

Date : December 21, 1992

To : Juliet Chen

From : Mary Gifford

Fax # : 569-4757

Phone # : 510-769-7843

of Pages including this cover
page = 7

Comments Seven Pages enclosed, contain
all permits & the manifest for soil
removal - please let me know if this is all
you need.

State of California—Health and Welfare Agency
Form Approved OMB No. 2060-0039 (Expires 9-30-91)

See instructions on back of page 6.

Department of Health Services
Toxic Substances Control Program
Sacramento, California

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

77557

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAC1000687192		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Dewitt & Mary Gifford 541 Union St Alameda 94501				4. Generator's Phone (510) 691-7843		A. State Manifest Document Number 91702824		B. State Generator's ID					
5. Transporter 1 Company Name DILLARD TRUCKING, INC.		6. US EPA ID Number CAD981692809		C. State Transporter ID		D. Transporter's Phone (510) 631-6850		E. State Transporter ID					
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone		G. State Transporter ID		H. State Transporter ID					
9. Designated Facility Name and Site Address ERICKSON INC. 255 PARR BLVD, RICHMOND, CALIF				10. US EPA ID Number CAD009461392		I. Facility's Phone (510) 225-1293		J. State Facility ID					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) WASTE, EMPTY STORAGE TANK NON RCRA HAZARDOUS WASTE Solid						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste Number	
						0102 TYPED		80 P					
16. Additional Descriptions for Material Listed Above TANKS HAVE BEEN LEAKED WITH 15# PER TANK OF DRY ICE						K. Handling Codes for Wastes listed Above							
15. Special Handling Instructions and Additional Information KEEP AWAY FROM SOURCES OF IGNITION EMERGENCY PHONE # (510) 634-6850 WEAR PROPER PROTECTIVE EQUIPMENT													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/typed Name Dewitt B. Gifford				Signature Dewitt B. Gifford				Month Day Year 05/11/92					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/typed Name Philip B. Campbell II				Signature Philip B. Campbell II				Month Day Year 05/11/92					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/typed Name				Signature				Month Day Year					
19. Discrepancy Indication Space 1) No Manifest DOC Number 2) Receipt (E) SIZ													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/typed Name Dewitt B. Gifford				Signature Dewitt B. Gifford				Month Day Year 05/11/92					

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.

UNDERGROUND TANK REMOVAL FORMDATE 5-11-92ADDRESS 891 UNION ST.NUMBER OF TANKS REMOVED TWOSIZE OF TANKS REMOVED 1200 GAL AND 600 GALTYPE OF TANKS EXP. GASOLINE 600 DIESEL 1200 CRUDE OILL.E.L. READINGS LOWER THAN 5%OXYGEN READINGS 0%NAME AND ADDRESS OF COMPANY REMOVING TANK ZACCOR CORPREDWOOD CITY 415-363-2181NAME AND ADDRESS OF HAULER DILLARD TRUCKING INC. TANKS TAKEN TOERICKSON PARR BLVD. RICHMONDMANIFEST NUMBER 91702824NAME AND ADDRESS OF COMPANY DOING SOIL SAMPLES ETC. MENLO PARK415 325-3235 HELEN MAWHINNEYNUMBER OF SOIL SAMPLES 3 AND ONE WATERALAMEDA COUNTY HAZ - MAT ON SCENE YES _____ NO XNAME OF COUNTY HAZ - MAT SFD HEATING OIL TANKS
CAPT. STEVEN MC KINLEY
F.P.B. INSPECTOR

CONCRETE PERMIT

CITY OF ALAMEDA
ENGINEERING OFFICE
2263 Santa Clara Ave. Room 207
Alameda, CA 94501 748-4513

Permit No: C92-0171
STATUS: FINAL

JOB ADDRESS : 891 UNION ST
Parcel number : 074 -1255-025-01
OWNER : GIFFORD DEWITT B & MARY W

Applied : 05/12/92
Approved : 05/12/92
FINAL : 05/18/92

Class code : 810

891 UNION ST
ALAMEDA CA 94501

HOURS OF CONSTRUCTION
MONDAY - FRIDAY 7 A.M. TO 7 P.M.
SATURDAY & SUNDAY 8 A.M. TO 5 P.M.

