</i>	DATE MONTH/DAY/YEAR <i>6-16-93</i>
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**LOCAL AGENCY USE ONLY**

COUNTY # <input type="text" value="01"/>	JURISDICTION # <input type="text" value="000"/>	FACILITY # <input type="text" value="090304"/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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

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

# INSTRUCTIONS FOR COMPLETING FORM "A"

## GENERAL INSTRUCTIONS:

SECTION 2711 OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS AND SECTIONS 25286, 25287, AND 25289 OF CHAPTER 6.7, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE REQUIRE OWNERS TO APPLY FOR AN UST OPERATING PERMIT.

1. One FORM "A" shall be completed for all NEW PERMIT CHANGES or any FACILITY/SITE INFORMATION CHANGES.
2. SUBMIT ONLY ONE (1) FORM "A" for a Facility/Site, regardless of the number of tanks located at the site.
3. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
4. Please type or print clearly all requested information.
5. Use a hard point writing instrument, you are making 3 copies.
6. Tank owner must submit a facility plot plan to the local agency as part of the application showing the location of the USTs with respect to buildings and landmarks [Section 2711 (a)(8), CCR].
7. Tank owner must submit documentation showing compliance with state financial responsibility requirements to the local agency as part of the application for petroleum USTs [Section 2711 (a)(11), CCR].

## TOP OF FORM: "MARK ONLY ONE ITEM"

Mark an (X) in the box next to the item that best describes the reason the form is being completed.

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

1. Record name and address (physical location) of the underground tank(s).  
NOTE: Address MUST have a valid physical location including city, state, and zip code.  
P.O. BOX NUMBERS ARE NOT ACCEPTABLE.  
Include nearest cross street and name of the operator.
2. Phone number must have an area code. If the night number is the same, write "SAME" in proper location.
3. Check the appropriate box for TYPE OF BUSINESS OWNERSHIP (ex. CORPORATION, INDIVIDUAL, etc.).
4. Check the appropriate box for TYPE OF BUSINESS.
5. If Facility/Site is located within an Indian reservation or other Indian trust lands, check the box marked "YES".
6. Indicate the NUMBER of TANKS at this SITE.
7. Record the E.P.A. ID # or write "NONE" in the space provided.

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

Complete all items in this section, unless all items are the same as SECTION I; If the same, write "SAME AS SITE" across this section. Be sure to check PROPERTY OWNERSHIP TYPE box.

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

Complete all items in this section, unless all items are the same as SECTION I; If the same, write "SAME AS SITE" across this section. Be sure to check TANK OWNERS TYPE box.

### IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED. SEE ARTICLE 5, CHAPTER 6.75, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE.)

Enter your Board of Equalization (BOE) UST storage fee account number which is required before your permit application can be processed. Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the \$0.096 (6mills) per gallon fee due on the number of gallons placed in your USTs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at 916-322-9669 or write to the BOE at the following address Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0001.

### V. PETROLEUM UST FINANCIAL RESPONSIBILITY (MUST BE COMPLETED FOR PETROLEUM USTs ONLY, SEE SECTIONS 2711 (a)(8) OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.)

Identify the method(s) used by the owner and/or operator, in meeting the Federal and State financial responsibility requirements. USTs owned by any Federal or State agency as well as non-petroleum USTs are exempt from this requirement.

### VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Check ONE BOX for the address that will be used for BOTH LEGAL AND BILLING NOTIFICATIONS.  
TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED. [SEE SECTIONS 2711 (a)(13) OF TITLE 23 CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.]

## INSTRUCTION FOR THE LOCAL AGENCIES

The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number may be assigned by the local agency; however, this number must be numerical and cannot contain any alphabetical characters. If the local agency prefers the State Board to assign the facility number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED IF THE BOE ACCOUNT NUMBER IS NOT FILLED IN. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(6) TO THE FOLLOWING ADDRESS. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINALS AND FORWARD THE YELLOW COPIES TO THE FOLLOWING ADDRESS. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
C/O S.W.E.E.P.S.  
DATA PROCESSING CENTER  
P.O. BOX 527  
PARAMOUNT, CA 90723



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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

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

A. OWNER'S TANK I. D. # <u>5511-3</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1960</u>	D. TANK CAPACITY IN GALLONS: <u>1,000</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input checked="" type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED NO. 5 FUEL OIL C. A. S. #:

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

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

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

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

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNKNOWN</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Peter Kinney</u>	DATE <u>6-16-93</u>
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**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>07</u>	<u>000</u>	<u>000304</u>	<u>03</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

## INSTRUCTIONS FOR COMPLETING FORM "B"

### GENERAL INSTRUCTIONS:

1. One FORM "B" shall be completed for each tank for all **NEW PERMITS, PERMIT CHANGES, REMOVALS** and/or any other **TANK INFORMATION CHANGE**.
2. This form should be completed by either the **PERMIT APPLICANT** or the **LOCAL AGENCY UNDERGROUND TANK INSPECTOR**.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.

### TOP OF FORM: "MARK ONLY ONE ITEM"

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

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

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

### II. TANK CONTENTS

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

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

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

### IV. PIPING INFORMATION

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

### V. TANK LEAK DETECTION

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

### VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

**APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.**

### INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)739-2421. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency; however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

**IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.**

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
C/O S.W.R.C.B.S.  
DATA PROCESSING CENTER  
P.O. BOX 527  
BARAKOUNT, CA 90723

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: \_\_\_\_\_

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

A. OWNER'S TANK I.D. # <u>5511-3</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1960</u>	D. TANK CAPACITY IN GALLONS: <u>1,000</u>

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

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

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

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

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

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

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNKNOWN</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Peter Kinney</u>	DATE <u>6-16-93</u>
---	------------------------

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

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME <b>ALAMEDA COUNTY GSA - FAIRMONT HOSPITAL</b>		NAME OF OPERATOR <b>PAUL HILLER</b>		
ADDRESS <b>15400 FOOTHILL BLVD.</b>		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME <b>SAN LEANDRO</b>		STATE <b>CA</b>	ZIP CODE <b>94578</b>	SITE PHONE # WITH AREA CODE <b>(510) 607-4473</b>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input checked="" type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*		* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST		
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <b>84</b>	E.P.A. I.D.# (optional) <b>CAD 981429533</b>

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <b>KINNEY, PETER</b>	PHONE # WITH AREA CODE <b>(510) 535-6280</b>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <b>ALAMEDA COUNTY GENERAL SERVICES AGENCY</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>4400 MAX ARTHUR BLVD.</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <b>OAKLAND</b>		STATE <b>CA</b>	ZIP CODE <b>94619</b>	PHONE # WITH AREA CODE <b>(510) 535-6280</b>

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <b>SAME AS PROPERTY OWNER</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME		STATE	ZIP CODE	PHONE # WITH AREA CODE

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

TY (TK) HQ **44-000324**

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

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

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

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

I.     II.     III.

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

OWNER'S NAME (PRINTED & SIGNED) <b>Peter Kinney Peter</b>	OWNER'S TITLE <b>Env. Prog Mgr</b>	DATE <b>6-6-93</b>
--	---------------------------------------	-----------------------

**LOCAL AGENCY USE ONLY**

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

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.  
OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.		
REPORT DATE 08/13/93		CASE #		SIGNED: _____ DATE: _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Peter Kinney		PHONE (510) 535-6280		SIGNATURE 	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Alameda County General Services Agency			
	ADDRESS 4400 MacArthur Boulevard, Oakland, CA 94615					
RESPONSIBLE PARTY	NAME Alameda County, GSA		CONTACT PERSON Peter Kinney		PHONE (510) 535-6280	
	ADDRESS 4400 MacArthur Boulevard, Oakland, CA 94615					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Fairmont Hospital		OPERATOR Lee Hanabar		PHONE (510) 437-4353	
	ADDRESS 15400 Foothill Boulevard, San Leandro, Alameda 94575					
	CROSS STREET Fairmont Drive		TYPE OF AREA <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER		TYPE OF BUSINESS <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER (Hospital)	
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Agency		AGENCY NAME		CONTACT PERSON Robert Newton	
	REGIONAL BOARD				PHONE ( )	
SUBSTANCES INVOLVED	(1) NAME Diesel Fuel		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2)		<input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 07/29/93		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE					
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		TANKS ONLY/CAPACITY 1000 GAL AGE 33 YRS <input type="checkbox"/> UNKNOWN		MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER	
	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER					
CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) <input checked="" type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES					
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)					
COMMENTS	_____					



Environmental  
Science &  
Engineering, Inc.

June 8, 1993

Project No. 6-93-5021

Mr. Robert Weston  
Division of Hazardous Materials  
Department of Environmental Health  
80 Swan Way, Room 200  
Oakland, California 94621

**SUBJECT: Fairmont Hospital, 15401 Foothill Boulevard, San Leandro, California**

Dear Mr. Weston:

On behalf of Alameda County General Services Agency (GSA), Environmental Science & Engineering, Inc. (ESE) is pleased to present the attached report documenting the subsurface investigation at the subject site.

ESE's investigation resulted in no observed soil contamination surrounding UST #1. Based on this, ESE recommends that this tank be considered for abandonment in-place. We would appreciate your written response to this recommendation.

Please contact Patrick Galvin at (510) 685-4053 with any questions or comments regarding our report or this request for abandonment in place.

Sincerely,

ENVIRONMENTAL SCIENCE & ENGINEERING, INC.



Patrick Galvin  
Senior Engineer

E:\-5021\WESTON.LTR



Environmental  
Science &  
Engineering, Inc.

TO: Alameda County General Services Agency  
4400 MacArthur Boulevard  
Oakland, CA 94619

DATE: April 26, 1993

ATTN: Mr. Pete Kinney

JOB NUMBER: 6-93-5026

SUBJECT: Fairmont Hospital, 15400 Foothill Boulevard, San Leandro, California

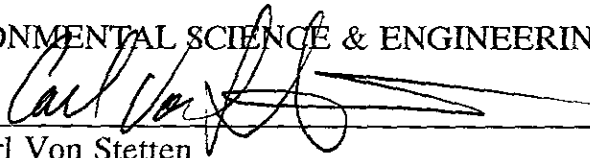
WE ARE TRANSMITTING THE FOLLOWING:

- One copy of the tank closure report for the 500 gallon regular leaded gasoline UST at the subject site.
- Final invoice for the project at the subject site.
- One copy of the closure report with transmittal letter for Alameda County Health Care Services Agency. Please transmit to Mr. Rob Weston.

CC:

DIST:  
LB  
FILE  
ORIGINATOR

ENVIRONMENTAL SCIENCE & ENGINEERING, INC.

BY   
Carl Von Stetten  
Technician



Environmental  
Science &  
Engineering, Inc.

TO: Alameda County Health Care Services Agency  
Department of Environmental Health  
Hazardous Materials Division  
80 Swan Way, Room 200  
Oakland, CA 94621

DATE: April 26, 1993

ATTN: Mr. Rob Weston

JOB NUMBER: 6-93-5026

SUBJECT: Fairmont Hospital, 15400 Foothill Boulevard, San Leandro, California

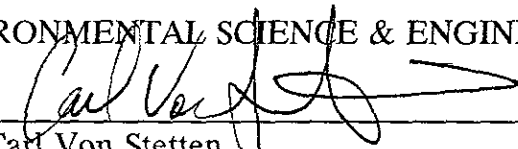
WE ARE TRANSMITTING THE FOLLOWING:

- On behalf of Alameda County General Services Agency, one copy of the tank closure report for a 500 gallon regular leaded gasoline underground storage tank located at the subject site.

CC:

DIST:  
LB  
FILE  
ORIGINATOR

ENVIRONMENTAL SCIENCE & ENGINEERING, INC.

BY   
Carl Von Stetten  
Technician



white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # \_\_\_\_\_ Site Name FARMHOUT HOSPITAL Today's Date 3/30/93

Site Address 15400 FOOT HILL BLD

City SAN LEANDRO Zip 94578 Phone \_\_\_\_\_

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

Inspection Categories:

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

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

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

Monitoring for Existing Tanks

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

- 7. Precis Tank Test Date: \_\_\_\_\_ 2643
- 8. Inventory Rec. 2644
- 9. Soil Testing . 2646
- 10. Ground Water. 2647

New Tanks

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

Comments:

ON SITE TO WITNESS REMOVAL OF A 500 GALLON UST FORMERLY USED FOR GASOLINE.

EST/E CONTRACTORS FOR ALAMEDA CO. PETE KINNEY PRESENT FOR GSA.

10.2 O<sub>2</sub> + SP/GR BY EST/E METER PRIOR TO PULLING

AFTER CLEANING TANK PETERSON, NO APPARENT THRU GOING HOLES.

SAMPLE TAKEN WITH EXTENSION POLE.

Rev 6/88

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Inspector: Robert Weston

Signature: \_\_\_\_\_

II, III

724

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: \_\_\_\_\_

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

A. OWNER'S TANK I.D.# <u>5511-5</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1950</u>	D. TANK CAPACITY IN GALLONS: <u>500</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2. PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input checked="" type="checkbox"/> 2 LEADED		<input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

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

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

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION <input type="checkbox"/> 1. POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2. COATING <input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) <u>N/A</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>N/A</u>		

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

A. SYSTEM TYPE	<input checked="" type="radio"/> 1 SUCTION	<input type="radio"/> 2 PRESSURE	<input type="radio"/> 3 GRAVITY	<input type="radio"/> 99 OTHER
B. CONSTRUCTION	<input checked="" type="radio"/> 1 SINGLE WALL	<input type="radio"/> 2 DOUBLE WALL	<input type="radio"/> 3 LINED TRENCH	<input type="radio"/> 95 UNKNOWN <input type="radio"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	<input type="radio"/> 1 BARE STEEL <input type="radio"/> 5 ALUMINUM	<input type="radio"/> 2 STAINLESS STEEL <input type="radio"/> 6 CONCRETE	<input type="radio"/> 3 POLYVINYL CHLORIDE (PVC) <input type="radio"/> 7 STEEL W/ COATING	<input type="radio"/> 4 FIBERGLASS PIPE <input type="radio"/> 8 100% METHANOL COMPATIBLE W/FRP <input type="radio"/> 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>None</u>

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>10/92</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>SUBODH CHAUDHARY</u>	DATE <u>3/18/93</u>
--	---------------------

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

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>050</u>	FACILITY # <u>000304</u>	TANK # <u>000005</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

7040

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME <b>Fairmont Hospitaã</b>		NAME OF OPERATOR <b>Alameda County General Services Agency</b>		
ADDRESS <b>15400 Foothill Boulevard</b>		NEAREST CROSS STREET <b>Fairmont Drive</b>	PARCEL # (OPTIONAL)	
CITY NAME <b>San Leandro</b>		STATE <b>CA</b>	ZIP CODE <b>94578</b>	SITE PHONE # WITH AREA CODE <b>(510) 667-4473</b>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS <input checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <b>5</b>	E. P. A. I. D. # (optional) <b>CAD 981-429-533</b>

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <b>Hiller, Paul</b>	PHONE # WITH AREA CODE <b>(510) 667-4473</b>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <b>Same as days</b>	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <b>Alameda County General Services Agency</b>		CARE OF ADDRESS INFORMATION <b>Mr. Jim DeVos</b>		
MAILING OR STREET ADDRESS <b>4400 MacArthur Boulevard</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <b>Oakland</b>		STATE <b>CA</b>	ZIP CODE <b>94619</b>	PHONE # WITH AREA CODE <b>(510) 535-6245</b>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <b>Alameda County General Services Agency</b>		CARE OF ADDRESS INFORMATION <b>Mr. Jim DeVos</b>		
MAILING OR STREET ADDRESS <b>4400 MacArthur Boulevard</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <b>Oakland</b>		STATE <b>CA</b>	ZIP CODE <b>94619</b>	PHONE # WITH AREA CODE <b>(510) 535-6245</b>

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

(TK) HQ **44-000324**

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

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

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <b>Subodh K. ...</b>	APPLICANT'S TITLE <b>...</b>	DATE <b>3/8/93</b>
--	---------------------------------	-----------------------

LOCAL AGENCY USE ONLY

COUNTY # <b>01</b>	JURISDICTION # <b>090</b>	FACILITY # <b>000304</b>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



JUL 06 1993

RAFAT A. SHAHID, Assistant Agency Director

June 30, 1993

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

Mr. Jim deVos  
Alameda County General Services Agency  
4400 MacArthur Boulevard  
Oakland, CA 94619

Subject: No Further Action Letter

Dear Mr. deVos:

This Department witnessed the removal of a 500 gallon leaded gasoline tank located at Fairmont Hospital, 15400 Foothill Boulevard, San Leandro on March 30, 1993. In addition to onsite observations the Department has reviewed reports by ES&E documenting the closure activities of the tank site. According to the laboratory analyses provided in the report soil beneath the tank has not been impacted.

