



ST10 #4342

State Water Resources Control Board



505

Winston H. Hickox
Secretary for
Environmental
Protection

Division of Clean Water Programs
2014 T Street • Sacramento, California 95814 • (916) 227-4366
Mailing Address: P.O. Box 944212 • Sacramento, California • 94244-2120
FAX (916) 227-4530 • Internet Address: <http://www.swrcb.ca.gov/~cwphome/ustcf>

ENVIRONMENTAL
PROTECTION
Gray Davis
Governor
99 APR -9 PM 3:48

April 8, 1999

Rod Freitag
County Of Alameda Gen. Serv. Agency
1401 Lakeside Dr
Oakland, CA 94612

UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, NOTICE OF ELIGIBILITY DETERMINATION: CLAIM NUMBER 013914; FOR SITE ADDRESS: 2200 FAIRMONT DR, SAN LEANDRO 94578

Your claim has been accepted for placement on the Priority List in Priority Class "D" with a deductible of \$10,000.

Compliance Review: After adoption of the Priority List, staff will review, verify, and process applications based on their priority and rank within a priority class. During this Compliance Review, staff may request additional information needed to verify eligibility. Once review of the application is complete and the claim is determined to be valid, a Letter of Commitment will be issued obligating funds toward the cleanup. After the compliance review, your claim may be rejected if Division staff determine that you have not complied with regulations governing site cleanup, you have not supplied necessary information or documentation, or your claim application contains a material error. In such event, you will be issued a Notice of Intended Removal from the Priority List, informed of the basis for the proposed removal of your claim, and provided an opportunity to correct the condition that is the basis for the proposed removal. Your claim will be barred from further participation in the Fund, however, if the claim application contains a material error resulting from fraud or intentional or negligent misrepresentation.

Record keeping: During your cleanup project you should keep complete and well organized records of all corrective action activity and payment transactions. If you are eventually issued a Letter of Commitment, you will be required to submit: (1) copies of detailed invoices for all corrective action activity performed (including subcontractor invoices), (2) copies of canceled checks used to pay for work shown on the invoices, (3) copies of technical documents (bids, narrative work description, reports), and (4) evidence that the claimant paid for the work performed (not paid by another party). These documents are necessary for reimbursement and failure to submit them could impact the amount of reimbursement made by the Fund. *It is not necessary to submit these documents at this time; however, they will definitely be required prior to reimbursement.*

Compliance with Corrective Action Requirements: In order to be reimbursed for your eligible costs of cleanup incurred after December 2, 1991, you must have complied with corrective action requirements of Article 11, Chapter 16, Division 3, Title 23, California Code of Regulations. Article 11 categorized the corrective action process into *phases*. In addition, Article 11 requires the responsible party to submit an *investigative workplan/Corrective Action Plan* (CAP) before performing any work. This phasing process and the workplan/CAP requirements were intended to:

April 8, 1999

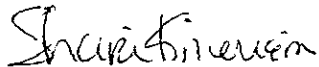
1. help the responsible party undertake the necessary corrective action in a cost-effective, efficient and timely manner;
2. enable the regulatory agency to review and approve the proposed cost-effective corrective action alternative before any corrective action work was performed; and
3. ensure the Fund will only reimburse the most cost-effective corrective action alternative required by the regulatory agency to achieve the minimum cleanup necessary to protect human health, safety and the environment.

In some limited situations *interim cleanup* will be necessary to mitigate a demonstrated immediate hazard to public health, or the environment. Program regulations allow the responsible party to undertake interim remedial action after: (1) notifying the regulatory agency of the proposed action, and; (2) complying with any requirements that the regulatory agency may set. Interim remedial action should only be proposed when necessary to mitigate an immediate demonstrated hazard. ***Implementing interim remedial action does not eliminate the requirement for a CAP and an evaluation of the most cost-effective corrective action alternative.***

Three bids and Cost Preapproval: Only corrective action costs required by the regulatory agency to protect human health, safety and the environment can be claimed for reimbursement. You must comply with all regulatory agency time schedules and requirements and you must obtain three bids for any required corrective action. Unless waived in writing, you are required to obtain preapproval of costs for all future corrective action work. ***If you do not obtain three bids and cost preapproval, reimbursement is not assured and costs may be rejected as ineligible.***

If you have any questions, please contact me at (916) 227-4366.

Sincerely,



Shari Knieriem
Claims Review Unit
Underground Storage Tank Cleanup Fund

cc: Mr. Steve Morse
RWQCB, Region 2
1515 Clay Street, Ste. 1400
Oakland, CA 94612

Mr. Thomas Peacock
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577

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Feb 2 9 30 AM '99



Winston H. Hickox
Secretary for
Environmental
Protection

State Water Resources Control Board

Office of Chief Counsel

901 P Street • Sacramento, California 95814 • (916) 657-2154
Mailing Address: P.O. Box 100 • Sacramento, California 95812-0100
FAX (916) 653-0428 • Web Site Address: <http://www.swrcb.ca.gov>



Gray Davis
Governor

Rod Freitag
GSA

TO: Walt Pettit
Executive Director

208-9530 FAX

[Signature]

3/3/99

FROM: William R. Attwater
Chief Counsel
OFFICE OF CHIEF COUNSEL

*Advised R. Freitag of
MCBE issue. He will advise
what he wants to do.*

DATE: JAN 15 1999

SOS

SUBJECT: SOIL AND GROUNDWATER TESTING FOR MTBE

ISSUE

Is a regulatory agency authorized to issue a closure letter for a petroleum underground storage tank site which has not been tested for the presence of methyl tertiary-butyl ether (MTBE) if it is unlikely that any MTBE was ever stored in the tank?

BRIEF RESPONSE

No. Existing law prohibits the issuance of a closure letter for a petroleum underground storage tank site unless the site has been tested for MTBE. There is no exception for sites that are unlikely to have any MTBE.

DISCUSSION



General Services Agency

Darlene A. Smith, Director

August 20, 1998

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

SUBJECT: REQUEST FOR UST SITE CLOSURE
ALAMEDA COUNTY JUVENILE HALL
2200 FAIRMONT DR., SAN LEANDRO, CA

Dear Mr. Weston:

Enclosed for your review is a copy of Professional Service Industries' August 10, 1998 report for in-place closure of the 10,000-gallon underground diesel storage tank located at Juvenile Hall. Also enclosed are reports from two previous tank closures conducted at the site. The August 10, 1993 report documents Environmental Science & Engineering's (ESE's) removal of a 325-gallon diesel tank. The December 30, 1994 report documents ESE's removal of a 7,000-gallon fuel oil tank and remediation of diesel impacted soil.

This concludes closure work for underground storage tanks at Juvenile Hall. Regulatory case closure for this site is requested.

Please call me at extension 29522 if you have any questions or need additional information.