APPLICANT : ZACCOR CORP.
3343 FERNSIDE BLVD
ALAMEDA, CA 94501
769-9528

Signature

Repair Order # : REPAIR SIDEWALK 60 SQ.FT.
Project Desc. : REPAIR SIDEWALK 60 SQ.FT.

Fee description	Units	Fee/Unit	Ext fee	Data
Filing Fee.....>	0		10.00	
AS Fee.....>	0		5.00	
SHIP Fee.....>	0		.50	
Concrete Permit Fee.....>	0		31.00	
Concrete Permit Deposit(Enter "Y")>	0		500.00	Y
Microfiche Fee	5.00		5.00	
TOTAL	0		551.50	
*** Fees Required ***	***	Fees Collected & Credits	***	

Account No.	Receipt No.	Date	Payment
001-300-4240-3745	R003194	05/12/92	10.00
001-300-4240-3305	R003194	05/12/92	5.00
001-220-0000-2239	R003194	05/12/92	.50
001-300-4210-3370	R003194	05/12/92	31.00
001-220-0000-2253	R003194	05/12/92	500.00
001-300-4240-3792	R003194	05/12/92	5.00
Fees: 551.50			
Adjustments: .00			
Total Fees: 551.50			
	Total Credits:		.00
	Total Payments:		551.50
	Balance Due:		.00

NOTE: ALL CONSTRUCTION WITHIN THE PUBLIC RIGHT OF WAY MUST HAVE BARRICADES WITH FLASHERS FOR NIGHT TIME PROTECTION.
Contractor's "NAME AND DATE" to be impressed in all concrete work.

THIS IS TO CERTIFY THAT THE ABOVE WORK HAS BEEN COMPLETED TO MY SATISFACTION AND APPROVAL.

Date

INSPECTOR

CALL 748-4513 FOR INSPECTION AFTER COMPLETION OF JOB,
INSPECTION MUST BE MADE BEFORE DEPOSIT CAN BE PROCESSED
FOR REFUND. REFUNDS TAKE 2-3 WEEKS AFTER FINAL INSPECTION.

06/02/92 08:29

THIS CARD MUST BE POSTED ON THE PREMISES AND
PLACED SO AS TO BE VISIBLE FROM THE STREET

CITY OF ALAMEDA, Building Inspection Office

DATE 5/8/92 VALUATIONS 6300 BLDG. PERMIT # 92-0559 PLMG /MECH PERMIT # _____

FORMS _____
REQUIRED BEFORE POURING CONCRETE

VAULT TOILET _____

PRELIMINARY GROUND PLUMBING _____

FINAL GROUND PLUMBING _____

ROUGH ELECTRIC _____

ROUGH PLUMBING _____

ROUGH HEATING & VENTILATING _____

SUB FLOOR _____

FRAME _____

INSULATION _____

JOB Renov (1) Park

ADDRESS 891 Union St.

OWNER Mary Gifford

CONTRACTOR Zacora Corp.

ROBERT L. WARNICK BY _____
BUILDING OFFICIAL

INTERIOR LATH _____
REQUIRED BEFORE PLASTERING OR TAPING

DESIGN REVIEW _____

P.U.D. CONDITIONS _____

FINAL ELECTRIC _____

FINAL PLUMBING _____

FINAL HEATING & VENTILATING _____

FINAL BUILDING _____

EXTERIOR LATH _____
REQUIRED BEFORE STUCCO

INSULATION CERTIFICATE _____

TRACT CONDITIONS _____

FINAL - FIRE DEPT. _____

ABOVE APPROVALS REQUIRED BEFORE INTERIOR LATHING OR COVERING

DO NOT CALL FOR FINAL INSPECTION UNTIL OTHER ITEMS HAVE BEEN ISSUED

DO NOT OCCUPY STRUCTURE UNTIL CERTIFICATION OF OCCUPANCY HAS BEEN ISSUED.
FOR CERTIFICATE OF OCCUPANCY TO BE ISSUED, A COPY OF HARD CARD WITH ALL FINALS
NEEDS TO BE FILED WITH THE CENTRAL PERMIT OFFICE.

REMARKS _____

NOTE: ALL INSPECTION REQUESTS ARE REQUIRED 24 HOURS IN ADVANCE.
CALL BETWEEN 8:30 AM - 10:00 AM 748-4564 (BUILDING) or 748-4563 (PLUMBING/MECHANICAL).