Based on field observations and laboratory reports this tank location requires no further action by General Services Agency. Further work could be required if conditions change or a water quality threat is discovered at the site.

If you have any questions regarding this matter please contact me at 271-4320.

Sincerely,

Robert Weston  
Hazardous Materials Specialist

cc: Subodh Chowdhry, ALCO Facilities Manager Hospitals  
Doug Johnson, Alameda County Fire Department  
Pat Galvin, ES&E

Project Specialist (print) Robert Weston

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

UST #5  
500 gal. gas  
1993

ACCEPTED

Underground Storage Tank Closure Permit Application  
Alameda County Division of Hazardous Materials  
80 Swan Way, Suite 200,  
Oakland, CA 94621  
Telephone: (510) 271-4320

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/destruction. One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal. Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws.

Notify this Department at least 72 hours prior to the following required inspections: \*

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

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

\*\*\* THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS \*\*\*

Contact-Specialist:

COMPLETE AND RETURN FORMS A + B (ENCLOSED)  
TO DOCUMENT FOR STATE RECORDS  
UNDERGROUND TANK CLOSURE PLAN

\*\*\* Complete according to attached instructions \*\*\*

1. Business Name Fairmont Hospital  
Business Owner Alameda County General Services Agency
  2. Site Address 15400 Foothill Boulevard  
City San Leandro Zip 94578 Phone (510) 667-4473
  3. Mailing Address 15400 Foothill Boulevard  
City San Leandro Zip 94578 Phone (510) 667-4473
  4. Land Owner Alameda County General Services Agency  
Address 4400 MacArthur Boulevard City, State Oakland, CA Zip 94619
  5. Generator name under which tank will be manifested Alameda County General Services Agency
- EPA I.D. No. under which tank will be manifested CAD 981429533

6. Contractor Environmental Science & Engineering, Inc.  
Address 4090 Nelson Avenue, Suite J  
City Concord Phone (510) 685-4053  
License Type General A ID# 658022

7. Consultant Environmental Science & Engineering, Inc.  
Address 4090 Nelson Avenue, Suite J  
City Concord Phone (510) 685-4053

8. Contact Person for Investigation  
Name R. Stephen Willcutts Title Senior Staff Engineer  
Phone (510) 685-4053

9. Number of tanks being closed under this plan 1  
Length of piping being removed under this plan 0  
Total number of tanks at facility 4

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name Erickson Environmental Inc. EPA I.D. No. CAD009466392  
Hauler License No. CA019 License Exp. Date 5/93  
Address 255 Parr Boulevard  
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson Environmental Inc. EPA I.D. No. CAD009466392  
Address 255 Parr Boulevard  
City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Erickson Environmental Inc. EPA I.D. No. CAD009466392  
Hauler License No. CA019 License Exp. Date 5/93  
Address 255 Parr Boulevard  
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson Environmental Inc. EPA I.D. No. CAD009466392  
Address 255 Parr Boulevard  
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name R. Stephen Willcutts  
Company Environmental Science & Engineering, Inc.  
Address 4090 Nelson Avenue, Suite J  
City Concord State CA Zip 94520 Phone (510) 685-4053

12. Laboratory

Name McC Campbell Analytical, Inc.  
Address 110 2nd Avenue South #D7  
City Pacheco State CA Zip \_\_\_\_\_  
State Certification No. 1644

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

If yes, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Describe methods to be used for rendering tank inert

Addition of 100lbs of Dry Ice

(15lbs/1000 GPM)

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground- water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
500 Gallons	In use until 10/92 Installation date 1940's  Product was regular leaded gasoline.	Soil	One sample to be collected at each end of tank, two feet below tank invert (approx. seven feet below ground surface), for a total of two samples.

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



Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan
5 Cubic Yards	Collect two samples from soil stockpile and analyze as described in item 16. <i>ONE DISCRETE SAMPLE EVERY 20 YD<sup>3</sup> FOR SOIL RETURNED TO SITE</i> <i>ONE DISCRETE SAMPLE EVERY 50 YD<sup>3</sup> FOR OFF SITE DISPOSAL</i>

*SAMPLING SCHEDULE BASED ON DISPOSITION OF SOIL.*  
**Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.**

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

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

Contaminant - Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPH (G) - BTEX <i>BTEX</i> Total Lead	GCFID (5030) <i>EPA 5030</i> AA	EPA 8015 Mod. <i>EPA 8020</i>	1ppm (TPH-G) 0.005 ppm (BTEX) <i>1 ppm</i>

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer Planet Insurance Company

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

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

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

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

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

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

Signature of Contractor

Name (please type) R. Stephen Willcutts, Environmental Science & Engineering

Signature *R. Stephen Willcutts*

Date 2/3/93

Signature of Site Owner or Operator

Name (please type) Jim de Vos, Alameda County General Services Agency

Signature *Jim de Vos*

Date 2/10/93

CERTIFICATE OF INSURANCE  
SERVICE CONTRACTS

EXHIBIT C1  
Page 1

NOTE: No other certificate forms will be accepted.

Please complete the following information:

CONTRACTOR: Environmental Science Engineering, Inc.

General Services Agency

CONTRACT TERM: 2/15/93 to 3/30/93

Alameda County Agency or Department

POLICY/BOND ENDORSEMENT REQUIREMENTS

Contractor's policies or bonds shall be endorsed as follows:

Name Alameda County, its Board of Supervisors, officers, agents and employees as Additional Insured/Obligees, but County is not liable to the insurance company for any premiums, costs or assessments in connection with Contractor's policy/bond, as a result of being an Additional Insured.

Provide County 30 days advance written notice of cancellation, non-renewal or reduction in limits or coverage including the name of the Contract, mailed to the following address:

GSA-BMD

Subodh Chawdhry

County Department to Receive Notice(s)

Individual Coordinating Contracts

4400 MacArthur Blvd.

Oakland, CA 94619

Address

City, State, Zip

State the Contractor's policy/bond is primary insurance to any other insurance available to County with respect to any claim arising out of this contract.

Contractor is responsible for payment of insurance deductibles.

Insurance companies must have an "A.M. Best" rating of B+, V or better.

REQUIRED COVERAGES - Where "X" Appears in Box

CERTIFICATES OF INSURANCE

1. Workers' Compensation

Planet Insurance Co.  
Insurance Company(s)

a. Statutory Compensation coverage.

NWA0102557700 - 3/16/92-3/16/93

b. Employer's liability insurance with limit not less than \$100,000 per occurrence.

Policy Number(s) Policy Period (dates)

Signature of Individual authorized by  
Insurance Company to bind Company to  
coverage shown, and above endorsement  
requirements.

Johnson & Higgins

Name

500 W. Madison, Suite 2100

Address

Chicago, IL 60661

City, State, Zip

Service Contract

Exhibit C1, Page 2

REQUIRED COVERAGES - Where "X" Appears in Box

CERTIFICATES OF INSURANCE

2. Comprehensive General Liability

a. Minimum Limits of Liability:  
\$1,000,000 per occurrence combined  
single limit Bodily Injury and  
Property Damage.

b. Coverages:

- Bodily Injury
- Property Damage
- Blanket Contractual
- Personal Injury
- Products/Completed Operations
- Broad Form Property Damage
- Fire Damage Legal Liability

c. Deductible not to exceed \$5,000  
per occurrence.

d. Cross Liability or Severability  
of Interests Clause in policy

e. Occurrence Form  Claims Made Form \_\_\_\_\_

f. IF claims made, please complete the following:  
Coverage for all prior acts? \_\_\_\_\_

If prior acts coverage is restricted, advise retroactive date of coverage:  
\_\_\_\_\_

Extended discovery provision: If Insurance Company cancels, how long is  
period of extended discovery? \_\_\_\_\_

If Contractee cancels, how long is optional coverage for extended discovery?  
\_\_\_\_\_

Percentage of annual premium cost to purchase the extended discovery?  
\_\_\_\_\_

A Certified copy of the Claims Made form must be provided

It will be a requirement of the Court that coverage for the period of the  
contract will be maintained for a period of no less than five years after  
the expiration of the contract. If coverage for five years is not available,  
a shorter term may be negotiated.

Commerce & Industry

Insurance Company(s)

GL3403771 3/16/92-3/16/93

Policy Number(s) Policy Period (dates)

Donald J. Price

Signature of Individual authorized by  
Insurance Company to bind Company to  
coverage shown, and above endorsement  
requirements.

Johnson & Higgins

Name

500 W. Madison, Suite 2100

Address

Chicago, IL 60661

City, State, Zip



REQUIRED COVERAGES - Where "X" Appears in Box

CERTIFICATES OF INSURANCE

3. Comprehensive Automobile Liability

- a. Minimum Limits of Liability: \$1,000,000 per occurrence combined single limit Bodily Injury and Property Damage.

Assigned risk insurance at available State financial responsibility limits.

b. Coverages:

- Owned Automobiles, if any
- Non-owned Automobiles
- Hired Automobiles
- Cross Liability or Severability of Interests clause in policy.

Planet Insurance Company  
Insurance Company(s)  
NKA010257800 3/16/92-3/16/93  
Policy Number(s) Policy Period (dates)  
Donald J. Price  
Signature of Individual authorized by  
Insurance Company to bind Company to  
coverage shown, and above endorsement  
requirements.  
Johnson & Higgins  
Name  
500 W. Madison, Suite 2100  
Address  
Chicago, IL 60661  
City, State, Zip

4. Professional Liability

- 1. For professional employees licensed as a condition of employment at the beginning of contract term or hired during the contract terms, insuring against error or omission in rendering or failing to render professional services. Coverage shall continue for a minimum of five years.

- a. Minimum Limits of Liability: \$1,000,000 per claim

- b. Deductible not to exceed \$5,000 per claim

- c. If claims made, please complete the following:

National Prof. Casualty Co.  
Insurance Company(s)  
A72961 2/16/92-2/16/93  
Policy Number(s) Policy Period (dates)  
Kathryn Ruck  
Signature of Individual authorized by  
Insurance Company to bind Company to  
coverage shown, and above endorsement  
requirements. (Except additional  
insured not required.)  
Direct Placement  
Name  
330 Hamilton Blvd., Suite 300  
Address  
Peoria, IL 61602  
City, State, Zip

Coverage for all prior acts? Yes X No \_\_\_\_\_

If prior acts coverage is restricted, advise retroactive date of coverage.  
2-16-90

Extended discovery provisions: If Insurance Company cancels, how long is period of extended discovery? 365 Days

If Contractee cancels, how long is optional coverage for extended discovery?  
12 Months

Percentage of annual premium cost to purchase the extended discovery?  
100%

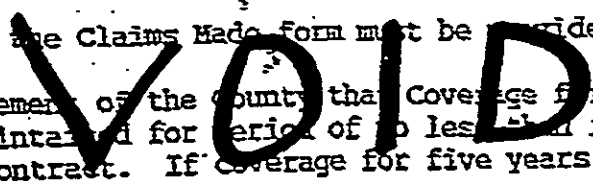
REQUIRED COVERAGES - Where "X" Appears in Box

CERTIFICATES OF INSURANCE

4. Professional Liability (continued)

A Certified copy of the Claims Made form must be provided.

It will be a requirement of the County that Coverage for the period of the contract will be maintained for a period of no less than five after the expiration of the contract. If coverage for five years is not available, a shorter term may be negotiated.



5. Bonds/Crime Insurance

1. Fidelity Insurance Bond

- a. Faithful Performance Coverage of all officials, agents, and employees with access to funds received by Contractor.
- b. Limits shall at least be equal to maximum County funds in contractors possession or control during contract term.

Insurance Company(s)

---

Policy Number(s) Policy Period (dates)

---

Signature of Individual authorized by Insurance Company to bind Company to coverage shown, and above endorsement requirements.

---

Name

---

Address

---

City, State, Zip

2. Money and Securities Policy.

- a. Insurance against the disappearance, destruction or wrongful abstraction of funds on and off premises contractor.
- b. Limits shall at least be equal to maximum County funds in contractors possession or control during contract term.

Insurance Company(s)

---

Policy Number(s) Policy Period (dates)

---

Signature of Individual authorized by Insurance Company to bind Company to coverage shown, and above endorsement requirements.

---

Name

---

Address

---

City, State, Zip

6. Other (Describe below)

Insurance Company(s)

---

Policy Number(s) Policy Period (dates)

---

Signature of Individual authorized by Insurance Company to bind Company to coverage shown, and above endorsement requirements.

REQUIRED COVERAGES - Where "X" Appears in Box

CERTIFICATES OF INSURANCE

6. Other (continued)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

7. Self Insurance

Contractors self-insured for any risks shown in Sections above shall attach to contract evidence satisfactory to County of Contractor's financial ability (such as a current financial statement) to respond to losses in amounts shown above, for each risk self-insured. Contractor shall complete and sign the following statement and attach to contract.

The Contractor is self-insured for the following coverages with respect to this contract"

Worker's Compensation

Comprehensive General Liability to the limit of \$ \_\_\_\_\_

Bodily injury

Property damage

Blanket Contractual

Personal injury

Products/completed operations

Broad Form property damage

Fire damage legal liability

Comprehensive Auto Liability to the limit of \$ \_\_\_\_\_

Owned Automobiles

Non-owned Automobiles

Hired Automobiles

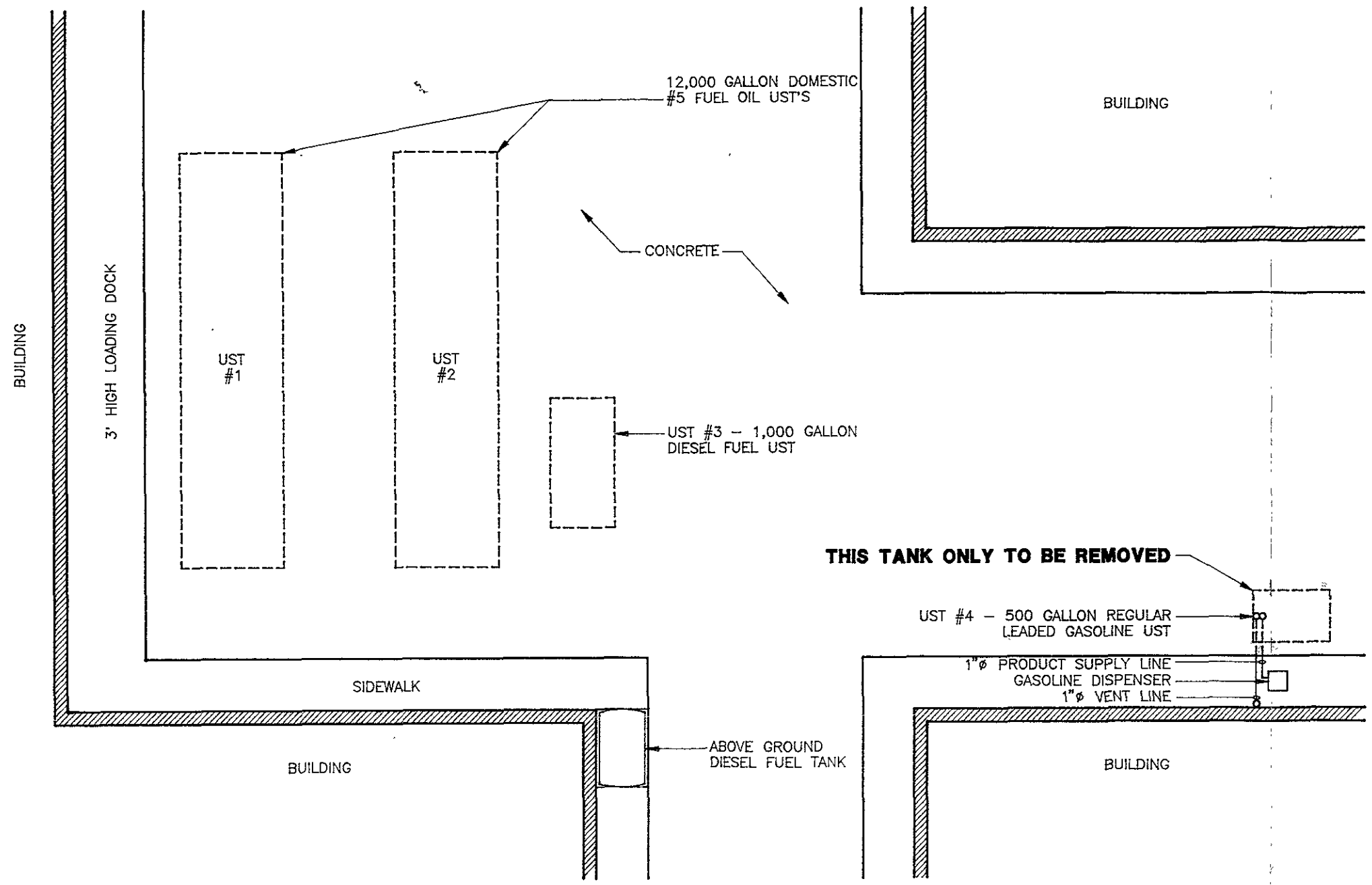
Professional Liability to the limit of \$ \_\_\_\_\_

Note: If excess insurance is needed to meet the limits required for insurances in Exhibit C, then the authorized representative of the excess insurance company(s) must sign the certificates in Exhibit C pertaining to the necessary coverages.