Sincerely,

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

RDF:rdfi:\E&EM\env\7160juve\closereq.doc

enclosures

cc: Jim de Vos, Deputy Director, GSA-TSD

ENVIRONMENTAL
PROTECTION
09 AUG 22 AM 11:09



State Water Resources Control Board



Winston H. Hickox
Secretary for
Environmental
Protection

Division of Clean Water Programs
2014 T Street • Sacramento, California 95814 • (916) 227-4366
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Gray Davis
Governor

March 2, 1999

ST10# 4342
SOS

Rod Freitag
County Of Alameda Gen. Serv. Agency
1401 Lakeside Dr
Oakland, CA 94612

UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, REQUEST FOR FURTHER DOCUMENTATION DURING INITIAL REVIEW: CLAIM NUMBER 013914; FOR SITE ADDRESS: 2200 FAIRMONT DR, SAN LEANDRO

After reviewing your claim application to the Cleanup Fund, we find that the following additional information is needed to determine your eligibility for placement on the Priority List:

- 1) Provide a copy of a letter from the local regulatory agency naming you a responsible party and directing you to clean up the contamination at the subject site.
- 2) Provide a copy of the Alameda County Environmental Health's Tank Removal Report.

NOTE: Failure to respond to this request within thirty (30) calendar days from the date of this letter may result in an ineligibility determination of your claim.

If you have any questions, please contact me at (916) 227-4366.

Sincerely,

ORIGINAL SIGNED BY

Shari Knieriem
Claims Review Unit
Underground Storage Tank Cleanup Fund

cc: Mr. Steve Morse
RWQCB, Region 2
1515 Clay Street, Ste. 1400
Oakland, CA 94612

Mr. Thomas Peacock
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577



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

ACCEPTED

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

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

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

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- 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:

ROBERT WESTON
 86-81-98

98 JUN 17 AM 9:43

ENVIRONMENTAL PROTECTION

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business ALAMEDA COUNTY JUVENILE HALL
 Business Owner or Contact Person (PRINT) ROD FREITAG
 2. Site Address 2200 FAIRMONT DR.
 City SAN LEANDRO CA. Zip 94578 Phone 510-667-4498
 3. Mailing Address 1401 LAKESIDE DR
 City OAKLAND, CA Zip 94612 Phone 510-208-9522
 4. Property Owner ALAMEDA COUNTY GSA
 Business Name (if applicable) _____
 Address 1401 LAKESIDE DR.
 City, State OAKLAND, CA Zip 94612
 5. Generator name under which tank will be manifested
ALAMEDA COUNTY GSA
- EPA ID# under which tank will be manifested CA L000088555

6. Contractor PROFESSIONAL SERVICE INDUSTRIES
 Address 1320 W. WINTON AVE
 City HAYWARD, CA Phone 510-785-1111
 License Type A HAZ ID# 716703
7. Consultant (if applicable) _____
 Address _____
 City, State _____ Phone _____
8. Main Contact Person for Investigation (if applicable)
 Name CHRIS MERRITT Title GEOLOGIST
 Company PROFESSIONAL SERVICE INDUSTRIES
 Phone 510-785-1111
9. Number of underground tanks being closed with this plan 1
 Length of piping being removed under this plan 0
 Total number of underground tanks at this facility (**confirmed with owner or operator) _____
10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

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

a) Product/Residual Sludge/Rinsate Transporter

Name CLEARWATER ENVIRONMENTAL EPA I.D. No. CA2600007013
 Hauler License No. 3515 License Exp. Date 11/98
 Address PO BOX 7420
 City FREMONT State CA Zip 94537-7420

b) Product/Residual Sludge/Rinsate Disposal Site.

Name ALVISO EPA ID# CAL000161743
 Address 5002 ARCHER ST.
 City ALVISO State CA Zip 95002

c) Tank and Piping Transporter

CLOSED IN PLACE

Name _____ EPA I.D. No. _____

Hauler License No. _____ License Exp. Date _____

Address _____

City _____ State _____ Zip _____

d) Tank and Piping Disposal Site

CLOSED IN PLACE

Name _____ EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

11. Sample Collector

Name CHRIS MERRITT

Company PROFESSIONAL SERVICE INDUSTRIES

Address 1320 W. WINTON AVE

City HAYWARD, CA State _____ Zip 94545 Phone 785-1111

12. Laboratory

Name MCCAMPBELL ANALYTICAL

Address 110 SECOND AVE. SOUTH # D7

City PACHECO State CA. Zip 94563

State Certification No. 1644

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

If yes, describe. _____

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

TANK AND PIPING CLEANED PREVIOUSLY BY GSA.

SMALL (300-500 GALLONS) AMOUNT OF UNCOLLECTED RINSE WATER

TO BE REMOVED 6/16/98.

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (estimated) <p style="text-align: center; font-size: 2em;">NONE</p>	Sampling Plan SAMPLED VIA AUGER AT TANK ENDS AND EACH 20 FEET ALONG PIPING RUN.

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

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

If yes, explain reasoning _____

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

16. Chemical methods and associated detection limits to be used for analyzing samples: 8015M (TPHD) 8020 (BTEX)

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

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
10,000 GAL	INSTALLED 1970 10/97	TANK CONTENTS REMOVED AND TANK SUBSEQUENTLY CLEANED. SOIL SAMPLES OBTAINED AT TANK ENDS AND AT 20 FOOT INTERVALS ALONG PIPE RUN.	TANK ENDS - 11 AND 12 FEET PIPING - 1-3 FEET AS SHOWN ON DIAGRAM.

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business PROFESSIONAL SERVICE INDUSTRIES

Name of Individual CHRIS MERRITT

Signature CHRIS MERRITT Date 6/12/98

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business ALAMEDA COUNTY GSA

Name of Individual ROD FREITAG

Signature  Date 6/16/98

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
DIESEL BTEX	8015M 8020	8015M 8020	1 mg/kg .005 mg/kg