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 07/20/92		CASE #		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT DeWitt B. Gifford		PHONE (510) 769-7871		SIGNATURE DeWitt B. Gifford	
	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 PRIVATE RESIDENCE			
RESPONSIBLE PARTY	ADDRESS 891 UNION STREET		CITY ALAMEDA		STATE CA	
	NAME SAME		CONTACT PERSON <input type="checkbox"/> UNKNOWN		PHONE ()	
SITE LOCATION	FACILITY NAME (IF APPLICABLE)		OPERATOR DeWitt Gifford		PHONE (510) 769-7871	
	ADDRESS 891 UNION STREET		CITY ALAMEDA		COUNTY ALAMEDA	
	CROSS STREET CLINTON		STATE CA		ZIP 94501	
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA CO. ENV. HEALTH		CONTACT PERSON SCOTT O. SEERY		PHONE (510) 271-4320	
	REGIONAL BOARD SAN FRAN. REG. WATER QUAL		CONTACT PERSON RICHARD HETT		PHONE ()	
SUBSTANCES INVOLVED	(1) NAME 1 - 1200 GAL HEATING OIL		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2) NAME 1 - 600 GAL FUEL OIL		QUANTITY LOST (GALLONS) -0- <input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 05/11/92		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input 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 type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input checked="" type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> CAP SITE (CS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (BT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)					
COMMENTS	No leak believed present prior to excavation + damage during removal. Quantity leaked less than one quart.					

CITY OF ALHAMBRA
 LOCAL PLUMBS OFFICE
 1000 North First Street, Room 203
 Alhambra, CA 91801 748-4830

Permit No: 092-0039
 Status: APPROVED

Page 1 of 1
 05/08/92 11:49

200 South 55th St * 891 UNION ST
 Permit Type * RESIDENTIAL ROLLING PERMIT
 Parcel Number * 021-1255-025-01

Applied : 05/07/92
 Approved : 05/08/92
 Final :
 To Expire :
 Class code : 400
 Valuation : 6,100

Owner * GIFFORD
 891 UNION ST
 ALHAMBRA CA 94501
 Applicant * ZACHS CORPORATION

HOURS OF CONSTRUCTION
 MONDAY - FRIDAY 7 A.M. TO 3 P.M.
 SATURDAY & SUNDAY 8 A.M. TO 5 P.M.

Project Title * UNDERGROUND TANK REMOVAL
 Project Desc. * UNDERGROUND TANK REMOVAL

[Signature]
 Signature

CONTRACTOR * ZACHS CORPORATION
 791 HAMILTON AVE
 MENLO PARK, CA 94025

Lic. C 428729 553-7101

Fee description	Units	Fee/Unit	Ext fee	Date
Permit Filing Fee			10.00	Y
Building Permit Fee - Misc.	20		20.00	
Assembly Bill 241			5.00	Y
S.H.I.P.			6.00	Y
Improvement Tax (Enter %)			67.00	Y
Fire Dept. (Enter Amount)	167.00		167.00	
Micro-fiche Fee	6		6.00	
*** Fees Required ***			Fees Collected & Credits	***

Account No.	Receipt No.	Date	Payment
001-300-4240-3745	R003146	05/08/92	10.00
001-300-4220-5340	R003146	05/08/92	20.00
001-300-4240-5305	R003146	05/08/92	5.00
001-270-0000-2739	R003146	05/08/92	6.00
164 300-0000-3225	R003146	05/08/92	67.00
310-300-9081-3776	R003146	05/08/92	167.00
001-300-4240-3792	R003146	05/08/92	6.00
Fees:	271.63		
Adjustments:	.00		
Total Fees:	271.63		
	Total Credits:		.00
	Total Payments:		271.63
	Balance Due:		.00

"NOTICE & AGREEMENT:" THERE IS A 15 DAY APPEAL PERIOD FOR ALL DESIGN REVIEW APPROVALS. I AM REQUESTING THAT THE BUILDING PERMIT BE ISSUED PRIOR TO THE EXPIRATION OF THE APPEAL PERIOD. I UNDERSTAND THAT ANY WORK STARTED BEFORE THE EXPIRATION OF THE APPEAL PERIOD IS DONE AT MY OWN RISK. I AGREE TO MAKE MODIFICATIONS TO THE PROJECT THAT MAY BE REQUIRED AS A RESULT OF THE APPEAL PROCESS.

SIGNATURE _____