\_\_\_\_\_  
Signature of authorized  
representative of Contractor

\_\_\_\_\_  
Title


\_\_\_\_\_  
Date



**LEGEND**

UST UNDERGROUND STORAGE TANK



 <b>Environmental Science &amp; Engineering, Inc.</b> <small>A CLOORP Company</small>	DATE 1/93	PROJ. NO. 93-C-036	ALAMEDA CTY. GSA - FAIRMONT HOSPITAL 15401 FOOTHILL BOULEVARD SAN LEANDRO, CALIFORNIA
	DRAWN BY CVS	CAD FILE C0361001	
4090 NELSON AVENUE, SUITE J CONCORD, CA 94520	APPROVED BY	REVISED	



**HEALTH AND SAFETY PLAN**  
for  
**ALAMEDA COUNTY GENERAL SERVICES AGENCY**  
**FAIRMONT HOSPITAL**  
**San Leandro, California**

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## 1.0 GENERAL INFORMATION

### 1.1 INTRODUCTION

This Health and Safety Plan shall provide the safety and health requirements for general site work taking place under a contract with Alameda County General Services Agency (GSA). This Plan provides the structure for a Site-Specific Health and Safety Plan, and provides information which will apply to all Environmental Science & Engineering, Inc. (ESE) projects. Together, they comprise the Site Health and Safety Plan (HASP). This HASP will be considered complete only with an associated Site-Specific HASP.

The purpose of this HASP is to protect individuals, those working at the site, visitors, and the surrounding populace, and the environment during on site sampling and site characterization activities at petroleum hydrocarbon impacted sites. This plan includes preventive and protective measures against health hazards, fire and explosion hazards, and mechanical hazards which may exist or occur during field activities.

### 1.2 SITE INFORMATION

The General Information section of each Site-Specific Health and Safety Plan will provide the following information:

1. Name and Location of the Site;
2. Name of Individual Preparing the Plan, and Date of Preparation;
3. Brief Site History;
4. Investigative Objective and Work Plan;
5. Proposed Dates of Investigation; and
6. Assessment of Overall Worker and Public Health Hazards.

### 1.3 REGULATORY REQUIREMENTS:

Occupational Safety and Health Administration (OSHA) standards 29 Code of Federal Regulations (CFR) 1910 and 1926 apply to work under this site-specific HASP. Title 8 of California Code of Regulations (General Construction Safety Orders and General Safety Orders) must be complied with at California sites. Additional requirements are contained in Code of Federal Regulations title 40, Protection of the Environment.

## **2.0 PERSONNEL REQUIREMENTS**

### **2.1 ORGANIZATION**

The overall project organization as described in this document will be shown in the Site-Specific Health and Safety Plan, and will identify and show responsibilities for all key personnel, employees, and subcontractors.

### **2.2 ESE HEALTH AND SAFETY POLICY AND RESPONSIBILITY**

It is the policy of the management of ESE and also a contract requirement that a safety plan be implemented at hazardous material contamination sites to protect individuals and the environment. All ESE personnel involved in work on these sites will conform and comply with all aspects of this safety program. Each and every individual is, and therefore must regard and conduct him/herself as, a member of the safety team and adhere to the prescribed site safety plan to ensure his/her own safety as well as that of fellow workers, visitors, and the public.

### **2.3 PERSONNEL RESPONSIBILITIES**

For each site, the responsibilities of the Project Manager include:

1. Preparing an effective site safety plan for the project;
2. Categorizing and identifying for the project staff the levels of potential exposure and dangerous levels of hazardous materials possibly encountered on site;
3. Ensuring that adequate and appropriate safety training and equipment are available for project personnel; and
4. Arranging for medical examinations for specified project personnel.
5. Ensuring a qualified on-site field person is designated Site Safety Officer (SSO) and is present when work is in progress. Alternates may also be designated as needed, however, the project manager must ensure the designated (SSO) is familiar with the safety plan and his/her responsibilities.
6. Ensuring any subcontractors (i.e. drillers, excavators) get an advance copy of the Health and Safety Plan and a start-up safety briefing is scheduled.
7. Determining appropriate level of protection and exposure monitoring strategy for the project by task or phase.

Overall responsibility for safety during the site investigative activities rests with the Project Manager. To assist the Project Manager, a qualified Site Safety Officer will be appointed for each site.

The Site Safety Officer's (SSO's) responsibilities include:

1. Implementing all safety procedures and operations on site.
2. Conducting start-up safety briefing with project personnel and subcontractors. Ensure all necessary equipment and procedures are in place before start-up. Addressing any substandard conditions requiring correction prior to start up.
3. Updating equipment or procedures based upon new information gathered during the site inspection.
4. Upgrading or downgrading the levels of personal protection based upon site observations and/or measurements.
5. Determining and posting locations and routes to medical facilities and arranging emergency transportation to medical facilities (as required).
6. Controlling site entry and notifying (as required) local public emergency officers (i.e., police and fire departments) of the nature of the team's operations and making emergency telephone numbers available to all team members.
7. Ensuring that at least one member of the field team is available to stay behind and notify emergency services if the Site Safety Officer must enter an area of maximum hazard or entering this area only after notifying emergency services (police department).
8. Observing work party members for symptoms of on-site exposure or stress.
9. Arranging for the availability of on-site emergency medical care and first aid, as necessary.
10. Documenting field activities and incidents. Keeping Project Manager informed. Consulting with Health and Safety Officer as needed.

The Health and Safety Officer (HSO) is responsible for:

1. Assisting Project Manager with development of the site specific Health and Safety Plan.
2. Providing technical support during normal operations and upsets for hazard assessment, exposure monitoring, level of protection changes.
3. Reviewing and approving the site specific safety plan.

The responsibilities of all other on site personnel include:

1. Complying with all aspects of the project Safety plan, including strict adherence to the buddy system.
2. Obeying the orders of the Site Safety Officer.
3. Notifying the Site Safety Officer of hazardous or potentially hazardous incidents or working situations.

Subcontractors and other non-ESE site personnel are also responsible for complying with this plan and all applicable federal, state and local safety and environmental regulations and codes.

## **2.4 TRAINING**

All ESE site personnel working on the hazardous material contamination site investigations will have completed a safety and health training course for hazardous waste site work meeting the requirements of 29CFR1910.120 and have worked at least 3 days of supervised on the job training. The course consists of an initial 40-hour session and annual refreshers of 8 hours. Subcontractors and visitors are required to provide proof of equivalent training. The field team leader will have completed an additional 8 hours of waste site supervisory training. For each location, specific training is given by the Project Manager or Site Safety Officer to inform employees of site-specific hazards. Additionally, at least one field team member will be trained to perform cardiopulmonary resuscitation (CPR) and first aid.

## **2.5 MEDICAL MONITORING PROGRAM**

All ESE on site personnel, subcontractors, and visitors for this project will be required to have the medical examination outlined in Table 1. This examination is given annually and more often if specified by the attending physician. All medical examinations include certification by the physician of the employee's ability to wear a negative-pressure respirator and to perform strenuous work. If a person sustains an injury or contracts an illness related to work on site that results in lost work time, he must obtain written approval from a physician to regain access to the site.

## **2.6 RECORDS DOCUMENTATION**

Air monitoring data generated during the project will become part of the written record. Both medical and air monitoring data will be retained for the time period required by OSHA in various standards [29 CFR 1910.20(D)(i), 1910.20(D)(ii), 1910.1018, 1910.1025]. Training records are maintained in project files and on ESE's personal identification cards and are available for inspection at all times. Subcontractors are required to have similar documents available for inspection as required.

All personnel associated with work at a site will be required to sign a statement indicating that they have read, and will comply with the site safety plan. This signature page will also include information on their training and medical surveillance status.

Table 2.1

Medical Examination--Monitoring Program

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Basic physical exam

Heart status and functions (EKG) baseline only except if >40

Chest X-ray (Roentgenogram posterior-anterior)

Pulmonary function--forced vital capacity, forced expiratory volume at 1 second and reserve volume

Blood--full SMAC Series

Hemoglobin--cell counts, protein levels

Liver function--full enzyme profile

Renal function--BUN, Creatinine, Creatine/Creatinine ratio, lipoprotein count and differential, uric acid

Urinalysis

Audiometry--audio spectrum response of ear

Eye--physical condition, visual acuity

Other laboratory tests may be ordered depending on actual or expected exposures and physician recommendations.

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The individuals listed in the Site-Specific Plan organization chart will be certified to wear respirator protection in accordance with criteria from the ANSI Z88.2 and 29 CFR 1910.134.

## **3.0 HAZARD EVALUATION**

### **3.1 CHEMICAL CONTAMINANTS**

Potential site contaminants at petroleum contamination sites include gasoline, gasohol, motor oil, fuel oils (including kerosene, diesel fuel), and aviation grade gasoline. These materials may exist as free product in soil or on groundwater, and/or as contaminants to soil and water, and/or in tanks, piping, and systems. Fuel products include materials in and around storage tanks, such as gasoline, kerosene, diesel, and their derivatives, xylene, toluene, benzene, tetraethyl lead (TEL), and chlorinated solvents. The chlorinated solvents include trichloroethylene and tetrachloroethylene.

### **3.2 PHYSICAL AND MECHANICAL HAZARDS**

Activities on site may include site visits, soil gas sampling, headspace sampling, installation and sampling from monitor wells, installation of free product recovery systems, installation of groundwater recovery systems, installation of soil venting systems, installation of biological treatment systems, installation of air strippers, installation of carbon absorption units, removal of tanks, piping, and systems, and removal of contaminated soil.

Hazards associated with these activities are varied and include vehicle/pedestrian collisions, fire, collapse of excavation and trenching, handling of heavy materials and equipment operations resulting in contact and crushing type injuries, and use of air- and electrically-powered tools which may result in abrasions, contusions, lacerations, etc.

### **3.3 JOB HAZARD ANALYSIS AND RISK ASSESSMENT**

The chemical contaminants which may be present and the hazardous activities which may be performed at the site will be identified through preliminary site assessment activities, such as site visits or records search. Based on this preliminary information, initial risk assessments will be made by the Site Safety Officer, in consultation with an ESE Regional Health and Safety Officer, defining hazards (both chemical and physical) to workers and other on site personnel, the surrounding populace, and the environment.

The identities of potential hazards and resultant initial risk assessments will be included in the Hazard Evaluation section of the Site-Specific Plan, will be reviewed daily, and will be updated as necessary by the Site Safety Officer. Updated information will be communicated to all other on site personnel immediately.

### 3.4 AIR MONITORING

An air monitoring program is fundamental to the safety of on site and off site personnel. Total organic vapor (TOV) levels associated with on site activities will be monitored with a Photoionization Detection (PID) instrument (Photovac® TIP or HNU PI-101). This instrument will be the primary source of information for upgrading personal protection. Calibration and maintenance of monitoring equipment will be in accordance with manufacturer recommendations.

The Site Safety Officer, or designee, will establish daily a background TOV prior to initiating on site activities. Under most circumstances, this level can be determined by taking multiple readings at representative locations along the perimeter of the site and averaging the results of sustained measurements. (A sustained measurement is defined as the arithmetic average of six readings taken at 10-second intervals.) If, due to site conditions, it appears that perimeter readings will not yield a truly representative background level, the Site Safety Officer or an ESE Regional Health and Safety Officer will be consulted for guidance.

Decisions to upgrade personal protection will be based on sustained breathing zone TOV that exceeds background levels. Breathing zone refers to the area from the top of the shoulders to the top of the head.

Explosivity levels associated with on site activities will be monitored with an explosimeter or combustible gas meter. This will be the primary source of information for determining the potential hazard due to explosion or fire in confined spaces and other enclosed areas with little or no ventilation.

Prior to entry of any area which may contain an explosive or flammable atmosphere, the Site Safety Officer or designee will take representative readings of the suspect area. Representative readings include readings from top, middle, and lower levels of the area, and at various points at each level in larger areas. Areas in which any one reading exceeds 20% of the lower flammable limit will be considered potentially explosive, and will be vented to below 20% of the lower flammable limit before the introduction of any personnel or non-explosion proof powered equipment.



## 4.0 PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment to be used at petroleum contamination sites will consist of several components. These components will protect the respiratory system, eyes and face, hands, feet, body, and head from a variety of chemical and physical hazards. Levels of personal protection will be categorized in accordance with the criteria described in accordance with the guidelines given in Section 3, Air Monitoring. Additional guidance for personal protective equipment can be found in the ESE Corporate Respiratory Protection Program, or can be obtained from an ESE Regional Health and Safety Officer.

Action levels for upgrading to the various protective levels and levels of personal protection required for the various tasks to be performed on each site, as well as any special site requirements, will be given in the Personal Protective Equipment section of the Site-Specific Plan.

### PERSONAL PROTECTIVE EQUIPMENT--LEVEL A

1. Open-circuit, pressure-demand, self-contained breathing apparatus (SCBA);
2. Totally encapsulated suit;
3. Gloves, inner (surgical type);
4. Gloves, outer, chemical protective;
5. Boots, chemical protective, steel toe and shank; and
6. Booties, chemical protective.

### CRITERIA

1. Sites known to contain hazards which:
  - a. Require the highest level of respiratory protection (as previously stated),
  - b. Will cause illness as a result of personal exposure,
  - c. Permit a reasonable determination that personal exposure could occur to any part of the body; or
2. Sites for which the Project Manager and/or Site Safety Officer make a reasonable determination that, based on the lack of information to the contrary, the site may be described as previously stated.

### PERSONAL PROTECTIVE EQUIPMENT--LEVEL B

1. Open-circuit, pressure-demand SCBA;
2. Chemical protective
  - a. Overalls and long-sleeved jacket, or
  - b. Coveralls;
3. Gloves, inner (surgical type);
4. Gloves, outer, chemical protective;
5. Boots, chemical protective, steel toe and shank;  
and
6. Booties, chemical protective.

## **CRITERIA**

1. Sites known to contain hazards which:
  - a. Require the highest level of respiratory protection (as previously stated),
  - b. Will cause illness as a result of personal exposure,
  - c. Permit a reasonable determination that personal exposure to areas of the body not covered by Level B protective clothing is unlikely; and
2. Sites for which the Project Manager and/or Site Safety Officer make a reasonable determination that, based on the lack of information to the contrary, the site may be described as previously stated.

## **PERSONAL PROTECTIVE EQUIPMENT--LEVEL C**

1. Full face-piece, air-purifying respirator (high-efficiency particulate/organic vapor cartridges);
2. Emergency escape oxygen pack (carried);
3. Chemical protective (Tyvek® is the minimum protection)
  - a. Overalls and long-sleeved jacket, or
  - b. Coveralls, or
  - c. Apron;
4. Gloves, inner (surgical type) (Latex);
5. Gloves, outer, chemical protective (Nitrile);
6. Boots, chemical protective (neoprene or NBR), steel toe and shank; and
7. Booties, chemical protective (Latex).

## **CRITERIA**

1. Sites known to contain hazards which:
  - a. Do not require a level of respiratory protection greater than the level afforded by air-purifying respirators (nominal protection of 10), as previously stated;
  - b. Will cause illness as a result of personal exposure; or
  - c. Permit a reasonable determination that personal exposure to areas of the body not covered by Level C protective clothing is unlikely; and
2. Sites for which the Project Manager and/or Site Safety Officer make a reasonable determination that, based on the lack of information to the contrary, the site may be described as previously stated.

## **PERSONAL PROTECTIVE EQUIPMENT--LEVEL D**

1. Coveralls, cotton;
2. Boots/shoes, safety;
3. Safety glasses;
4. Hard hat with optional face shield (where overhead hazards exist); and
5. Air-purifying respirator (readily available).

## **CRITERIA**

Sites where the Project Manager and/or Site Safety Officer make a reasonable determination that hazards due to exposure to hazardous materials are unlikely.

## **ADDITIONAL PERSONAL PROTECTION**

In addition to personal protective equipment, field personnel having duties on or near the hazard site should have ready access to:

1. A fully stocked industrial-size first-aid kit;
2. An eyewash kit; and
3. At least 6 gallons of potable water in a pressurized container to permit decontamination in event of accidental skin or eye contact with chemicals.

## 5.0 STANDARD WORK PRACTICES

### 5.1 GENERAL SAFETY RULES:

In addition to the specific requirements of the Site-Specific Plan, common sense should prevail at all times.

The following general safety rules and practices will be in effect at the site.