18. Submit Worker's Compensation Certificate copy

Name of Insurer ATTACHED19. Submit Plot Plan ***** (See Instructions) *****

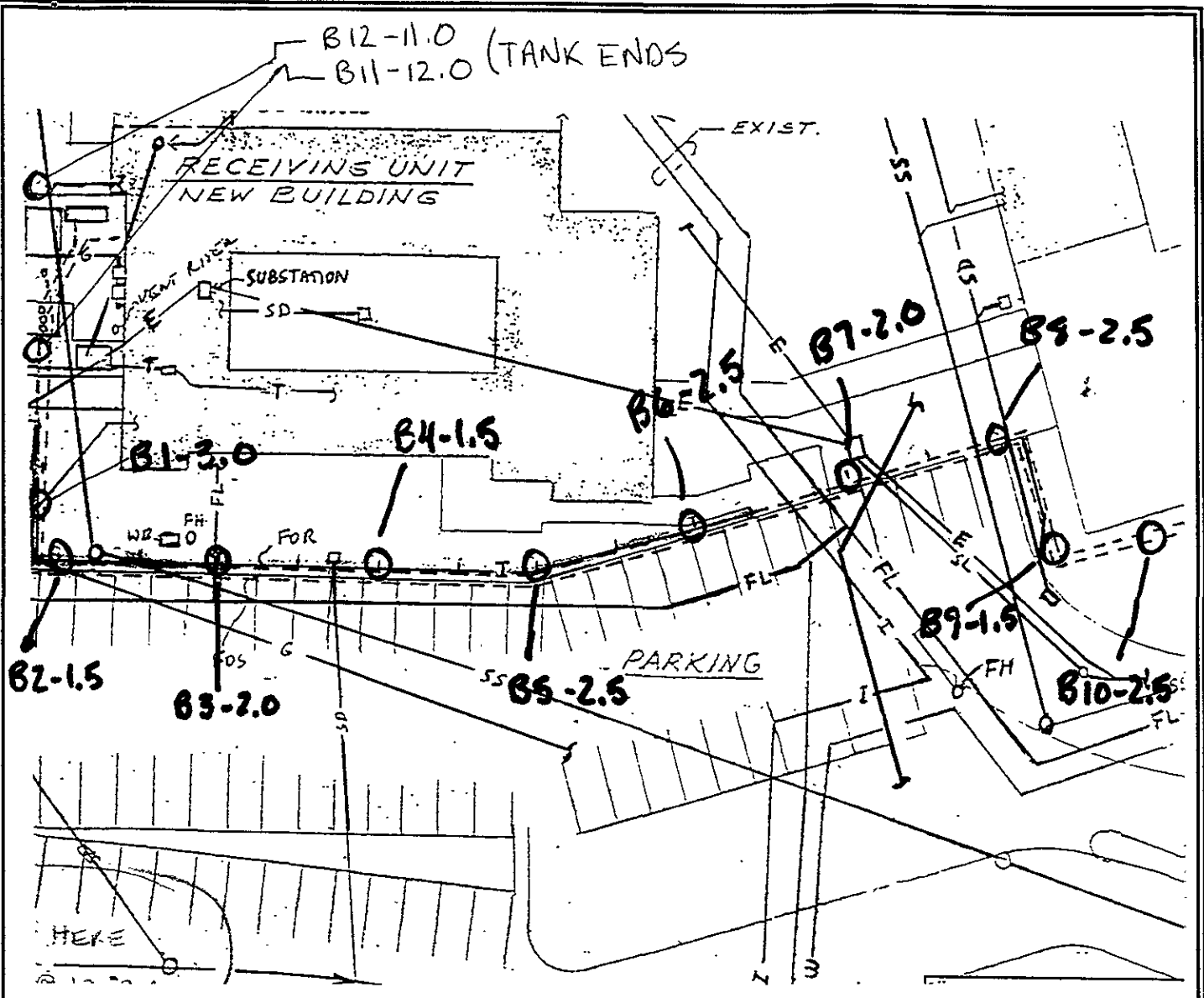
20. Enclose Deposit (See Instructions)

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

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

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

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



PSI Environmental Geotechnical Construction
 Consulting • Engineering • Testing

1320 West Winton
 Hayward, CA 94545
 510-785-1111
 Fax 510-785-1192

SITE MAP:
 Alameda County Juvenile Hall
 2200 Fairmont Drive
 Hayward, CA.

PROJECT NO.:
 575-8G019

SOURCE:
 USGS Topographic Map
 Hayward Quadrangle

DATE:
 1961, photorevised 1968
 and 1973



ROB,

CONCRETE PUMPER IS SCHEDULED FOR
0700 MONDAY JUNE 22nd. ENCLOSED
IS THE SIGNED CLOSURE PLAN AND SWEEPS
FORM "A" AND "B". CALL ME IF YOU HAVE
ANY QUESTIONS, I CAN BE REACHED AT
(510) 785-1111 (OFFICE) (510) 618-9598 (PAGER) OR
(510) 283-2459 (HOME).

THANKS,
CHRIS MERRITT

ENVIRONMENTAL
PROTECTION
98 JUN 17 AM 9:43

4342

TANK CLOSED IN PLACE PW

6-22-98



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

COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME: ALAMEDA COUNTY JUVENILE HALL; NAME OF OPERATOR: ALAMEDA COUNTY GSA; ADDRESS: 2200 FAIRMONT DR.; CITY NAME: SAN LEANDRO; STATE: CA; ZIP CODE: 94578; SITE PHONE # WITH AREA CODE: 510-667-4498

EMERGENCY CONTACT PERSON (PRIMARY): KEN SULLIVAN, 510-667-4498; EMERGENCY CONTACT PERSON (SECONDARY) - optional: ROD FREITAG, 510-208-9522

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME: ALAMEDA COUNTY GSA; CARE OF ADDRESS INFORMATION: TECHNICAL SERVICES DEPT.; MAILING OR STREET ADDRESS: 1401 LAKESIDE DR. STE 115; CITY NAME: OAKLAND; STATE: CA; ZIP CODE: 94612; PHONE # WITH AREA CODE: 510-208-9522

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER: ALAMEDA COUNTY GSA; CARE OF ADDRESS INFORMATION: 1401 LAKESIDE DR STE 115; CITY NAME: OAKLAND; STATE: CA; ZIP CODE: 94612; PHONE # WITH AREA CODE: 510-208-9522

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

box to indicate: 1 SELF-INSURED, 2 GUARANTEE, 3 INSURANCE, 4 SURETY BOND, 5 LETTER OF CREDIT, 6 EXEMPTION, 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. [X], 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): ROD FREITAG; OWNER'S TITLE: ENVIRONMENTAL PROGRAM MANAGER; DATE: 6/16/98

LOCAL AGENCY USE ONLY

COUNTY #: 01; JURISDICTION #: 000; FACILITY #: 000203; LOCATION CODE - OPTIONAL; CENSUS TRACT # - OPTIONAL; SUPERVISOR - 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

4342

TANK CLOSED 6-22-98

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD



UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B

Closed in Place 6/22/98; R. Weston

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:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.#	9072-1	B. MANUFACTURED BY:	UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR)	-1-1-1970	D. TANK CAPACITY IN GALLONS:	10,000

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" 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"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			C. A. S. #:		

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

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

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

A. SYSTEM TYPE	A <input checked="" type="checkbox"/> U 1 SUCTION	A <input checked="" type="checkbox"/> U 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> U 99 OTHER	COPPER
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
<input checked="" type="checkbox"/> 99 OTHER NONE					

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input checked="" type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	3. WAS TANK FILLED WITH INERT MATERIAL?
10/97	0 GALLONS	YES <input type="checkbox"/> NO <input type="checkbox"/>

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) Roe FROSTAB

DATE 6/16/98

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	01	000	000203	000001
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. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS



General Services Agency

Darlene A. Smith, Director

53 JAN 23 AM 9:47

January 22, 1998

Mr. Rob Weston
Alameda County HCSA
Environmental Health Services
1131 Harbor Bay Pkwy., Ste. 250
Alameda, California 94502-6577

**SUBJECT: REQUEST FOR IN-PLACE CLOSURE OF UNDERGROUND DIESEL PIPING AT THE ALAMEDA COUNTY JUVENILE HALL FACILITY
2200 FAIRMONT DRIVE, SAN LEANDRO, CALIFORNIA**

Dear Rob:

GSA recently decommissioned a 10,000 gallon diesel tank and associated piping located at the Juvenile Hall Facility (see attached Figure 1). We would like to permanently close that system in-place in accordance with Article 7, Section 2672(c) of Title 23, Division 3, Chapter 16 of the California Code of Regulations. Accordingly, GSA requests Environmental Health's approval for in-place closure of the underground piping.