1. The site will be suitably marked or barricaded as necessary to prevent unauthorized visitors, but will not hinder emergency services if needed.
2. All open holes, trenches, and obstacles will be properly barricaded in accordance with local site needs. These needs will be determined by proximity to traffic ways, both pedestrian and vehicular, and site of the hole, trench, or obstacle. If holes are required to be left open during nonworking hours, they will be adequately decked over or barricaded and sufficiently lighted.
3. Prior to conducting any digging or boring operations, underground utility locations will be identified. The site representative and local utility authorities will be contacted to provide locations of underground utility lines and product piping. All boring, excavation, and other site work will be planned and performed with consideration for underground lines.
4. Smoking and ignition sources in the vicinity of flammable or contaminated material is prohibited.
5. Drilling, boring, movement and use of cranes and drilling rigs, erection of towers, movement of vehicles and equipment, and other activities will be planned and performed with consideration for the location, height, and relative position of aboveground utilities and fixtures, including signs, lights, canopies, buildings, and other structures and construction, and natural features such as trees, boulders, bodies of water, and terrain.
6. When working in areas where flammable vapors may be present, particular care must be exercised with tools and equipment that may be sources of ignition. All tools and equipment so provided must be properly bonded and/or grounded.
7. Approved and appropriate safety equipment, as specified in this site-specific HASP, such as eye protection, hard hats, foot protection, and respirators, must be worn in areas where required by the site-specific HASP. In addition, eye protection must be worn when handling free product, contaminated soil or water, or fill dirt.
8. Beards that interfere with respirator fit are not allowed within the site boundaries. This is necessary because all site personnel may be called upon to use respirator protection in some situations, and beards do not allow for proper respirator fit.
9. No smoking, eating, or drinking will be allowed in the contaminated areas.
10. Tools and hands must be kept away from the face.
11. Personnel must shower at the end of the shift or as soon as possible after leaving the site.
12. Each sample must be treated and handled as though it were extremely toxic.
13. Tank pit excavations must be sampled cautiously, using a remote sampling device or securing samples from excavated soil, and the pit should be entered only as a last resort and only if it is properly shored or sloped. The pit may meet the criteria for a confined space, in which case any entry must be made in accordance with NIOSH recommended Confined Space Entry Procedures. No confined space entry except by written procedure approved by the Health and Safety Officer.
14. Persons with long hair and/or loose-fitting clothing that could become entangled in power equipment are not permitted in the work area.
15. Horseplay is prohibited in the work area.
16. Working while under the influence of intoxicants, narcotics, or controlled substances is prohibited.

## 5.2 WORK LIMITATIONS:

### HOURS

Work shall be limited to daylight hours and during normal weather conditions. Extremes in temperature and weather condition (i.e., wind and lightning) will restrict working hours.

### HEAT STRESS

For monitoring the body's recuperative ability toward excess heat, the following techniques will be used as a screening mechanism. Monitoring of personnel wearing protective clothing will commence when the ambient temperature is 70 degrees Fahrenheit (°F) or above. When temperatures exceed 85°F, workers will be monitored after every work period. Monitoring will include visual observations for signs of heat stress and measurement of radial pulse rate for 30 seconds at the beginning of each rest period. If the heart rate exceeds 110 beats per minute (beats/min) at the beginning of a rest period, the next work period will be shortened by 10 minutes, and the rest period stays the same. If the pulse rate is 100 beats/min at the beginning of the next rest period, the following work cycle will be shortened another 10 minutes.

Also, good hygienic standards must be maintained by frequent change of clothing and daily showering. Clothing should be permitted to dry during rest periods. If skin problems occur, consult medical personnel.

### COLD STRESS

The human body "senses" cold as a result of two factors, the air temperature and the wind velocity. Cooling of the flesh increases rapidly as wind velocity goes up. Frostbite can occur at relatively mild temperatures if wind penetrates the body insulation. For example, when the air temperature is 40°F and the wind velocity is 30 miles per hour (mph), the exposed skin would perceive an equivalent still air temperature of 13°F.

Table 5-1 illustrates windchill indices and the associated hazards to exposed flesh. Precautions will be taken to minimize exposed flesh, and layered clothing will be provided, as appropriate.

Table 5-1.

## Windchill Index

Windspeed (mph)	Actual Thermometer Reading (°F)										
	50	40	30	20	10	0	-10	-20	-30	-40	
Calm	50	40	30	20	10	0	-10	-20	-30	-40	
5		48	37	27	16	6	-5	-15	-26	-36	-47
10		40	28	16	4	-9	-21	-33	-46	-58	-70
15		36	22	9	-5	-18	-36	-45	-58	-72	-85
20		32	18	4	-10	-25	-39	-53	-67	-82	-96
25		30	16	0	-15	-29	-44	-59	-74	-88	-104
30		28	13	-2	-18	-33	-48	-63	-79	-94	-109
35		27	11	-4	-20	-35	-49	-67	-82	-98	-113
40		26	10	-6	-21	-37	-53	-69	-85	-100	-116

Source: National Safety Council, 1982.

### 5.3 ACCIDENT PREVENTION PLAN/ACCIDENT REPORTING:

The purpose of the Safety Plan is to prevent accidents and minimize the impact of an accident if one should occur.

All accidents must be reported to the Site Safety Officer immediately. Prompt reporting is essential to the prevention of future incidents in addition to the well-being of the affected individual or individuals. The Site Safety Officer will notify the Project Manager of any serious accidents. The Site Safety Officer or other key members of the field team will be trained in first aid and CPR. First aid will be administered to affected personnel under the direction of the Site Safety Officer. For serious accidents, the nearest ambulance service will be contacted for transport of injured personnel to the nearest medical facility (see Section 6.0). The Site Safety Officer will have established contact and liaison with medical authorities (see Section 6.0) whose personnel will be knowledgeable of the activities of the field team. Telephone numbers and addresses of ambulance and medical services will be posted on site.

A formal report of any OSHA-recordable accident will be filed with ESE. All reports must be received within 2 working days.

#### **5.4 WORK ZONES AND DECONTAMINATION PROCEDURES:**

Work zones will be established in accordance with guidance provided in Figure 5-1. These zones may be modified to fit applicable field conditions; however, proposed modifications must be approved by the Project Manager and Site Safety Officer prior to being implemented in the field.

Personnel decontamination will be initiated on site. Disposable clothing will be removed and stored in designated containers. If additional decontamination is necessary, based on preliminary or subsequent risk assessment by the Site Safety Officer in consultation with ESE Regional Safety and Health Officer, additional decontamination procedures will be implemented. Site specific decontamination procedures will be listed in the Site-Specific Plan.

All heavy equipment will be decontaminated on site. Water in the form of steam cleaning and/or pressure washing may be used to remove any visual contamination from drilling equipment and backhoe.

#### **5.5 SITE SECURITY AND ENTRY:**

Site security measures, including barricading, fencing, and lighting, and any special site entry procedures will be described in the Section 5 of the Site-Specific Plan.

## 6.0 EMERGENCY INFORMATION AND CONTINGENCY PLANS

All emergency information, including phone numbers, site resources, and routes to emergency medical care, will be maintained on site in the Site-Specific Plan by each field team.

The phone list will include the following numbers:

AMBULANCE:

FIRE DEPARTMENT:

HOSPITAL (primary):

HOSPITAL (secondary):

POISON CONTROL CENTER:

POLICE:

TOXIC WASTE AND OIL SPILL:

CLIENT CONTACT:

AGENCY CONTACT:

PROJECT MANAGER:

CORPORATE SAFETY AND HEALTH OFFICER:

The list of site resources will include fire extinguishers, first aid equipment, eyewash units, communications (telephone), emergency personal protective equipment, spill containment equipment and materials, and any other special equipment, supplies or resources.

### 6.1 INJURY CONTINGENCY PLAN

First aid equipment will be kept on site during all site activities. Additionally, one member of the field team will be trained in first aid. Emergency telephone numbers for ambulance and poison control will be maintained on site in a readily accessible location. Names, addresses, and routes to two emergency medical care providers (hospitals or emergency clinics) will be verified prior to any site activity, and will be listed in the Site-Specific Plan. Maps showing the location of the site, the emergency medical care providers, and hotels and restaurants (if any) used by the field team should be provided in each vehicle. In the event of an injury that cannot be treated on site, the injured person will be immediately transported to the medical provider either by support vehicle or ambulance on determination by the Site Safety Officer, Project Manager, and/or first aid provider.



## **6.2 FIRE CONTROL AND CONTINGENCY PLAN**

No smoking will be allowed during field activities. Fire extinguishers will be available at sites for use on small fires. All samples must be treated as flammable or explosive. The Site Safety Officer will have available the telephone number of the nearest fire station and local law enforcement agencies in case of a major fire emergency.

## **6.3 SPILL CONTROL AND CONTINGENCY PLAN**

In the event of a spill, the Site Safety Officer will be notified immediately. The important factors are that no personnel are overexposed to vapors, gases, or mists and that the liquid does not ignite. Waste spillage must not be allowed to contaminate any local water source. Small dikes will be erected to contain spills, if necessary, until proper disposal can be completed. Subsequent to cleanup activities, the Site Safety Officer will survey the area to ensure that no toxic or explosive vapors remain.

## **6.4 OFF SITE INCIDENT CONTINGENCY PLAN**

The Site Safety Officer will provide field team members with emergency medical care information similar to that kept on site in event of an off site emergency, such as a motor vehicle accident, food poisoning, or other injury sustained off the site.

## **6.5 COMMUNITY THREAT CONTINGENCY PLAN**

The potential for exposure to the surrounding community will be assessed in conjunction with the preliminary site assessment.

The Site Safety Officer will consult with a representative of the local emergency services agency (police or fire department, in accordance with local governmental procedures), and will outline procedures in the Site-Specific Plan to be followed in the event of an emergency threat to the surrounding populace. Situations requiring specified procedures include fire, explosion, accidental ingestion, large spills consisting of free product, and accumulation of potentially explosive vapors off site.

The Site-Specific Plan will identify individuals who will respond to reports of non-emergency community threats arising from site activities. This non-emergency response will include sampling of air, wells and ground water, and soil. Situations requiring specified procedures include small spills and presence of existing concentrations of potentially explosive vapors on site.

**APPENDIX A**

**SITE-SPECIFIC**  
**HEALTH & SAFETY**  
**INFORMATION**





Environmental  
Science &  
Engineering, Inc.

SOIL BORING REPORT

TO: Alameda County Health Care Services  
Alameda County  
Department of Environmental Health  
80 Swan Way, Room 200  
Oakland, CA 94621

DATE: February 3, 1993

ATTN: Mr. Jeff Shapiro

JOB NUMBER: 6-93-5021

**WE ARE TRANSMITTING THE FOLLOWING:**


One copy of Environmental Science & Engineering, Inc. (ESE) Standard Operating Procedure No. 1 entitled "Soil Borings and Soil Sampling with Hollow-Stem Augers in Unconsolidated Formations". Please substitute this page for the incorrect page referred to as Attachment No. 1 in the ESE workplan dated January 25, 1993 and addressed to your attention. The workplan has been prepared for a proposed subsurface investigation surrounding an underground storage tank at Fairmont Hospital, 15401 Foothill Boulevard, San Leandro, Alameda County, California.

ESE apologizes for this error and ask that you please feel free to contact the undersigned at (510) 685-4053 should you have any questions or comments.

Sincerely,

DIST:  
LB  
FILE  
ORIGINATOR

ENVIRONMENTAL SCIENCE & ENGINEERING, INC.

BY   
Bart S. Miller  
Senior Staff Geologist

F:\Projects\5021\020393.trn

**ENVIRONMENTAL SCIENCE & ENGINEERING, INC.  
CONCORD, CALIFORNIA OFFICE**

**STANDARD OPERATING PROCEDURE NO. 1  
FOR SOIL BORINGS AND SOIL SAMPLING WITH HOLLOW-STEM AUGERS  
IN UNCONSOLIDATED FORMATIONS**

Environmental Science & Engineering, Inc. (ESE) typically drills soil borings using a truck-mounted, continuous-flight, hollow-stem auger drill rig. The drill rig is owned and operated by a drilling company possessing a valid State of California C-57 license. The soil borings are conducted under the direct supervision and guidance of an experienced ESE geologist. The ESE geologist logs each borehole during drilling in accordance with the Unified Soil Classification System (USCS). Additionally, the ESE geologist observes and notes the soil color, relative density or stiffness, moisture content, odor (if obvious) and organic content (if present). The ESE geologist will record all observations on geologic boring logs.

Soil samples are collected during drilling at a minimum of five-foot intervals by driving an 18-inch long Modified California Split-spoon sampler (sampler), lined with new, thin-wall brass sleeves, through the center of and ahead of the hollow stem augers, thus collecting a relatively undisturbed soil sample core. The brass sleeves are typically 2-inches in diameter and 6-inches in length. The sampler is driven by dropping a 140-pound hammer 30-inches onto rods attached to the top of the sampler. Soil sample depth intervals and the number of hammer blows required to advance the sampler each six-inch interval are recorded by the ESE geologist on geologic boring logs. The ends of one brass sleeve are covered with Teflon sheeting, then covered with plastic end caps. The end caps are sealed to the brass sleeve using duct tape. Each sample is then labeled and placed on ice in a cooler for transport under chain of custody documentation to the designated analytical laboratory. A portion of the remaining soil in the sampler is placed in either a new Ziploc® bag or a clean Mason Jar® and set in direct sunlight to enhance the volatilization of any Volatile Organic Compounds (VOCs) present in the soil. After approximately 15-minutes that sample is screened for VOCs using a photoionization detector (PID). The PID measurements will be noted on the geologic boring logs. The PID provides qualitative data for use in selecting samples for laboratory analysis. Soil samples from the saturated zone (beneath the ground-water table) are collected as described above, are not screened with the PID, and are not submitted to the analytical laboratory. The samples from the saturated zone are used for descriptive purposes. Soil samples from the saturated zone may be retained as described above for physical analyses (grain size, permeability and porosity testing).

If the soil boring is not going to be completed as a well, then the boring is typically terminated upon penetrating the saturated soil horizon or until a predetermined interval of soil containing no evidence of contamination is penetrated. This predetermined interval is typically based upon site specific regulatory or client guidelines. The boring is then backfilled using either neat cement, neat cement and bentonite powder mixture (not exceeding 5% bentonite), bentonite pellets, or a sand and cement mixture (not exceeding a 2:1 ratio of sand to cement). However, if the boring is to be completed as a monitoring well, then the boring is continued until either a competent, low estimated-permeability, lower confining soil layer is found or 10 to 15-feet of the saturated soil horizon is penetrated, whichever occurs first. If a low estimated-permeability soil layer is found, the soil boring will be advanced approximately five-feet into that layer to evaluate its competence as a lower confining layer, prior to the termination of that boring.

All soil sampling equipment is cleaned between each sample collection event using an Alconox® detergent and tap water solution followed by a tap water rinse. Additionally, all drilling equipment and soil sampling equipment is cleaned between borings, using a high pressure steam cleaner, to prevent cross-contamination. All wash and rinse water is collected and contained onsite in Department of Transportation approved containers (typically 55-gallon drums) pending laboratory analysis and proper disposal/recycling.

CSA

CASE FILE COPY

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 HAZARDOUS MATERIALS DIVISION  
 80 SWAN WAY, ROOM 200  
 OAKLAND, CA 94621  
 PHONE NO. 415/271-4320

UST # 3

1993

Project Specialist (print) Robert Weston

Rob

**ACCEPTED**

Underground Storage Tank Closure Permit Application

Alameda County Division of Hazardous Materials  
 80 Swan Way, Suite 200,  
 Oakland, CA 94621  
 Telephone: (510) 271-4320

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/destruction. One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal. Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws.

Notify this Department of least 72 hours prior to the following required inspections:

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

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

**THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS**

Contact Specialist:

**UNDERGROUND TANK CLOSURE PLAN**

**\* \* \* Complete according to attached instructions \* \* \***

1. Business Name Fairmont Hospital  
 Business Owner Alameda County General Services Agency
2. Site Address 15400 Foothill Boulevard  
 City San Leandro Zip 94578 Phone (510) 667-4473
3. Mailing Address 15400 Foothill Boulevard  
 City San Leandro Zip 94578 Phone (510) 667-4473
4. Land Owner Alameda County General Services Agency  
 Address 4400 MacArthur Boulevard City, State Oakland, CA Zip 94619
5. Generator name under which tank will be manifested Alameda County General Services Agency  
 EPA I.D. No. under which tank will be manifested CAD 981429533

6. Contractor Environmental Science & Engineering, Inc.  
Address 4090 Nelson Avenue, Suite J  
City Concord Phone (510) 685-4053  
License Type General A ID# 658022

7. Consultant Environmental Science & Engineering, Inc.  
Address 4090 Nelson Avenue, Suite J  
City Concord Phone (510) 685-4053

8. Contact Person for Investigation  
Name R. Stephen Willcutts Title Senior Staff Engineer  
Phone (510) 685-4053

9. Number of tanks being closed under this plan 1  
Length of piping being removed under this plan 20 LF  
Total number of tanks at facility 4

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name Erickson Environmental Inc. EPA I.D. No. CAD009466392  
Hauler License No. CA019 License Exp. Date 5/93  
Address 255 Parr Boulevard 5/31/94  
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson Environmental Inc. EPA I.D. No. CAD009466392  
Address 255 Parr Boulevard  
City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Erickson Environmental Inc. EPA I.D. No. CAD009466392  
Hauler License No. CA019 License Exp. Date 5/93  
Address 255 Parr Boulevard 5/31/94  
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson Environmental Inc. EPA I.D. No. CAD009466392  
Address 255 Parr Boulevard  
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name R. Stephen Willcutts  
Company Environmental Science & Engineering, Inc.  
Address 4090 Nelson Avenue, Suite J  
City Concord State CA Zip 94520 Phone (510) 685-4053

12. Laboratory

Name McCampbell Analytical, Inc.  
Address 110 2nd Avenue South #D7  
City Pacheco State CA Zip \_\_\_\_\_  
State Certification No. 1644

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

If yes, describe. Suspected tank leak: Tank was precision tested on April 12, 1988 and was found to be leaking, however laboratory analysis of soil samples collected from three soil borings conducted around the tank on July 1, 1988 by Gregg Drilling, resulted in non-detectable concentrations of Total Petroleum Hydrocarbons.