As we discussed on January 13th, GSA requested (see attached letter) and received verbal approval from the Alameda County Fire Department (ACFD) to proceed with in-place closure of the tank. Subsequent to receiving that approval, I contacted Ariu Levi regarding Environmental Health's sampling requirements. Ariu suggested that I first submit justification for closing the underground piping in-place. In response to Ariu's request, and in accordance with our conversation, I submit to you the following justification:

1. **Removal of the underground diesel piping is potentially dangerous and could adversely impact the operations of Juvenile Hall.** As shown on Figure 1, the diesel storage/supply system at Juvenile Hall is not a typical system. The diesel piping extends for several hundred feet beyond the tank and is subject to an unusually large number of utility crossings (gas, water, fire, sanitary sewer, storm drain, electrical, telephone, signal wire, etc.) Removal of the diesel piping would inevitably result in damage to one or more of the utilities, with the greatest risk being to those utilities that cannot be detected or accurately located prior to commencing excavation. This adds an element of danger to the project and could adversely impact the health and safety of the workers. Furthermore, damaged utilities would impact the operations of the facility. This is a critical issue considering that Juvenile Hall is a 24-hour detention facility.

January 22, 1998

Page 2

2. **In-place closure of the diesel piping is consistent with the intent of Article 7, Section 2672(c) of Title 23, Division 3, Chapter 16 of the California Code of Regulations.** Article 7 allows for in-place closure of piping when there is significant potential for damaging other underground piping and/or when there is significant potential to adversely impact the function of the facility.
3. **In-place closure of the diesel piping satisfies the primary objective of the California Underground Storage Tank Regulations.** The primary objective of the regulations is to protect groundwater, rivers, lakes, streams, etc. for the beneficial use of the public. Leaving the piping in-place does nothing to compromise this objective.
4. **Removal of the diesel piping is not in the Public's best interest.** Piping removal will increase closure costs by approximately \$25,000, not including costs for repairing or replacing damaged utilities. Directing significant Public funds towards piping removal provides little, if any, environmental benefit and, therefore, is not in the best interest of the Public.

For these reasons, GSA requests approval to proceed with in-place closure of the underground diesel piping. GSA also requests Environmental Health's sampling requirements for this closure project.

If you have questions or would like to discuss this further, please call me at ext. 29522. Thank you for your attention to this matter.

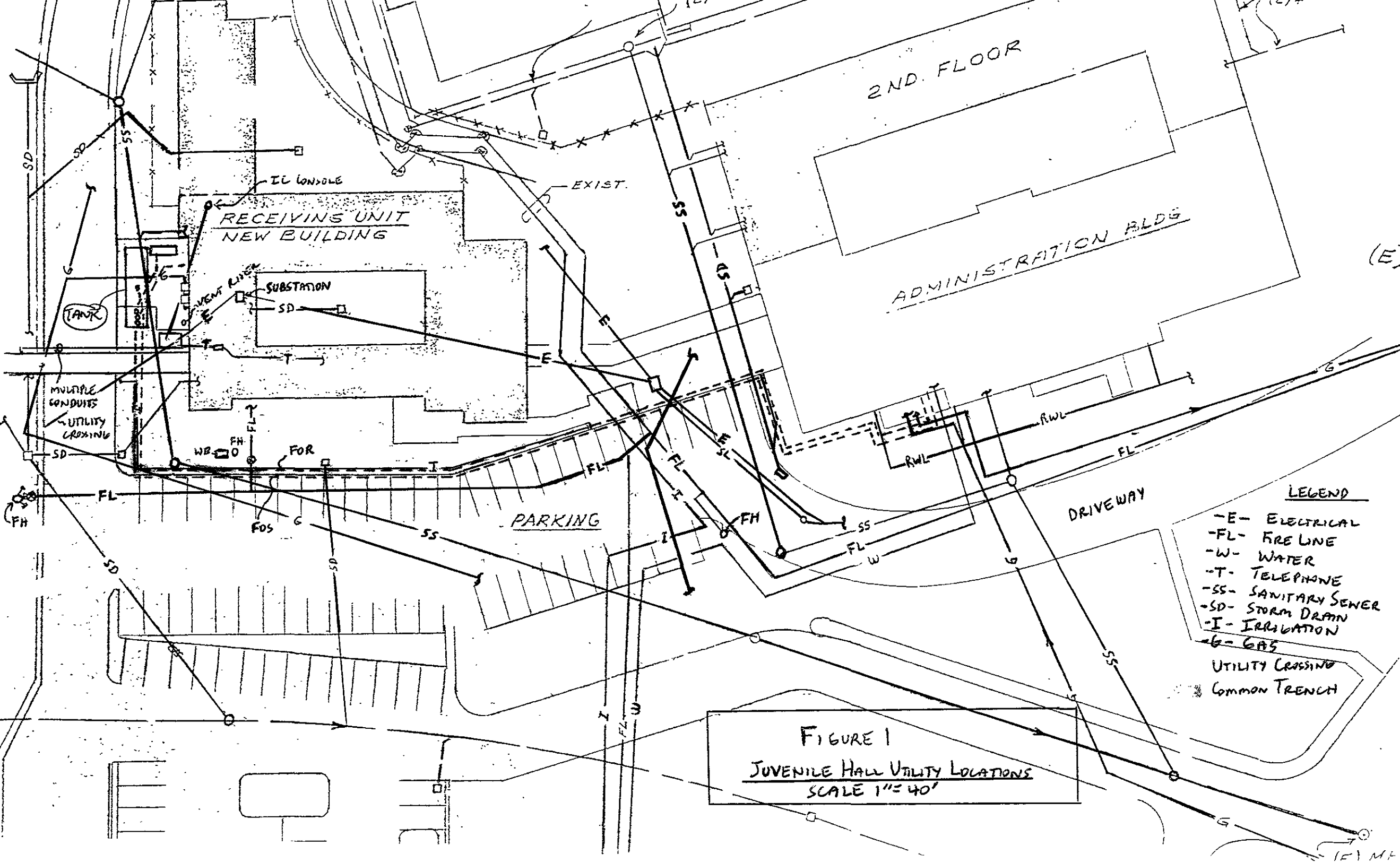
Sincerely,



Rod Freitag, P.E.
Environmental Program Manager

attachments

cc: Jim de Vos, Deputy Director, GSA-TSD
Don Ciriello, Facilities Manager, GSA-BMD
Ariu Levi, Environmental Health



RECEIVING UNIT
NEW BUILDING

2ND FLOOR

ADMINISTRATION BLDG

SUBSTATION

PARKING

DRIVEWAY

LEGEND

- E- ELECTRICAL
- FL- FIRE LINE
- W- WATER
- T- TELEPHONE
- SS- SANITARY SEWER
- SD- STORM DRAIN
- I- IRRIGATION
- G- GAS

UTILITY CROSSING
Common TRENCH

FIGURE 1
JUVENILE HALL UTILITY LOCATIONS
SCALE 1"=40'

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



Alameda County Environmental Health
Environmental Protection Services
1131 Harbor Bay Parkway, Room 250
Alameda CA 94502-6577
(510)567-6700 fax: (510)337-9335

August 5, 1996

Rod Freitag
Environmental Program Manager
County of Alameda, GSA
1401 Lakeside Drive, Room 1115
Oakland, California 94612

**Subject: Underground Storage Tank Operating Permit for Juvenile
Hall, 2200 Fairmont Drive, San Leandro 94578**

Dear Mr. Freitag:

Enclosed please find a permit to operate an underground storage tank containing diesel fuel for an emergency generator at Juvenile Hall. The system includes a 10,000 gallon single wall steel tank with single wall steel, suction piping. Leak detection for the tank is performed using manual inventory reconciliation and annual tank testing. The suction piping is monitored during generator operation for indications of leaks and is integrity tested every three years.

Compliance with the following conditions is a requirement of the permit to operate:

1. Perform manual inventory reconciliation monthly using a measuring stick marked off in 1/8" increments. Data must be gathered daily. The amount of fuel used in the operation of the generator will be needed to reconcile your data at the end of the month. Maintain records for three years.
2. Maintain written records of all monitoring of the suction piping at the site.
3. Maintain written records of all tank integrity tests and maintenance performed on the tank system. Make records available within 36 hours of request.
4. Report unauthorized releases to this office within 24 hours of occurrence and submit a written report within 5 working days.
5. Report changes in facility staff and/or monitoring equipment on Forms A & B, within 30 days.
6. Fees associated with the operation of the tank shall be kept current.

August 5, 1996
Juvenile Hall
Page 2

7. Maintain a copy of this permit and conditions on-site.

This operating permit expires on **December 22, 1998** because the current system **fails** to meet the upgrade requirements for underground storage tanks as of that date. This tank system must be upgraded to meet the new requirements or **removed** prior to the expiration date.

If you have any questions regarding the operation of this tank system or the upgrade requirements please contact me at (510) 567-6781.

Sincerely,



Robert Weston
Senior Hazardous Materials Specialist

enclosures

c: Bill Reynolds, East Area Manager, ACDEH
Gordon Coleman, Acting Chief, ACDEH

PLEASE POST FOR PUBLIC VIEWING

Alameda County Health Care Services Agency
STID# 4342 *Department of Environmental Health*
Permit

This is to certify that COUNTY OF ALAMEDA, GSA,
doing business as JUVENILE HALL, *is permitted*
to operate a ONE UNDERGROUND STORAGE TANK,
at 2200 FAIRMONT DRIVE, SAN LEANDRO, CA 94578; STATE ID#01-000-000203-000002.

This permit is not transferable and is good until
DECEMBER 22, 1998

Issued this 12TH *day of* MARCH, 19 96

Robert A. Victor
Specialist

By Authority of
Director of Environmental Health

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

1131 Harbor Bay Pkwy
Alameda CA 94502
510/567-6700
567 6876

II, III

Site ID # 4342 Site Name JUVENILE HALL, ALAMEDA Today's Date 11/16/95
Site Address 2200 Fittiment DR
City SAN LEANDRO Zip 94578 Phone 544 99 667-4499
INSIDE

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:

- UNDERGROUND STORAGE TANK SINGLE WALLED, STEEL,
WITH Suction SYSTEM USED FOR GENERATORS & HEATING OIL FOR
COUPLE OF BOILERS
OIL VST REMOVED ON 10/11/94
- VST TANK HEIGHTNESS TEST AS WELL AS PIPING DONE
IN JUNE 3 WAS HIGH (JUNE 1, 1995)
THIS TANK WILL BE REMOVED IN JUNE 1996 3 AND
ABOVE-GROUND TANK CONCRETE TANK WILL BE INSTALLED
SUBMIT closure plan through this office when ready
to REMOVE VST 3 WITH INSTALLING ABOVE-GROUND TANK.
⇒ PROPERLY DISPOSE OF WATER OIL 3 OTHER HAZARDOUS AS DISCUSSED
⇒ ROOFED AREA FOR STORAGE OF WATER CHEMICALS RECOMMENDED
- HARBOR SEPTIC

Contact Gary Russell
Title SUPERVISOR
Signature Gary Russell

Inspector AMIR K. GHOLAMI
Signature [Signature]

II, III

#4342

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 checked="" 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 JUVENILE HALL		NAME OF OPERATOR ALAMEDA COUNTY GENERAL SERVICES AGENCY		
ADDRESS 2200 FAIRMONT DR.		NEAREST CROSS STREET FORT HILL BLVD.	PARCEL # (OPTIONAL)	
CITY NAME SAN LEANDRO	STATE CA	ZIP CODE 94578	SITE PHONE # WITH AREA CODE 510-667-4499	
<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 DON CIRIELLO				
TYPE OF BUSINESS		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE	E. P. A. I. D. # (optional)
<input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER			1	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) RUSSELL, GARY	PHONE # WITH AREA CODE 510-667-4499	DAYS: NAME (LAST, FIRST) CIRIELLO, DON	PHONE # WITH AREA CODE 510-551-6572
NIGHTS: NAME (LAST, FIRST) ELECTRICIAN/ENGINEER	PHONE # WITH AREA CODE 510-551-6660	NIGHTS: NAME (LAST, FIRST) ELECTRICIAN/ENGINEER	PHONE # WITH AREA CODE 510-551-6675

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME ALAMEDA COUNTY GSA		CARE OF ADDRESS INFORMATION ENGINEERING & ENVIRONMENTAL MANAGEMENT		
MAILING OR STREET ADDRESS 1401 LAKESIDE DR.		<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 OAKLAND	STATE CA	ZIP CODE 94612	PHONE # WITH AREA CODE 510-208-9525	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER SAME AS II.		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) ROD FREITAL	OWNER'S TITLE ENVIRONMENTAL PROGRAM MANAGER	DATE MONTH/DAY/YEAR 11/27/95
---	---	--

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 000203	NO 3/12/96
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPERVISOR - 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 checked="" 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: JUVENILE HALL

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

A. OWNER'S TANK I.D.# <u>9072-1</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1970</u>	D. TANK CAPACITY IN GALLONS: <u>10,000</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 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"/> 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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <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"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) <u>NA.</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NA.</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 checked="" 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)	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) <u>ROD FREITAG</u>	DATE <u>11-27-95</u>
---	----------------------

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

STATE I.D.#	COUNTY # <u>07</u>	JURISDICTION # <u>000</u>	FACILITY # <u>000203</u>	TANK # <u>000002</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE <u>12/27/98</u>	