14. Describe methods to be used for rendering tank inert

Addition of 100lbs of Dry Ice

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
1000 Gallons	Tank is currently in use. Installation date 1960. Product is diesel fuel.	Soil	One sample to be collected at each end of tank, two feet below tank invert (approx. seven feet below ground surface), for a total of two samples.

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

Excavated/Stockpiled Soil	
<b>Stockpiled Soil Volume (Estimated)</b> 10 Cubic Yards (CY)	<b>Sampling Plan</b> Collect one sample from soil stockpile and analyze as described in item 16. Sampling Schedule based upon disposition of soil. One discrete sample every 20 CY for soil returned to excavation pit. One discrete sample every 50 CY for offsite disposal.

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPH-D BTEX	GCFID (5030) EPA 5030	EPA 8015 Mod. EPA 8020	1ppm (TPH-D) 0.005 ppm

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer Planet Insurance Company

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

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

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

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

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

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

Signature of Contractor

Name (please type) R. Stephen Willcutts, Environmental Science & Engineering

Signature *R. Stephen Willcutts*

Date 4/12/93

Signature of Site Owner or Operator

Name (please type) Jim de Vos, Alameda County General Services Agency

Signature *Jim de Vos*

Date 4/20/93

**AGORD.****CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

3/17/93

PRODUCER

**JOHNSON & HIGGINS**500 WEST MADISON, SUITE 2100  
500 WEST MADISON, SUITE 2100  
CHICAGO, IL 60661-2595

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

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER A

COMMERCE AND INDUSTRY INS CO

COMPANY LETTER B

NATIONAL UNION FIRE INS CO

COMPANY LETTER C

PLANET INS CO

COMPANY LETTER D

COMPANY LETTER E

(312) 648-4200

INSURED

ENVIRONMENTAL SCIENCE &  
ENGINEERING, INC.  
ATT KAREN JENSEN  
300 HAMILTON BLVD, STE 330  
PEORIA, IL 61602**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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	6L3404530	3/16/93	3/16/94	GENERAL AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				PRODUCTS-COMP/OP AGG. \$ 5,000,000 PERSONAL & ADV. INJURY \$ 5,000,000 EACH OCCURRENCE \$ 5,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY	CA1188507	3/16/93	3/16/94	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
C	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	NMA010257701	3/16/93	3/16/94	STATUTORY LIMITS
	OTHER				EACH ACCIDENT \$ 500,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

Alameda County General Services Agency is Additional Insured as respects UST Compliance Monitoring, UST Removal, Replacement and Subsurface Investigations.

**CERTIFICATE HOLDER**Alameda County General  
Services Agency  
Building Maintenance Dept.  
4400 MacArthur Blvd.  
Oakland CA 94619**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

NOTE: No other certificate forms will be accepted.

Please complete the following information:

CONTRACTOR: Environmental Science Engineering, Inc.

General Services Agency  
Alameda County Agency or Department

CONTRACT TERM: April 6, 1993 to June 30, 1993

POLICY/BOND ENDORSEMENT REQUIREMENTS

Contractor's policies or bonds shall be endorsed as follows:

Name Alameda County, its Board of Supervisors, officers, agents and employees as Additional Insured/Obligees, but County is not liable to the insurance company for any premiums, costs or assessments in connection with Contractor's policy/bond, as a result of being an Additional Insured.

Provide County 30 days advance written notice of cancellation, non-renewal or reduction in limits or coverage including the name of the Contract, mailed to the following address:

CSA-BMD

Subodh Chawdhry

County Department to Receive Notice(s)  
4400 MacArthur Blvd.

Individual Coordinating Contracts  
Oakland, CA 94619

Address

City, State, Zip

State the Contractor's policy/bond is primary insurance to any other insurance available to County with respect to any claim arising out of this contract.

Contractor is responsible for payment of insurance deductibles.

Insurance companies must have an "A.M. Best" rating of B+, V or better.

REQUIRED COVERAGES - Where "X" Appears in Box

CERTIFICATES OF INSURANCE

- 1. Workers' Compensation
  - a. Statutory Compensation coverage.
  - b. Employer's liability insurance with limit not less than \$100,000 per occurrence.

Planet Insurance Co.  
Insurance Company(s)  
NWA0102557700 - 3/16/93 - 3/16/94  
Policy Number(s) Policy Period (dates)

Signature of Individual authorized by Insurance Company to bind Company to coverage shown, and above endorsement requirements.  
Johnson & Higgins  
Name  
500 W. Madison, Suite 2100  
Address  
Chicago, IL 60661  
City, State, Zip

Service Contract

Exhibit Cl. Page 2

REQUIRED COVERAGES - Where "X" Appears in Box

CERTIFICATES OF INSURANCE

2. Comprehensive General Liability

a. Minimum Limits of Liability:  
\$1,000,000 per occurrence combined  
single limit Bodily Injury and  
Property Damage.

b. Coverages:

- Bodily Injury
- Property Damage
- Blanket Contractual
- Personal, Injury
- Products/Completed Operations
- Broad Form Property Damage
- Fire Damage Legal Liability

c. Deductible not to exceed \$5,000  
per occurrence.

d. Cross Liability or Severability  
of Interests Clause in policy

e. Occurrence Form: X Claims Made Form

f. IF claims made, please complete the following:  
Coverage for all prior acts? \_\_\_\_\_

If prior acts coverage is restricted, advise retroactive date of coverage:  
\_\_\_\_\_

Extended discovery provision: If Insurance Company cancels, how long is  
period of extended discovery? \_\_\_\_\_

If Contractee cancels, how long is optional coverage for extended discovery?  
\_\_\_\_\_

Percentage of annual premium cost to purchase the extended discovery?  
\_\_\_\_\_

A Certified copy of the Claims Made form must be provided

It will be a requirement of the Contract that coverage for the period of the  
contract will be maintained for a period of not less than five years after  
the expiration of the contract. If coverage for five years is not available,  
a shorter term may be negotiated.

Commerce & Industry

Insurance Company(s)

GL3403771 3/16/93 - 3/16/94

Policy Number(s) Policy Period (dates)

Donald A. Price

Signature of Individual authorized by  
Insurance Company to bind Company to  
coverage shown, and above endorsement  
requirements.

Johnson & Higgins

Name

500 W. Madison, Suite 2100

Address

Chicago, IL 60661

City, State, Zip

REQUIRED COVERAGES - Where "X" Appears in Box

CERTIFICATES OF INSURANCE

3. Comprehensive Automobile Liability

a. Minimum Limits of Liability:   
\$1,000,000 per occurrence combined  
single limit Bodily Injury and  
Property Damage.

Assigned risk insurance at  
available State financial  
responsibility limits.

b. Coverages:

- Owned Automobiles, if any
- Non-owned Automobiles
- Hired Automobiles
- Cross Liability or Severability  
of Interests clause in policy.

Planet Insurance Company  
Insurance Company(s)

NKA010257800 3/16/93 - 3/16/94

Policy Number(s) Policy Period (dates)

Donald A. Price

Signature of Individual authorized by  
Insurance Company to bind Company to  
coverage shown, and above endorsement  
requirements.

Johnson & Higgins

Name

500 W. Madison, Suite 2100

Address

Chicago, IL 60661

City, State, Zip

4. Professional Liability

1. For professional employees licensed  
as a condition of employment at the  
beginning of contract term or hired  
during the contract terms, insuring  
against error or omission in render-  
ing or failing to render professional  
services. Coverage shall continue  
for a minimum of five years.

a. Minimum Limits of Liability:  
\$1,000,000 per claim

b. Deductible not to exceed \$5,000  
per claim

c. If claims made, please complete the following:

National Prof. Casualty Co.  
Insurance Company(s)

A72961 2/16/93 - 2/16/94

Policy Number(s) Policy Period (dates)

Raymond Price

Signature of Individual authorized by  
Insurance Company to bind Company to  
coverage shown, and above endorsement  
requirements. (Except additional  
insured not required.)

Direct Placement

Name

330 Hamilton Blvd., Suite 300

Address

Peoria, IL 61602

City, State, Zip

Coverage for all prior acts? Yes X No     

If prior acts coverage is restricted, advise retroactive date of coverage.  
2-16-90

Extended discovery provisions: If Insurance Company cancels, how long is period of  
extended discovery? 365 Days

If Contractee cancels, how long is optional coverage for extended discovery?  
12 Months

Percentage of annual premium cost to purchase the extended discovery?  
100%

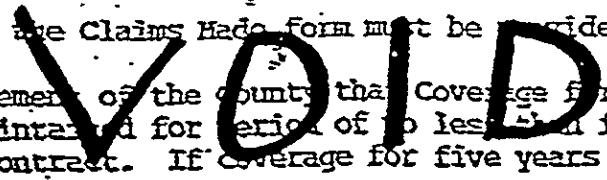
REQUIRED COVERAGES - Where "X" Appears in Box

CERTIFICATES OF INSURANCE

4. Professional Liability (continued)

A Certified copy of the Claims Made form must be provided.

It will be a requirement of the county that coverage for the period of the contract will be maintained for a period of not less than five after the expiration of the contract. If coverage for five years is not available, a shorter term may be negotiated.



5. Bonds/Crime Insurance

1. Fidelity Insurance Bond

- a. Faithful Performance Coverage of all officials, agents, and employees with access to funds received by Contractor.
- b. Limits shall at least be equal to maximum County funds in contractors possession or control during contract term.

Insurance Company(s)

Policy Number(s) Policy Period (dates)

Signature of Individual authorized by Insurance Company to bind Company to coverage shown, and above endorsement requirements.

Name

Address

City, State, Zip

2. Money and Securities Policy.

- a. Insurance against the disappearance, destruction or wrongful abstraction of funds on and off premises contractor.
- b. Limits shall at least be equal to maximum County funds in contractors possession or control during contract term.

Insurance Company(s)

Policy Number(s) Policy Period (dates)

Signature of Individual authorized by Insurance Company to bind Company to coverage shown, and above endorsement requirements.

Name

Address

City, State, Zip

6. Other (Describe below)

Insurance Company(s)

Policy Number(s) Policy Period (dates)

Signature of Individual authorized by Insurance Company to bind Company to coverage shown, and above endorsement requirements.



REQUIRED COVERAGES - Where "X" Appears in Box

CERTIFICATES OF INSURANCE

6. Other (continued)

Name

Address

City, State, Zip

7. Self Insurance

Contractors self-insured for any risks shown in Sections above shall attach to contract evidence satisfactory to County of Contractor's financial ability (such as a current financial statement) to respond to losses in amounts shown above, for each risk self-insured. Contractor shall complete and sign the following statement and attach to contract.

The Contractor is self-insured for the following coverages with respect to this contract"

Worker's Compensation

Comprehensive General Liability to the limit of \$

Bodily injury

Property damage

Blanket Contractual

Personal injury

Products/completed operations

Broad Form property damage

Fire damage legal liability

Comprehensive Auto Liability to the limit of \$

Owned Automobiles

Non-owned Automobiles

Hired Automobiles

Professional Liability to the limit of \$

Note: If excess insurance is needed to meet the limits required for insurances in Exhibit C, then the authorized representative of the excess insurance company(s) must sign the certificates in Exhibit C pertaining to the necessary coverages.

Signature of authorized representative of Contractor

Title

Date

**HEALTH AND SAFETY PLAN**  
**for**  
**ALAMEDA COUNTY GENERAL SERVICES AGENCY**  
**San Leandro, California**

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5-1	Windchill Index

## 1.0 GENERAL INFORMATION

### 1.1 INTRODUCTION

This Health and Safety Plan shall provide the safety and health requirements for general site work taking place under a contract with Alameda County General Services Agency (GSA). This Plan provides the structure for a Site-Specific Health and Safety Plan, and provides information which will apply to all Environmental Science & Engineering, Inc. (ESE) projects. Together, they comprise the Site Health and Safety Plan (HASP). This HASP will be considered complete only with an associated Site-Specific HASP.

The purpose of this HASP is to protect individuals, those working at the site, visitors, and the surrounding populace, and the environment during on site sampling and site characterization activities at petroleum hydrocarbon impacted sites. This plan includes preventive and protective measures against health hazards, fire and explosion hazards, and mechanical hazards which may exist or occur during field activities.

### 1.2 SITE INFORMATION

The General Information section of each Site-Specific Health and Safety Plan will provide the following information:

1. Name and Location of the Site;
2. Name of Individual Preparing the Plan, and Date of Preparation;
3. Brief Site History;
4. Investigative Objective and Work Plan;
5. Proposed Dates of Investigation; and
6. Assessment of Overall Worker and Public Health Hazards.

### 1.3 REGULATORY REQUIREMENTS:

Occupational Safety and Health Administration (OSHA) standards 29 Code of Federal Regulations (CFR) 1910 and 1926 apply to work under this site-specific HASP. Title 8 of California Code of Regulations (General Construction Safety Orders and General Safety Orders) must be complied with at California sites. Additional requirements are contained in Code of Federal Regulations title 40, Protection of the Environment.

## **2.0 PERSONNEL REQUIREMENTS**

### **2.1 ORGANIZATION**

The overall project organization as described in this document will be shown in the Site-Specific Health and Safety Plan, and will identify and show responsibilities for all key personnel, employees, and subcontractors.

### **2.2 ESE HEALTH AND SAFETY POLICY AND RESPONSIBILITY**

It is the policy of the management of ESE and also a contract requirement that a safety plan be implemented at hazardous material contamination sites to protect individuals and the environment. All ESE personnel involved in work on these sites will conform and comply with all aspects of this safety program. Each and every individual is, and therefore must regard and conduct him/herself as, a member of the safety team and adhere to the prescribed site safety plan to ensure his/her own safety as well as that of fellow workers, visitors, and the public.

### **2.3 PERSONNEL RESPONSIBILITIES**

For each site, the responsibilities of the Project Manager include:

1. Preparing an effective site safety plan for the project;
2. Categorizing and identifying for the project staff the levels of potential exposure and dangerous levels of hazardous materials possibly encountered on site;
3. Ensuring that adequate and appropriate safety training and equipment are available for project personnel; and
4. Arranging for medical examinations for specified project personnel.
5. Ensuring a qualified on-site field person is designated Site Safety Officer (SSO) and is present when work is in progress. Alternates may also be designated as needed, however, the project manager must ensure the designated (SSO) is familiar with the safety plan and his/her responsibilities.
6. Ensuring any subcontractors (i.e. drillers, excavators) get an advance copy of the Health and Safety Plan and a start-up safety briefing is scheduled.
7. Determining appropriate level of protection and exposure monitoring strategy for the project by task or phase.

Overall responsibility for safety during the site investigative activities rests with the Project Manager. To assist the Project Manager, a qualified Site Safety Officer will be appointed for each site.

The Site Safety Officer's (SSO's) responsibilities include:

1. Implementing all safety procedures and operations on site.
2. Conducting start-up safety briefing with project personnel and subcontractors. Ensure all necessary equipment and procedures are in place before start-up. Addressing any substandard conditions requiring correction prior to start up.
3. Updating equipment or procedures based upon new information gathered during the site inspection.
4. Upgrading or downgrading the levels of personal protection based upon site observations and/or measurements.
5. Determining and posting locations and routes to medical facilities and arranging emergency transportation to medical facilities (as required).
6. Controlling site entry and notifying (as required) local public emergency officers (i.e., police and fire departments) of the nature of the team's operations and making emergency telephone numbers available to all team members.
7. Ensuring that at least one member of the field team is available to stay behind and notify emergency services if the Site Safety Officer must enter an area of maximum hazard or entering this area only after notifying emergency services (police department).
8. Observing work party members for symptoms of on-site exposure or stress.
9. Arranging for the availability of on-site emergency medical care and first aid, as necessary.
10. Documenting field activities and incidents. Keeping Project Manager informed. Consulting with Health and Safety Officer as needed.