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

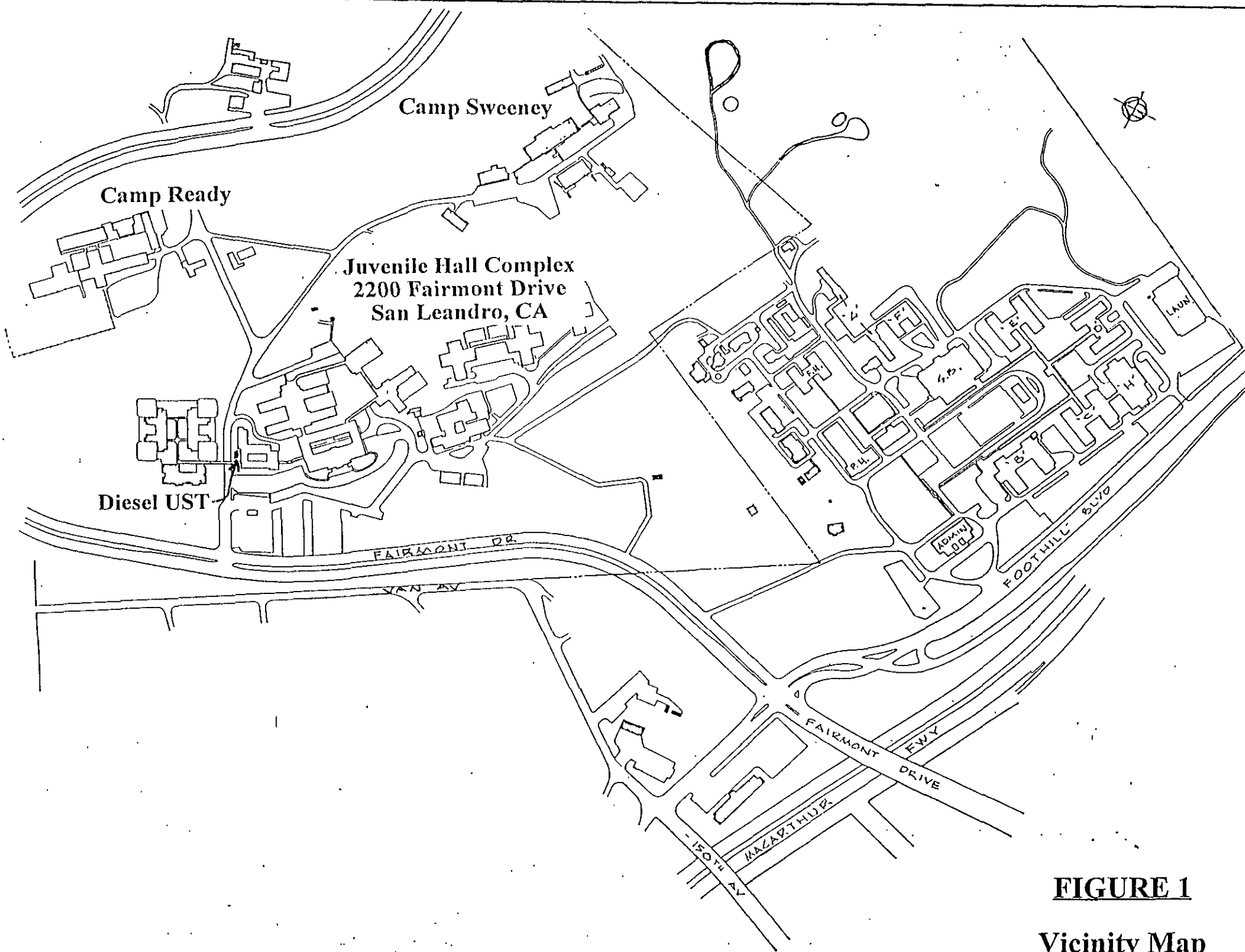
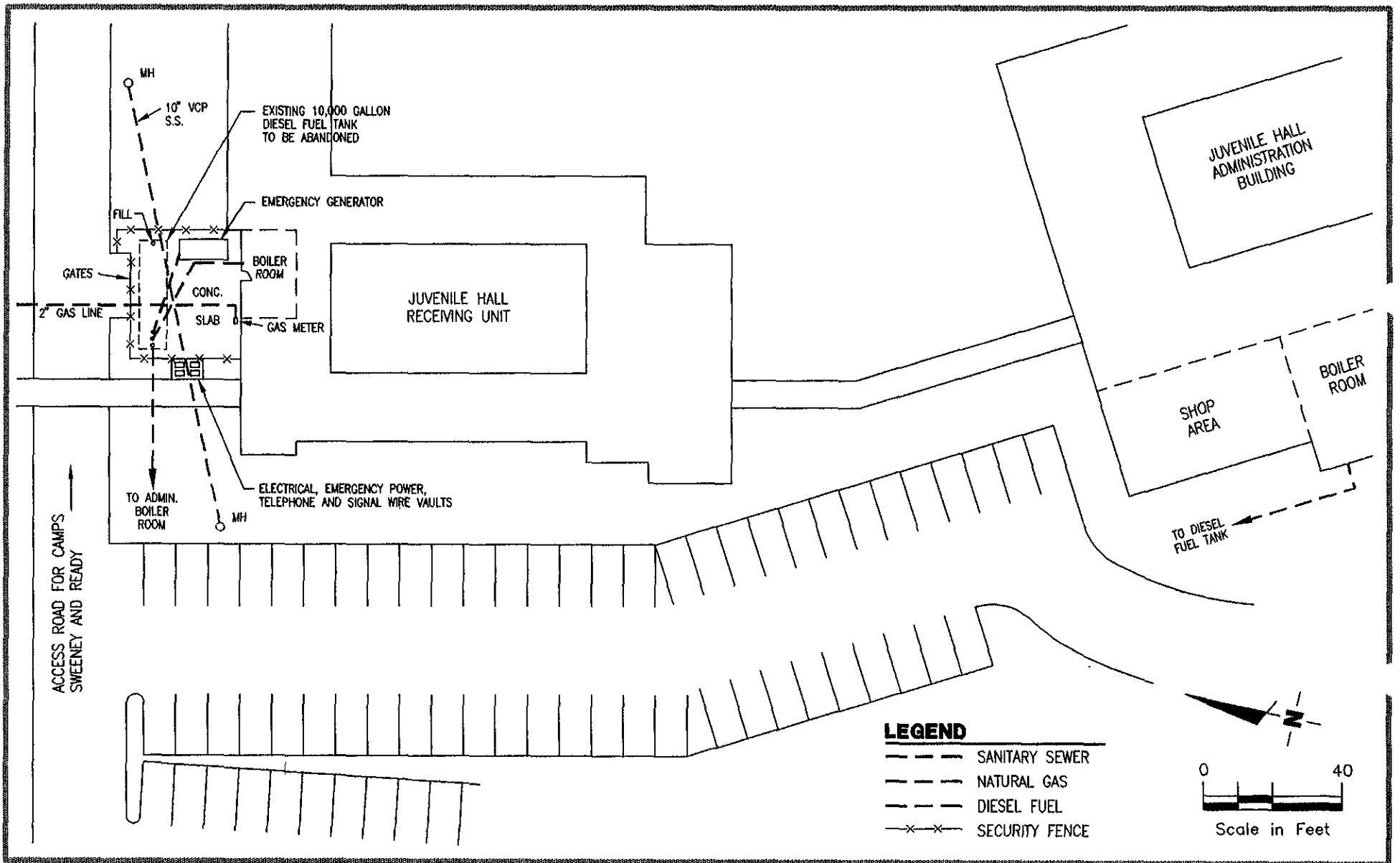


FIGURE 1

Vicinity Map



ALAMEDA COUNTY JUVENILE HALL
 2200 Fairmont Drive
 San Leandro, California

FIGURE

2

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION

1131 HARBOR BAY PARKWAY, STE 250
 ALAMEDA, CA 94502-6577
 TELE: (510) 567-6700

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 ensure compliance with State and local laws. The project proposed herein is new released for issuance of any required building permits for construction/destruction.