The Health and Safety Officer (HSO) is responsible for:

1. Assisting Project Manager with development of the site specific Health and Safety Plan.
2. Providing technical support during normal operations and upsets for hazard assessment, exposure monitoring, level of protection changes.
3. Reviewing and approving the site specific safety plan.

The responsibilities of all other on site personnel include:

1. Complying with all aspects of the project Safety plan, including strict adherence to the buddy system.
2. Obeying the orders of the Site Safety Officer.
3. Notifying the Site Safety Officer of hazardous or potentially hazardous incidents or working situations.

Subcontractors and other non-ESE site personnel are also responsible for complying with this plan and all applicable federal, state and local safety and environmental regulations and codes.

## **2.4 TRAINING**

All ESE site personnel working on the hazardous material contamination site investigations will have completed a safety and health training course for hazardous waste site work meeting the requirements of 29CFR1910.120 and have worked at least 3 days of supervised on the job training. The course consists of an initial 40-hour session and annual refreshers of 8 hours. Subcontractors and visitors are required to provide proof of equivalent training. The field team leader will have completed an additional 8 hours of waste site supervisory training. For each location, specific training is given by the Project Manager or Site Safety Officer to inform employees of site-specific hazards. Additionally, at least one field team member will be trained to perform cardiopulmonary resuscitation (CPR) and first aid.

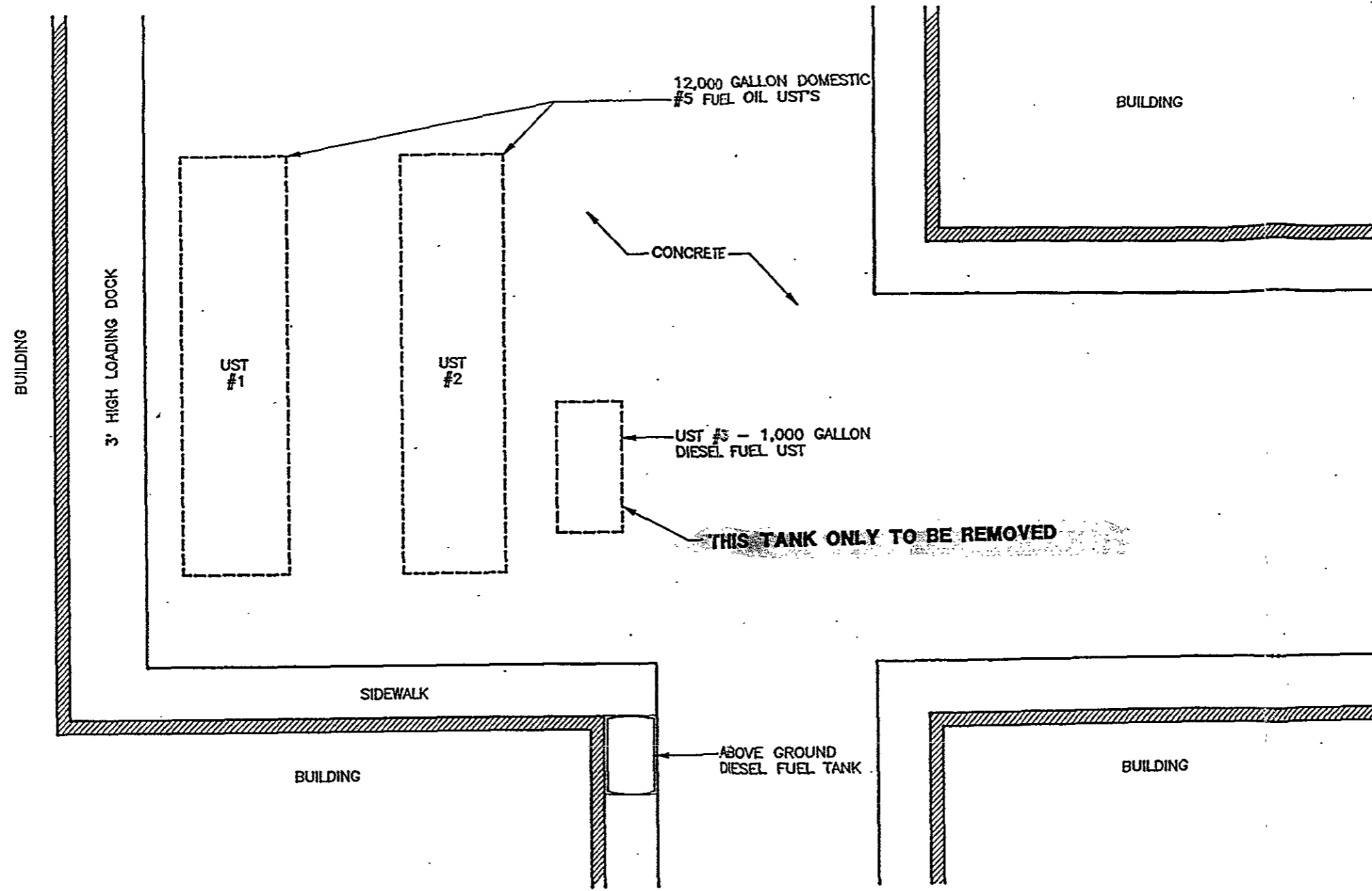
## **2.5 MEDICAL MONITORING PROGRAM**

All ESE on site personnel, subcontractors, and visitors for this project will be required to have the medical examination outlined in Table 1. This examination is given annually and more often if specified by the attending physician. All medical examinations include certification by the physician of the employee's ability to wear a negative-pressure respirator and to perform strenuous work. If a person sustains an injury or contracts an illness related to work on site that results in lost work time, he must obtain written approval from a physician to regain access to the site.

## **2.6 RECORDS DOCUMENTATION**

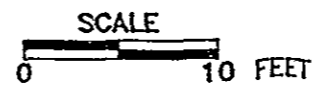
Air monitoring data generated during the project will become part of the written record. Both medical and air monitoring data will be retained for the time period required by OSHA in various standards [29 CFR 1910.20(D)(i), 1910.20(D)(ii), 1910.1018, 1910.1025]. Training records are maintained in project files and on ESE's personal identification cards and are available for inspection at all times. Subcontractors are required to have similar documents available for inspection as required.

All personnel associated with work at a site will be required to sign a statement indicating that they have read, and will comply with the site safety plan. This signature page will also include information on their training and medical surveillance status.



**LEGEND**

UST UNDERGROUND STORAGE TANK




 <b>Environmental Science &amp; Engineering, Inc.</b> <small>A CILCORP Company</small>	DATE 1/93	PROJ. NO. 93-C-036	ALAMEDA CTY. GSA - FAIRMONT HOSPITAL 15401 FOOTHILL BOULEVARD SAN LEANDRO, CALIFORNIA
	DRAWN BY CVS	CAD FILE C0361001	
4090 NELSON AVENUE, SUITE J CONCORD, CA 94520	APPROVED BY	REVISED	<b>FIGURE 1</b> <b>TANK REMOVAL PLOT PLAN</b>

Table 2.1

Medical Examination—Monitoring Program

---

Basic physical exam  
Heart status and functions (EKG) baseline only except if >40  
Chest X-ray (Roentgenogram posterior-anterior)  
Pulmonary function—forced vital capacity, forced expiratory  
volume at 1 second and reserve volume  
Blood—full SMAC Series  
Hemoglobin—cell counts, protein levels  
Liver function—full enzyme profile  
Renal function—BUN, Creatinine, Creatine/Creatinine ratio,  
lipoprotein count and differential, uric acid  
Urinalysis  
Audiometry—audio spectrum response of ear  
Eye—physical condition, visual acuity

Other laboratory tests may be ordered depending on actual or expected exposures and physician recommendations.

---

The individuals listed in the Site-Specific Plan organization chart will be certified to wear respirator protection in accordance with criteria from the ANSI Z88.2 and 29 CFR 1910.134.



### 3.0 HAZARD EVALUATION

#### 3.1 CHEMICAL CONTAMINANTS

Potential site contaminants at petroleum contamination sites include gasoline, gasohol, motor oil, fuel oils (including kerosene, diesel fuel), and aviation grade gasoline. These materials may exist as free product in soil or on groundwater, and/or as contaminants to soil and water, and/or in tanks, piping, and systems. Fuel products include materials in and around storage tanks, such as gasoline, kerosene, diesel, and their derivatives, xylene, toluene, benzene, tetraethyl lead (TEL), and chlorinated solvents. The chlorinated solvents include trichloroethylene and tetrachloroethylene.

#### 3.2 PHYSICAL AND MECHANICAL HAZARDS

Activities on site may include site visits, soil gas sampling, headspace sampling, installation and sampling from monitor wells, installation of free product recovery systems, installation of groundwater recovery systems, installation of soil venting systems, installation of biological treatment systems, installation of air strippers, installation of carbon absorption units, removal of tanks, piping, and systems, and removal of contaminated soil.

Hazards associated with these activities are varied and include vehicle/pedestrian collisions, fire, collapse of excavation and trenching, handling of heavy materials and equipment operations resulting in contact and crushing type injuries, and use of air- and electrically-powered tools which may result in abrasions, contusions, lacerations, etc.

#### 3.3 JOB HAZARD ANALYSIS AND RISK ASSESSMENT

The chemical contaminants which may be present and the hazardous activities which may be performed at the site will be identified through preliminary site assessment activities, such as site visits or records search. Based on this preliminary information, initial risk assessments will be made by the Site Safety Officer, in consultation with an ESE Regional Health and Safety Officer, defining hazards (both chemical and physical) to workers and other on site personnel, the surrounding populace, and the environment.

The identities of potential hazards and resultant initial risk assessments will be included in the Hazard Evaluation section of the Site-Specific Plan, will be reviewed daily, and will be updated as necessary by the Site Safety Officer. Updated information will be communicated to all other on site personnel immediately.

### 3.4 AIR MONITORING

An air monitoring program is fundamental to the safety of on site and off site personnel. Total organic vapor (TOV) levels associated with on site activities will be monitored with a Photoionization Detection (PID) instrument (Photovac® TIP or HNU PI-101). This instrument will be the primary source of information for upgrading personal protection. Calibration and maintenance of monitoring equipment will be in accordance with manufacturer recommendations.

The Site Safety Officer, or designee, will establish daily a background TOV prior to initiating on site activities. Under most circumstances, this level can be determined by taking multiple readings at representative locations along the perimeter of the site and averaging the results of sustained measurements. (A sustained measurement is defined as the arithmetic average of six readings taken at 10-second intervals.) If, due to site conditions, it appears that perimeter readings will not yield a truly representative background level, the Site Safety Officer or an ESE Regional Health and Safety Officer will be consulted for guidance.

Decisions to upgrade personal protection will be based on sustained breathing zone TOV that exceeds background levels. Breathing zone refers to the area from the top of the shoulders to the top of the head.

Explosivity levels associated with on site activities will be monitored with an explosimeter or combustible gas meter. This will be the primary source of information for determining the potential hazard due to explosion or fire in confined spaces and other enclosed areas with little or no ventilation.

Prior to entry of any area which may contain an explosive or flammable atmosphere, the Site Safety Officer or designee will take representative readings of the suspect area. Representative readings include readings from top, middle, and lower levels of the area, and at various points at each level in larger areas. Areas in which any one reading exceeds 20% of the lower flammable limit will be considered potentially explosive, and will be vented to below 20% of the lower flammable limit before the introduction of any personnel or non-explosion proof powered equipment.

## 4.0 PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment to be used at petroleum contamination sites will consist of several components. These components will protect the respiratory system, eyes and face, hands, feet, body, and head from a variety of chemical and physical hazards. Levels of personal protection will be categorized in accordance with the criteria described in accordance with the guidelines given in Section 3, Air Monitoring. Additional guidance for personal protective equipment can be found in the ESE Corporate Respiratory Protection Program, or can be obtained from an ESE Regional Health and Safety Officer.

Action levels for upgrading to the various protective levels and levels of personal protection required for the various tasks to be performed on each site, as well as any special site requirements, will be given in the Personal Protective Equipment section of the Site-Specific Plan.

### PERSONAL PROTECTIVE EQUIPMENT--LEVEL A

1. Open-circuit, pressure-demand, self-contained breathing apparatus (SCBA);
2. Totally encapsulated suit;
3. Gloves, inner (surgical type);
4. Gloves, outer, chemical protective;
5. Boots, chemical protective, steel toe and shank; and
6. Booties, chemical protective.

### CRITERIA

1. Sites known to contain hazards which:
  - a. Require the highest level of respiratory protection (as previously stated),
  - b. Will cause illness as a result of personal exposure,
  - c. Permit a reasonable determination that personal exposure could occur to any part of the body; or
2. Sites for which the Project Manager and/or Site Safety Officer make a reasonable determination that, based on the lack of information to the contrary, the site may be described as previously stated.

### PERSONAL PROTECTIVE EQUIPMENT--LEVEL B

1. Open-circuit, pressure-demand SCBA;
2. Chemical protective
  - a. Overalls and long-sleeved jacket, or
  - b. Coveralls;
3. Gloves, inner (surgical type);
4. Gloves, outer, chemical protective;
5. Boots, chemical protective, steel toe and shank;  
and
6. Booties, chemical protective.

## **CRITERIA**

1. Sites known to contain hazards which:
  - a. Require the highest level of respiratory protection (as previously stated),
  - b. Will cause illness as a result of personal exposure,
  - c. Permit a reasonable determination that personal exposure to areas of the body not covered by Level B protective clothing is unlikely; and
2. Sites for which the Project Manager and/or Site Safety Officer make a reasonable determination that, based on the lack of information to the contrary, the site may be described as previously stated.

### **PERSONAL PROTECTIVE EQUIPMENT--LEVEL C**

1. Full face-piece, air-purifying respirator (high-efficiency particulate/organic vapor cartridges);
2. Emergency escape oxygen pack (carried);
3. Chemical protective (Tyvek® is the minimum protection)
  - a. Overalls and long-sleeved jacket, or
  - b. Coveralls, or
  - c. Apron;
4. Gloves, inner (surgical type) (Latex);
5. Gloves, outer, chemical protective (Nitrile);
6. Boots, chemical protective (neoprene or NBR), steel toe and shank; and
7. Booties, chemical protective (Latex).

## **CRITERIA**

1. Sites known to contain hazards which:
  - a. Do not require a level of respiratory protection greater than the level afforded by air-purifying respirators (nominal protection of 10), as previously stated;
  - b. Will cause illness as a result of personal exposure; or
  - c. Permit a reasonable determination that personal exposure to areas of the body not covered by Level C protective clothing is unlikely; and
2. Sites for which the Project Manager and/or Site Safety Officer make a reasonable determination that, based on the lack of information to the contrary, the site may be described as previously stated.

### **PERSONAL PROTECTIVE EQUIPMENT--LEVEL D**

1. Coveralls, cotton;
2. Boots/shoes, safety;
3. Safety glasses;
4. Hard hat with optional face shield (where overhead hazards exist); and
5. Air-purifying respirator (readily available).

**CRITERIA**

Sites where the Project Manager and/or Site Safety Officer make a reasonable determination that hazards due to exposure to hazardous materials are unlikely.

**ADDITIONAL PERSONAL PROTECTION**

In addition to personal protective equipment, field personnel having duties on or near the hazard site should have ready access to:

1. A fully stocked industrial-size first-aid kit;
2. An eyewash kit; and
3. At least 6 gallons of potable water in a pressurized container to permit decontamination in event of accidental skin or eye contact with chemicals.

## 5.0 STANDARD WORK PRACTICES

### 5.1 GENERAL SAFETY RULES:

In addition to the specific requirements of the Site-Specific Plan, common sense should prevail at all times.

The following general safety rules and practices will be in effect at the site.