One copy of the ~~plans~~ ~~to be on the job and available to all contractors and subcontractors involved with the removal.~~ FAX (510) 337-9335
 Any changes or alterations of these plans and specifications must be submitted to this Department and 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

In accordance with 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:

ROBERT WESTON
567-6781

SEE ITEMS IN PCD

W

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name Juvenile Hall
 Business Owner Alameda County General Services Agency *Andy Garcia GSA*
 2. Site Address 2200 Fairmont Drive
 City San Leandro Zip 94578 Phone (510) 667-4499
 3. Mailing Address 1401 Lakeside Drive
 City Oakland Zip 94612 Phone (510) 208-9521
 4. Land Owner Alameda County General Services Agency
 Address 1401 Lakeside Drive City, State Oakland, CA Zip 94612
 5. Generator name under which tank will be manifested Alameda County General Services Agency
- EPA I.D. No. under which tank will be manifested CAL000088555

6. Contractor Environmental Science & Engineering, Inc.
Address 4090 Nelson Avenue, Suite J
City Concord, CA 94520 Phone (510) 685-4053
License Type* Gen. A W/HAZ ID# 658022

*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 Environmental Science & Engineering, Inc.
Address 4090 Nelson Avenue, Suite J
City Concord, CA 94520 Phone (510) 685-4053

8. Contact Person for Investigation

Name Jay Carpenter Title Construction Manager
Phone (510) 685-4053

9. Number of tanks being closed under this plan 1
Length of piping being removed under this plan 10 Feet
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 Environmental EPA I.D. No. CAD009466392
Hauler License No. 0019 License Exp. Date 5/31/95
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson Environmental EPA I.D. No. CAD009466392
Address 25 Parr Boulevard
City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Erickson Environmental EPA I.D. No. CAD009466392
Hauler License No. 0019 License Exp. Date ~~5/31/94~~
5/31/95 JC
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

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

11. Experienced Sample Collector

Name Jay Carpenter
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, Suite D-7
City Pacheco State CA Zip 94553
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 150 lbs. of dry ice.

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)		
7,000 gal.	Underground storage tank used for storage of heating fuel. Currently out of service. Installation date 1950. Product was fuel oil.	Soil	Collect two samples below the tank. Approximately 2 ft below invert.

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) 80 cubic yards	Sampling Plan Collect two samples from soil stockpiled 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. One discrete sample every 50 cy for disposal.

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

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

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed. 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-FO	GC/MS (5030)	8015 MOD.	1 PPM (TPH-FO)
BTEX	RPA 5030 EPA	8020	.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.

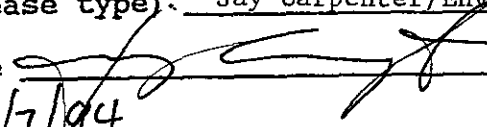
I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

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

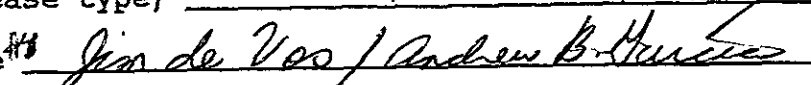
Name (please type) Jay Carpenter/Environmental Science & Engineering, Inc.