1. The site will be suitably marked or barricaded as necessary to prevent unauthorized visitors, but will not hinder emergency services if needed.
2. All open holes, trenches, and obstacles will be properly barricaded in accordance with local site needs. These needs will be determined by proximity to traffic ways, both pedestrian and vehicular, and site of the hole, trench, or obstacle. If holes are required to be left open during nonworking hours, they will be adequately decked over or barricaded and sufficiently lighted.
3. Prior to conducting any digging or boring operations, underground utility locations will be identified. The site representative and local utility authorities will be contacted to provide locations of underground utility lines and product piping. All boring, excavation, and other site work will be planned and performed with consideration for underground lines.
4. Smoking and ignition sources in the vicinity of flammable or contaminated material is prohibited.
5. Drilling, boring, movement and use of cranes and drilling rigs, erection of towers, movement of vehicles and equipment, and other activities will be planned and performed with consideration for the location, height, and relative position of aboveground utilities and fixtures, including signs, lights, canopies, buildings, and other structures and construction, and natural features such as trees, boulders, bodies of water, and terrain.
6. When working in areas where flammable vapors may be present, particular care must be exercised with tools and equipment that may be sources of ignition. All tools and equipment so provided must be properly bonded and/or grounded.
7. Approved and appropriate safety equipment, as specified in this site-specific HASP, such as eye protection, hard hats, foot protection, and respirators, must be worn in areas where required by the site-specific HASP. In addition, eye protection must be worn when handling free product, contaminated soil or water, or fill dirt.
8. Beards that interfere with respirator fit are not allowed within the site boundaries. This is necessary because all site personnel may be called upon to use respirator protection in some situations, and beards do not allow for proper respirator fit.
9. No smoking, eating, or drinking will be allowed in the contaminated areas.
10. Tools and hands must be kept away from the face.
11. Personnel must shower at the end of the shift or as soon as possible after leaving the site.
12. Each sample must be treated and handled as though it were extremely toxic.
13. Tank pit excavations must be sampled cautiously, using a remote sampling device or securing samples from excavated soil, and the pit should be entered only as a last resort and only if it is properly shored or sloped. The pit may meet the criteria for a confined space, in which case any entry must be made in accordance with NIOSH recommended Confined Space Entry Procedures. No confined space entry except by written procedure approved by the Health and Safety Officer.
14. Persons with long hair and/or loose-fitting clothing that could become entangled in power equipment are not permitted in the work area.
15. Horseplay is prohibited in the work area.
16. Working while under the influence of intoxicants, narcotics, or controlled substances is prohibited.

## 5.2 WORK LIMITATIONS:

### HOURS

Work shall be limited to daylight hours and during normal weather conditions. Extremes in temperature and weather condition (i.e., wind and lightning) will restrict working hours.

### HEAT STRESS

For monitoring the body's recuperative ability toward excess heat, the following techniques will be used as a screening mechanism. Monitoring of personnel wearing protective clothing will commence when the ambient temperature is 70 degrees Fahrenheit (°F) or above. When temperatures exceed 85°F, workers will be monitored after every work period. Monitoring will include visual observations for signs of heat stress and measurement of radial pulse rate for 30 seconds at the beginning of each rest period. If the heart rate exceeds 110 beats per minute (beats/min) at the beginning of a rest period, the next work period will be shortened by 10 minutes, and the rest period stays the same. If the pulse rate is 100 beats/min at the beginning of the next rest period, the following work cycle will be shortened another 10 minutes.

Also, good hygienic standards must be maintained by frequent change of clothing and daily showering. Clothing should be permitted to dry during rest periods. If skin problems occur, consult medical personnel.

### COLD STRESS

The human body "senses" cold as a result of two factors, the air temperature and the wind velocity. Cooling of the flesh increases rapidly as wind velocity goes up. Frostbite can occur at relatively mild temperatures if wind penetrates the body insulation. For example, when the air temperature is 40°F and the wind velocity is 30 miles per hour (mph), the exposed skin would perceive an equivalent still air temperature of 13°F.

Table 5-1 illustrates windchill indices and the associated hazards to exposed flesh. Precautions will be taken to minimize exposed flesh, and layered clothing will be provided, as appropriate.

Table 5-1.

Windchill Index

Windspeed (mph)		Actual Thermometer Reading (°F)									
		50	40	30	20	10	0	-10	-20	-30	-40
Calm	50	40	30	20	10	0	-10	-20	-30	-40	
	5	48	37	27	16	6	-5	-15	-26	-36	-47
	10	40	28	16	4	-9	-21	-33	-46	-58	-70
	15	36	22	9	-5	-18	-36	-45	-58	-72	-85
	20	32	18	4	-10	-25	-39	-53	-67	-82	-96
	25	30	16	0	-15	-29	-44	-59	-74	-88	-104
	30	28	13	-2	-18	-33	-48	-63	-79	-94	-109
	35	27	11	-4	-20	-35	-49	-67	-82	-98	-113
	40	26	10	-6	-21	-37	-53	-69	-85	-100	-116

Source: National Safety Council, 1982.

**5.3 ACCIDENT PREVENTION PLAN/ACCIDENT REPORTING:**

The purpose of the Safety Plan is to prevent accidents and minimize the impact of an accident if one should occur.

All accidents must be reported to the Site Safety Officer immediately. Prompt reporting is essential to the prevention of future incidents in addition to the well-being of the affected individual or individuals. The Site Safety Officer will notify the Project Manager of any serious accidents. The Site Safety Officer or other key members of the field team will be trained in first aid and CPR. First aid will be administered to affected personnel under the direction of the Site Safety Officer. For serious accidents, the nearest ambulance service will be contacted for transport of injured personnel to the nearest medical facility (see Section 6.0). The Site Safety Officer will have established contact and liaison with medical authorities (see Section 6.0) whose personnel will be knowledgeable of the activities of the field team. Telephone numbers and addresses of ambulance and medical services will be posted on site.

A formal report of any OSHA-recordable accident will be filed with ESE. All reports must be received within 2 working days.



#### **5.4 WORK ZONES AND DECONTAMINATION PROCEDURES:**

Work zones will be established in accordance with guidance provided in Figure 5-1. These zones may be modified to fit applicable field conditions; however, proposed modifications must be approved by the Project Manager and Site Safety Officer prior to being implemented in the field.

Personnel decontamination will be initiated on site. Disposable clothing will be removed and stored in designated containers. If additional decontamination is necessary, based on preliminary or subsequent risk assessment by the Site Safety Officer in consultation with ESE Regional Safety and Health Officer, additional decontamination procedures will be implemented. Site specific decontamination procedures will be listed in the Site-Specific Plan.

All heavy equipment will be decontaminated on site. Water in the form of steam cleaning and/or pressure washing may be used to remove any visual contamination from drilling equipment and backhoe.

#### **5.5 SITE SECURITY AND ENTRY:**

Site security measures, including barricading, fencing, and lighting, and any special site entry procedures will be described in the Section 5 of the Site-Specific Plan.

## 6.0 EMERGENCY INFORMATION AND CONTINGENCY PLANS

All emergency information, including phone numbers, site resources, and routes to emergency medical care, will be maintained on site in the Site-Specific Plan by each field team.

The phone list will include the following numbers:

**AMBULANCE:**

**FIRE DEPARTMENT:**

**HOSPITAL (primary):**

**HOSPITAL (secondary):**

**POISON CONTROL CENTER:**

**POLICE:**

**TOXIC WASTE AND OIL SPILL:**

**CLIENT CONTACT:**

**AGENCY CONTACT:**

**PROJECT MANAGER:**

**CORPORATE SAFETY AND HEALTH OFFICER:**

The list of site resources will include fire extinguishers, first aid equipment, eyewash units, communications (telephone), emergency personal protective equipment, spill containment equipment and materials, and any other special equipment, supplies or resources.

### 6.1 INJURY CONTINGENCY PLAN

First aid equipment will be kept on site during all site activities. Additionally, one member of the field team will be trained in first aid. Emergency telephone numbers for ambulance and poison control will be maintained on site in a readily accessible location. Names, addresses, and routes to two emergency medical care providers (hospitals or emergency clinics) will be verified prior to any site activity, and will be listed in the Site-Specific Plan. Maps showing the location of the site, the emergency medical care providers, and hotels and restaurants (if any) used by the field team should be provided in each vehicle. In the event of an injury that cannot be treated on site, the injured person will be immediately transported to the medical provider either by support vehicle or ambulance on determination by the Site Safety Officer, Project Manager, and/or first aid provider.

## **6.2 FIRE CONTROL AND CONTINGENCY PLAN**

No smoking will be allowed during field activities. Fire extinguishers will be available at sites for use on small fires. All samples must be treated as flammable or explosive. The Site Safety Officer will have available the telephone number of the nearest fire station and local law enforcement agencies in case of a major fire emergency.

## **6.3 SPILL CONTROL AND CONTINGENCY PLAN**

In the event of a spill, the Site Safety Officer will be notified immediately. The important factors are that no personnel are overexposed to vapors, gases, or mists and that the liquid does not ignite. Waste spillage must not be allowed to contaminate any local water source. Small dikes will be erected to contain spills, if necessary, until proper disposal can be completed. Subsequent to cleanup activities, the Site Safety Officer will survey the area to ensure that no toxic or explosive vapors remain.

## **6.4 OFF SITE INCIDENT CONTINGENCY PLAN**

The Site Safety Officer will provide field team members with emergency medical care information similar to that kept on site in event of an off site emergency, such as a motor vehicle accident, food poisoning, or other injury sustained off the site.

## **6.5 COMMUNITY THREAT CONTINGENCY PLAN**

The potential for exposure to the surrounding community will be assessed in conjunction with the preliminary site assessment.

The Site Safety Officer will consult with a representative of the local emergency services agency (police or fire department, in accordance with local governmental procedures), and will outline procedures in the Site-Specific Plan to be followed in the event of an emergency threat to the surrounding populace. Situations requiring specified procedures include fire, explosion, accidental ingestion, large spills consisting of free product, and accumulation of potentially explosive vapors off site.

The Site-Specific Plan will identify individuals who will respond to reports of non-emergency community threats arising from site activities. This non-emergency response will include sampling of air, wells and ground water, and soil. Situations requiring specified procedures include small spills and presence of existing concentrations of potentially explosive vapors on site.

**APPENDIX A**

**SITE-SPECIFIC  
HEALTH & SAFETY  
INFORMATION**



A. GENERAL PROJECT INFORMATION

SITE: Fairmont Hospital DATE PREPARED: 04-13-93

LOCATION: 15400 Foothill Blvd., San Leandro, California

PREPARED BY: R. Stephen Willcutts, Jr.

OBJECTIVE (S) AND WORKPLAN: Removal of one 1000 gallon capacity diesel fuel underground storage tank

PROPOSED DATE(S) OF ON-SITE WORK: April 20, 1993 - June 20 1993

BRIEFING DATE(S): \_\_\_\_\_ BACKGROUND REVIEW:

COMPLETE:   x  

PRELIMINARY:   —  

-----PROJECT H.A.S.P. SUMMARY-----

LEVEL(S) OF PROTECTION: A   —   B   —   C   —   D   x   MIXED   —   MODIFIED   x  

OVERALL HAZARD ESTIMATE: HIGH   —   MODERATE   —   LOW   x   UNKNOWN   —  

ADDITIONAL DOCUMENTATION: TLV TABLE   —   FULL HASP   x   METHODS   —  

OTHER   —  

B. SITE/MATERIAL CHARACTERISTICS

MATERIAL/WASTE TYPE(S): LIQUID   x   SOLID   —   GAS   —   SLUDGE   —  

MATERIAL PRESENT IN: DRUMS   —   TANKS   x   OPEN   —   OTHER   —  

CHARACTERISTICS: IGNITABLE   x   CORROSIVE   —   TOXIC   x   REACTIVE   —  

RADIOACTIVE   —   VOLATILE   x   UNKNOWN   —   OTHER   —  

FACILITY TYPE: Hospital CLOSED   —   OPEN   x  

FACILITY SIZE: \_\_\_\_\_

TOPOGRAPHY: Relatively flat, at approximately 110 feet above mean sea level.

PRINCIPAL DISPOSAL METHOD AND LOCATION(S): The tanks will be hauled off-site as hazardous waste by Erickson Trucking, Inc. to Erickson Environmental of Richmond, California where they will be cleaned and scrapped.

### C. HAZARD EVALUATION

INSTRUCTIONS: Evaluate principal hazards expected at this site. Be specific; complete all entries.

#### HAZARDS

Physical: Excavation equipment can be a hazard to workers. Trucks may drive by at all times.

Chemical: The soil samples collected from the excavation pit may contain petroleum hydrocarbons and/or toxic fumes which can be hazardous to an individual breathing them.

Biological: None anticipated.

#### CORRECTIVE ACTIONS

Physical: Site will be inspected at start up. Identified safety hazards will be discussed at start up safety meeting and mitigated to extent feasible before start-up.

Chemical: Should breathing conditions exceed work action level while excavating, then all workers within the 25-foot exclusion zone will be required to wear a respirator (half-face mask). If a worker becomes sick, he should leave the work area immediately, breathe fresh air and seek medical attention if needed. Recommended work Action Level = 5 ppm in workers' breathing zone for 3 minutes (sustained).

Biological: None Anticipated

#### D. WORK PLAN INSTRUCTIONS

##### PERSONAL PROTECTION REQUIRED:

Level of protection: A \_\_\_ B \_\_\_ C \_\_\_ D x MIXED \_\_\_ MODIFICATIONS \_\_\_

For MIXED levels of protection describe areas and levels: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For MODIFICATIONS identify action levels: This site will involve D level protection which includes a hard hat, gloves, steel-toe boots. Respirator for 5 ppm or greater.

ADDITIONAL PERSONAL PROTECTIVE EQUIPMENT (PPE): Goggles, respirator, etc. should be available and ready for use.

MONITORING EQUIPMENT: PID x FID \_\_\_ TOXIC GAS \_\_\_ OXYGEN \_\_\_

DETECTOR TUBES \_\_\_ EXPLOSIMETER \_\_\_ PERSONAL MONITOR \_\_\_

OTHER INSTRUMENTS: N/A

EQUIPMENT CALIBRATION: PID instrument will be calibrated each day.

MONITORING STRATEGY: Measurements of area and breathing zone levels will be taken at 15 minute intervals at start up of each phase of work. If levels are below 5 ppm at breathing zone frequency will be decreased to hourly unless conditions change (odor levels, etc.).

DECONTAMINATION PROCEDURES: If required, equipment and personal decontamination areas will be designated by the Project Manager at the start of the project. All tools will be cleaned adequately prior to final removal from the work zone, to prevent the transfer of contamination from the work site into clean area. Protective clothing such as Tyvek coveralls, latex gloves, boot covers, etc. will be changed on a daily basis or at the discretion of the Project Manager. All disposable protective clothing (including respirator cartridges) will be put into plastic bags and disposed of in a proper manner. Excavated soil will be stockpiled in an area designated by the Project Manager, until chemical analysis has been performed on representative samples.

SITE CONTROL MEASURES: Set up 25-foot perimeter with traffic cones or caution tape. Visitors within perimeter to read and sign H&S plan and abide by directions of site H&S officer.

SPILL CONTAINMENT PROCEDURES: All pumpable fluids will be removed from the tanks and hauled off-site as hazardous waste. Care will be taken when draining and rinsing associated tank piping. Care will be taken while rinsing the tank to prevent and spillage of residual hydrocarbons. No storage of removed product, rinsate, or other hazardous fluids will be allowed. Fluids will be pumped from the tank into vacuum trucks and immediately hauled off-site.

NOTES: N/A



## E. EMERGENCY PROCEDURES

FIRE OR EXPLOSION: Evacuate the area and call the Fire Department at 911 immediately. All burn victims should seek medical attention immediately.

INJURY: Call 911 and administer first aid to victims who have severe injuries. Ensure all injured are transported to the nearest medical facility doctor.

WEATHER: Avoid extremes in temperature (i.e. very cold or very hot conditions)

OTHER:

**CHEMICAL EXPOSURE ACTIONS:**

(See Appendix B for Optional Material Safety Data Sheets)

EMERGENCY TELEPHONE NUMBERS

POLICE/FIRE/AMBULANCE: 911

POISON CONTROL: (800) 523-2222

ESE CONCORD OFFICE: (510) 685-4053

CHEMTREC: (800) 424-9300

UNDERGROUND SERVICE ALERT: (800) 642-2444

PROJECT CONTACTS

AGENCY CONTACT: Alameda County Health Care Services Agency (510) 271-4320

SITE CONTACT: Mr. Paul Hiller, Facility Supervisor (510) 667-4473

CLIENT CONTACT: Mr. Peter Kinney, ACGSA (510) 535-6280

F. EMERGENCY PRECAUTIONS

PRIMARY HOSPITAL/INFIRMARY:

Name: HUMANA HOSPITAL OF SAN LEANDRO

Address: 13855 E 14th St., San Leandro Telephone Number: (510) 357-6500(emergency)

Directions from site to emergency unit: Take Foothill Blvd. northwest (1 block) to 150th St., turn left onto 150th St. (heading south), cross over the 580 Freeway and down to 14th St. (3 blocks) and turn right (north west) on 14th St. Drive to 136th St. (14 blocks). The Hospital is on the left side (south west) of 14th St. just before 136th St. intersection.

Remarks: See Figure A



SPILLWAY ELEVATION  
235

LAKE  
CHABOT

Veterans War  
Memorial Bldg  
Bancroft  
High Sch

SAN FRANCISCO

ASHLAND

SAN LORENZO

SAN LORENZO

MANOR

ESTUILLLO

UNDER  
CONSTRUCTION

Station

Lorenzo

Cem

TEMPERIA

Village School

Edendale  
Sch

Ashland  
Sch

San Lorenzo  
High School

St. Robert  
School

Colonial Acres  
School

Arroyo  
High Sch

Grant Sch

Marin  
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**APPENDIX B**

**MATERIAL  
SAFETY DATA  
SHEETS**



# MATERIAL SAFETY DATA SHEET

97367 (4-85)

MSDS NUMBER ▶

52,303-3

PAGE 1

<b>24 HOUR EMERGENCY ASSISTANCE</b>			<b>GENERAL MSDS ASSISTANCE</b>		
SHELL: 713-473-9461 CHEMTREC: 800-424-9300			SHELL: 713-241-4819		
ACUTE HEALTH + 2	FIRE 2	REACTIVITY 0	HAZARD RATING	LEAST - 0 HIGH - 3	SLIGHT - 1 EXTREME - 4
*For acute and chronic health effects refer to the discussion in Section III					



SECTION I	NAME
PRODUCT ▶	SHELL AUTO DIESEL
CHEMICAL NAME ▶	DIESEL OIL
CHEMICAL FAMILY ▶	PETROLEUM HYDROCARBON
SHELL CODE ▶	31100

SECTION II-A		PRODUCT/INGREDIENT	
NO.	COMPOSITION	CAS NUMBER	PERCENT
P	SHELL AUTO DIESEL	68334-30-5	100

SECTION II-B				ACUTE TOXICITY DATA		
NO.	ACUTE ORAL LD50	ACUTE DERMAL LD50	ACUTE INHALATION LC50			
P	NOT AVAILABLE					

SECTION III HEALTH INFORMATION

THE HEALTH EFFECTS NOTED BELOW ARE CONSISTENT WITH REQUIREMENTS UNDER THE OSHA HAZARD COMMUNICATION STANDARD (29 CFR 1910.1200).

**EYE CONTACT**  
BASED ON ESSENTIALLY SIMILAR PRODUCT TESTING LIQUID IS PRACTICALLY NONIRRITATING TO THE EYES.

**SKIN CONTACT**  
BASED ON ESSENTIALLY SIMILAR PRODUCT TESTING LIQUID IS PRESUMED TO BE MODERATELY IRRITATING TO THE SKIN. PROLONGED OR REPEATED LIQUID CONTACT CAN RESULT IN DEFATTING AND DRYING OF THE SKIN WHICH MAY RESULT IN SEVERE IRRITATION AND DERMATITIS. MAY CAUSE MILD SKIN SENSITIZATION. RELEASE DURING HIGH PRESSURE USAGE MAY RESULT IN INJECTION OF OIL INTO THE SKIN CAUSING LOCAL NECROSIS.

**INHALATION**  
INHALATION OF VAPORS OR MIST MAY CAUSE MILD IRRITATION TO THE UPPER RESPIRATORY TRACT. HIGH CONCENTRATIONS MAY RESULT IN CENTRAL NERVOUS SYSTEM DEPRESSION. INHALATION OF HIGH LEVELS OF MIST MAY RESULT IN CHEMICAL PNEUMONITIS.

**INGESTION**  
INGESTION OF PRODUCT MAY RESULT IN VOMITING; ASPIRATION (BREATHING) OF VOMITUS INTO THE LUNGS MUST BE AVOIDED AS EVEN SMALL QUANTITIES MAY RESULT IN ASPIRATION PNEUMONITIS.

**SIGNS AND SYMPTOMS**  
IRRITATION AS NOTED ABOVE. SKIN SENSITIZATION (ALLERGY) MAY BE EVIDENCED BY RASHES, ESPECIALLY HIVES. EARLY TO MODERATE CNS (CENTRAL NERVOUS SYSTEM) DEPRESSION MAY BE EVIDENCED BY GIDDINESS.

HEADACHE, DIZZINESS AND NAUSEA; IN EXTREME CASES, UNCONSCIOUSNESS AND DEATH MAY OCCUR. LOCAL NECROSIS IS EVIDENCED BY DELAYED ONSET OF PAIN AND TISSUE DAMAGE A FEW HOURS FOLLOWING INJECTION. ASPIRATION PNEUMONITIS MAY BE EVIDENCED BY COUGHING, LABORED BREATHING AND CYANOSIS (BLUISH SKIN); IN SEVERE CASES DEATH MAY OCCUR.

**AGGRAVATED MEDICAL CONDITIONS**

PREEXISTING SKIN AND RESPIRATORY DISORDERS MAY BE AGGRAVATED BY EXPOSURE TO THIS PRODUCT. PREEXISTING SKIN OR LUNG ALLERGIES MAY INCREASE THE CHANCE OF DEVELOPING INCREASED ALLERGY SYMPTOMS FROM EXPOSURE TO THIS PRODUCT.

**OTHER HEALTH EFFECTS**

KIDNEY DAMAGE MAY RESULT FOLLOWING ASPIRATION PNEUMONITIS. THE RESULTS OF ANIMAL BIOASSAYS ON MIDDLE DISTILLATE FUELS SHOW THAT PROLONGED DERMAL CONTACT PRODUCES A WEAK TO MODERATE CARCINOGENIC ACTIVITY.

SEE SECTION VI FOR ADDITIONAL HEALTH INFORMATION.

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**SECTION IV OCCUPATIONAL EXPOSURE LIMITS**  
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NO.	OSHA PEL/TWA	OSHA PEL/CEILING	ACGIH TLV/TWA	ACGIH TLV/STEL	OTHER
P	*				

\* NO OSHA PEL OR ACGIH TLV HAS BEEN ESTABLISHED.

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**SECTION V EMERGENCY AND FIRST AID PROCEDURES**  
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**EYE CONTACT**

FLUSH EYES WITH WATER. IF IRRITATION OCCURS, GET MEDICAL ATTENTION.

**SKIN CONTACT**

REMOVE CONTAMINATED CLOTHING/SHOES AND WIPE EXCESS FROM SKIN. FLUSH SKIN WITH WATER. FOLLOW BY WASHING WITH SOAP AND WATER. IF IRRITATION OCCURS, GET MEDICAL ATTENTION. DO NOT REUSE CLOTHING UNTIL CLEANED. IF MATERIAL IS INJECTED UNDER THE SKIN, GET MEDICAL ATTENTION PROMPTLY TO PREVENT SERIOUS DAMAGE; DO NOT WAIT FOR SYMPTOMS TO DEVELOP.

**INHALATION**

REMOVE VICTIM TO FRESH AIR AND PROVIDE OXYGEN IF BREATHING IS DIFFICULT. GET MEDICAL ATTENTION.

**INGESTION**

DO NOT INDUCE VOMITING. IF VOMITING OCCURS SPONTANEOUSLY, KEEP HEAD BELOW HIPS TO PREVENT ASPIRATION OF LIQUID INTO THE LUNGS. GET MEDICAL ATTENTION.

**NOTE TO PHYSICIAN**

IF MORE THAN 2.0 ML PER KG HAS BEEN INGESTED AND VOMITING HAS NOT OCCURRED, EMESIS SHOULD BE INDUCED WITH SUPERVISION. KEEP VICTIM'S HEAD BELOW HIPS TO PREVENT ASPIRATION. IF SYMPTOMS SUCH AS LOSS OF GAG REFLEX, CONVULSIONS OR UNCONSCIOUSNESS OCCUR BEFORE EMESIS, GASTRIC LAVAGE USING A CUFFED ENDOTRACHEAL TUBE SHOULD BE CONSIDERED.

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**SECTION VI SUPPLEMENTAL HEALTH INFORMATION**  
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REPEATED DERMAL APPLICATION OF HIGH LEVELS OF MIDDLE DISTILLATE FUELS IN EXPERIMENTAL ANIMALS HAS PRODUCED EXTREMELY SEVERE IRRITATION TO CORROSIVE ACTION ON THE SKIN. VARYING DEGREES OF LIVER AND KIDNEY DAMAGE WERE NOTED IN THESE STUDIES, INCLUDING CONGESTION, ENLARGEMENT, MOTTLING, AND MULTIFOCAL NECROSIS.

MIDDLE DISTILLATE FUELS HAVE BEEN DEMONSTRATED TO CAUSE CHROMOSOME DAMAGE IN THE IN VIVO RAT BONE MARROW CYTOGENETICS ASSAY, AND MUTAGENIC IN THE L5178Y MOUSE LYMPHOMA ASSAY. BASED ON AN INCREASED INCIDENCE OF VARIOUS TUMORS IN STUDIES WITH LABORATORY ANIMALS, THE NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (NIOSH) REGARDS WHOLE DIESEL EXHAUST AS A POTENTIAL OCCUPATIONAL CARCINOGEN.

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**SECTION VII** **PHYSICAL DATA**

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BOILING POINT: 450 (APPROX.) (DEG F)      SPECIFIC GRAVITY: 0.8762 (H2O=1)      VAPOR PRESSURE: NOT AVAILABLE (MM HG)

MELTING POINT: NOT AVAILABLE (DEG F)      SOLUBILITY: NEGLIGIBLE (IN WATER)      VAPOR DENSITY: >1 (AIR=1)

EVAPORATION RATE (N-BUTYL ACETATE = 1): NOT AVAILABLE

APPEARANCE AND ODOR:  
YELLOW LIQUID; STRONG HYDROCARBON ODOR.

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**SECTION VIII** **FIRE AND EXPLOSION HAZARDS**

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FLASH POINT AND METHOD: 130 DEG F (PMCC) MIN.      FLAMMABLE LIMITS /% VOLUME IN AIR  
LOWER: N/AV      UPPER: N/AV

**EXTINGUISHING MEDIA**

USE WATER FOG, FOAM, DRY CHEMICAL OR CO2. DO NOT USE A DIRECT STREAM OF WATER. PRODUCT WILL FLOAT AND CAN BE REIGNITED ON SURFACE OF WATER.

**SPECIAL FIRE FIGHTING PROCEDURES AND PRECAUTIONS**

CAUTION. COMBUSTIBLE. DO NOT ENTER CONFINED FIRE SPACE WITHOUT FULL BUNKER GEAR (HELMET WITH FACE SHIELD, BUNKER COATS, GLOVES AND RUBBER BOOTS), INCLUDING A POSITIVE PRESSURE NIOSH APPROVED SELF-CONTAINED BREATHING APPARATUS. COOL FIRE EXPOSED CONTAINERS WITH WATER. IN THE CASE OF LARGE FIRES, ALSO COOL SURROUNDING EQUIPMENT AND STRUCTURES WITH WATER.

**UNUSUAL FIRE AND EXPLOSION HAZARDS**

CONTAINERS EXPOSED TO INTENSE HEAT FROM FIRES SHOULD BE COOLED WITH WATER TO PREVENT VAPOR PRESSURE BUILDUP WHICH COULD RESULT IN CONTAINER RUPTURE. CONTAINER AREAS EXPOSED TO DIRECT FLAME CONTACT SHOULD BE COOLED WITH LARGE QUANTITIES OF WATER AS NEEDED TO PREVENT WEAKENING OF CONTAINER STRUCTURE.

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**SECTION IX** **REACTIVITY**

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STABILITY: STABLE      HAZARDOUS POLYMERIZATION: WILL NOT OCCUR

**CONDITIONS AND MATERIALS TO AVOID:**

AVOID HEAT, FLAME AND CONTACT WITH STRONG OXIDIZING AGENTS.

**HAZARDOUS DECOMPOSITION PRODUCTS**

THERMAL DECOMPOSITION PRODUCTS ARE HIGHLY DEPENDENT ON THE COMBUSTION CONDITIONS. A COMPLEX MIXTURE OF AIRBORNE SOLID, LIQUID, PARTICULATES AND GASES WILL EVOLVE WHEN THIS MATERIAL UNDERGOES PYROLYSIS OR COMBUSTION. CARBON MONOXIDE AND OTHER UNIDENTIFIED ORGANIC COMPOUNDS MAY BE FORMED UPON COMBUSTION.

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**SECTION X** **EMPLOYEE PROTECTION**

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**RESPIRATORY PROTECTION**

USE A NIOSH-APPROVED RESPIRATOR AS REQUIRED TO PREVENT OVEREXPOSURE. IN ACCORD WITH 29 CFR 1910.134, USE EITHER A FULL-FACE, ATMOSPHERE-SUPPLYING RESPIRATOR OR AN AIR-PURIFYING RESPIRATOR FOR ORGANIC VAPORS.

**PROTECTIVE CLOTHING**

NO SPECIAL EYE PROTECTION IS ROUTINELY NECESSARY. AVOID PROLONGED OR REPEATED CONTACT WITH SKIN. WEAR CHEMICAL RESISTANT GLOVES AND OTHER CLOTHING AS REQUIRED TO MINIMIZE CONTACT.

**ADDITIONAL PROTECTIVE MEASURES**

USE EXPLOSION-PROOF VENTILATION AS REQUIRED TO CONTROL VAPOR CONCENTRATIONS.

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**SECTION XI ENVIRONMENTAL PROTECTION**  
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**SPILL OR LEAK PROCEDURES**

CAUTION. COMBUSTIBLE. \*\*\* LARGE SPILLS \*\*\* ELIMINATE POTENTIAL SOURCES OF IGNITION. WEAR APPROPRIATE RESPIRATOR AND OTHER PROTECTIVE CLOTHING. SHUT OFF SOURCE OF LEAK ONLY IF SAFE TO DO SO. DIKE AND CONTAIN. REMOVE WITH VACUUM TRUCKS OR PUMP TO STORAGE/SALVAGE VESSELS. SOAK UP RESIDUE WITH AN ABSORBENT SUCH AS CLAY, SAND, OR OTHER SUITABLE MATERIAL; PLACE IN NON-LEAKING CONTAINERS AND SEAL TIGHTLY FOR PROPER DISPOSAL. FLUSH AREA WITH WATER TO REMOVE TRACE RESIDUE; DISPOSE OF FLUSH SOLUTION AS ABOVE. \*\*\* SMALL SPILLS \*\*\* TAKE UP WITH AN ABSORBENT MATERIAL AND PLACE IN NON-LEAKING CONTAINERS FOR PROPER DISPOSAL.

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**SECTION XII SPECIAL PRECAUTIONS**  
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KEEP LIQUID AND VAPOR AWAY FROM HEAT, SPARKS AND FLAME. SURFACES THAT ARE SUFFICIENTLY HOT MAY IGNITE EVEN LIQUID PRODUCT IN THE ABSENCE OF SPARKS OR FLAME. EXTINGUISH PILOT LIGHTS, CIGARETTES AND TURN OFF OTHER SOURCES OF IGNITION PRIOR TO USE AND UNTIL ALL VAPORS ARE GONE. VAPORS MAY ACCUMULATE AND TRAVEL TO IGNITION SOURCES DISTANT FROM THE HANDLING SITE; FLASH-FIRE CAN RESULT. KEEP CONTAINERS CLOSED WHEN NOT IN USE. USE (ONLY) WITH ADEQUATE VENTILATION. CONTAINERS, EVEN THOSE THAT HAVE BEEN EMPTIED, CAN CONTAIN EXPLOSIVE VAPORS. DO NOT CUT, DRILL, GRIND, WELD OR PERFORM SIMILAR OPERATIONS ON OR NEAR CONTAINERS. WASH WITH SOAP AND WATER BEFORE EATING, DRINKING, SMOKING OR USING TOILET FACILITIES. LAUNDRY CONTAMINATED CLOTHING BEFORE REUSE.

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**SECTION XIII TRANSPORTATION REQUIREMENTS**  
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DEPARTMENT OF TRANSPORTATION CLASSIFICATION:  
COMBUSTIBLE LIQUID

D.O.T. PROPER SHIPPING NAME:  
FUEL OIL, NA 1993

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**SECTION XIV OTHER REGULATORY CONTROLS**  
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THIS PRODUCT IS LISTED ON THE EPA/TSCA INVENTORY OF CHEMICAL SUBSTANCES.

IN ACCORDANCE WITH SARA TITLE III, SECTION 313, THE EDS SHOULD ALWAYS BE COPIED AND SENT WITH THE MSDS.

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**SECTION XV SPECIAL NOTES**  
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THIS REVISION INCORPORATES THE FINDINGS OF DIESEL EXHAUST CARCINOGENICITY INTO SECTION VI.



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THE INFORMATION CONTAINED HEREIN IS BASED ON THE DATA AVAILABLE TO US AND IS BELIEVED TO BE CORRECT. HOWEVER, SHELL MAKES NO WARRANTY, EXPRESSED OR IMPLIED REGARDING THE ACCURACY OF THESE DATA OR THE RESULTS TO BE OBTAINED FROM THE USE THEREOF. SHELL ASSUMES NO RESPONSIBILITY FOR INJURY FROM THE USE OF THE PRODUCT DESCRIBED HEREIN.  
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DATE PREPARED: NOVEMBER 06, 1989  
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**BE SAFE**

READ OUR PRODUCT  
SAFETY INFORMATION ...AND PASS IT ON  
(PRODUCT LIABILITY LAW  
REQUIRES IT)

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**J. C. WILLETT**  
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