Signature 

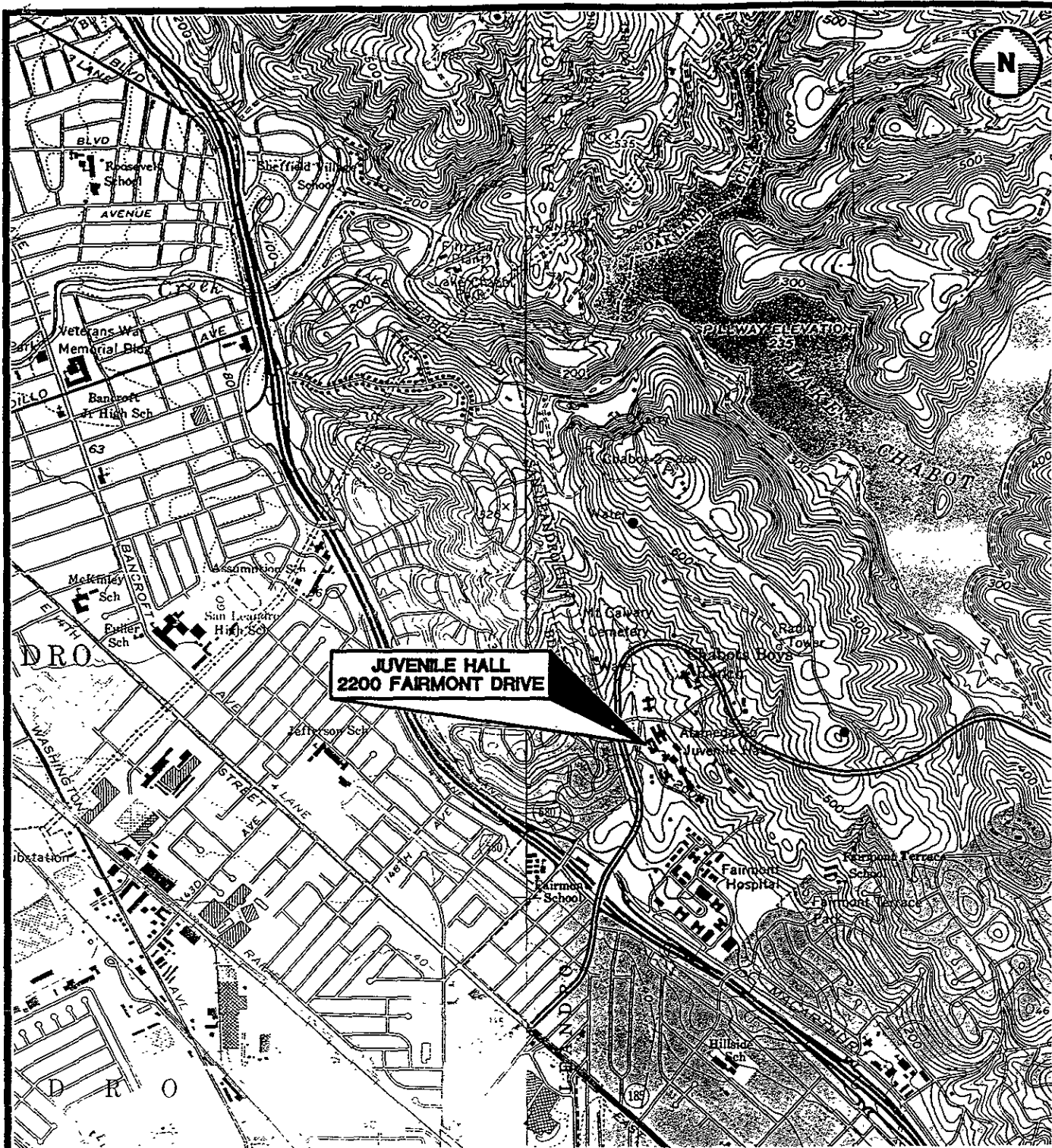
Date 9/7/94

Signature of Site Owner or Operator

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

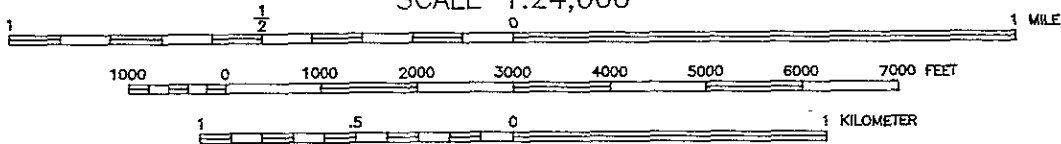
Signature 

Date September 7, 1994



**JUVENILE HALL
2200 FAIRMONT DRIVE**

SCALE 1:24,000



ADAPTED FROM USGS HAYWARD AND SAN LEANDRO 7.5 MINUTE TOPOGRAPHIC QUADRANGLES, 1980.



**Environmental
Science &
Engineering, Inc.**

DATE
7/93

REVISED

LOCATION MAP

FIGURE NO.

1

4090 NELSON AVENUE, SUITE J
CONCORD, CA 94520

CAD FILE
50611001

ALAMEDA COUNTY GENERAL SERVICES AGENCY
ALAMEDA COUNTY JUVENILE HALL
SAN LEANDRO, CALIFORNIA

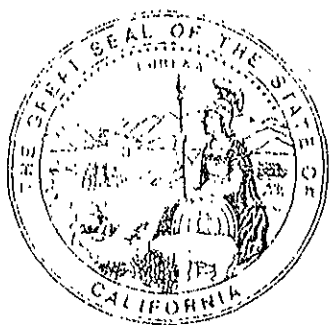
PROJ. NO.
6-93-5061

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:

ENVIRONMENTAL SCIENCE & ENGINEERING INC



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

A - GENERAL ENGINEERING CONTRACTOR
D21 - MACHINERY AND PUMPS
HAZ - HAZARDOUS SUBSTANCES REMOVAL

Witness my hand and seal this day,

December 3, 1992

Environmental Science & Engineering, Inc. Issued November 4, 1992

Signature of Licensee

Jay E. Carpenter
Signature of License Qualifier

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
Department of
Consumer
Affairs

David R. Phillips
Registrar of Contractors

658022

License Number

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
 3/17/94

PRODUCER
JOHNSON & HIGGINS
 500 WEST MADISON, SUITE 2100
 CHICAGO, IL 60661-2595

(312) 648-4200

SURED
 ENVIRONMENTAL SCIENCE &
 ENGINEERING, INC.
 ATT KAREN JENSEN
 100 HAMILTON BLVD, STE 330
 DEORIA, IL 61602

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	ILLINOIS NATIONAL INS CO
COMPANY LETTER B	NATIONAL UNION FIRE INS CO (PA)
COMPANY LETTER C	PLANET INS CO
COMPANY LETTER D	
COMPANY LETTER E	

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY	GL3404599	3/16/94	4/01/95	GENERAL AGGREGATE \$ 1,000,000
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1,000,000
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 1,000,000
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
				FIRE DAMAGE (Any one fire) \$ 50,000
				MED.EXPENSE(Any one person) \$ 5,000
AUTOMOBILE LIABILITY	CA1188525	3/16/94	4/01/95	COMBINED SINGLE LIMIT \$ 1,000,000
<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				
<input type="checkbox"/> GARAGE LIABILITY				
EXCESS LIABILITY				EACH OCCURRENCE \$
<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	NMA010263802 CA NMA010257702	3/16/94 3/16/94	4/01/95 4/01/95	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 500,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 500,000
OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS
 Media County General Services Agency is Additional Insured as respects UST Compliance Monitoring, UST Removal, Replacement and Surface Investigations.

CERTIFICATE HOLDER
 Media County General Services Agency
 Building Maintenance Dept.
 100 Macarthur Blvd.
 Deoria, IL 61602
 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 *Donald Price*

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
02/23/94

PRODUCER

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COMPANIES AFFORDING COVERAGE

INSURED
ENVIRONMENTAL SCIENCE &
ENGINEERING, INC.
ATT KAREN JENSEN
300 HAMILTON BLVD., STE. 330
PEORIA, IL 61602

COMPANY LETTER **A** NAT'L PROF. CASUALTY CO.
COMPANY LETTER **B**
COMPANY LETTER **C**
COMPANY LETTER **D**
COMPANY LETTER **E**

COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
A	OTHER PROFESSIONAL/ POLLUTION LIABILITY	C72961	2/23/94	4/01/95	\$3,000,000 EACH CLAIM \$3,000,000 AGGREGATE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS RE: UST COMPLIANCE MONITORING, UST REMOVAL, REPLACEMENT AND SUBSURFACE INVESTIGATIONS.

CERTIFICATE HOLDER

ALAMEDA COUNTY GENERAL
SERVICES AGENCY
BUILDING MAINT. 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

Kathryn M. Parker

HEALTH AND SAFETY PLAN
for
PETROLEUM AND SOLVENT CONTAMINATION SITES

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- A. Site Specific Health and Safety Information
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HEALTH AND SAFETY PLAN
for
PETROLEUM AND SOLVENT CONTAMINATION SITES
ALAMEDA COUNTY GENERAL SERVICES AGENCY

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 sites in this project. Together, they comprise the Site Safety and Health Plan (HASP). This Health & Safety Plan will be considered complete only with an associated Site-Specific Health and Safety Information for each site.

The purpose of this safety plan 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 contamination 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 ENVIRONMENTAL SCIENCE & ENGINEERING HEALTH AND SAFETY POLICY AND RESPONSIBILITY:

It is the policy of the management of Environmental Science & Engineering, Inc. (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.

A key element of this plan is the reliance upon the buddy system for all site activities at all times. This system requires that all activities at the site be conducted using a minimum of 2-person teams.

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 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.

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.

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.

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.

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:

REGIONAL 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: Juvenile Hall DATE PREPARED: 04-13-93

LOCATION: 2200 Fairmont Drive, San Leandro, California

PREPARED BY: Jay Carpenter

OBJECTIVE (S) AND WORKPLAN: Removal of one 7,000 gallon capacity fuel oil underground storage tank

PROPOSED DATE(S) OF ON-SITE WORK: August 15, 1994 - September 20, 1994

___ 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: Correctional Facility CLOSED ___ OPEN x

FACILITY SIZE: _____

TOPOGRAPHY: Relatively flat, at approximately 200 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. May be fire and explosivity hazards associated with tank removal.

Chemical: The soil samples collected from below the tanks 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. Tank atmosphere to be inerted using the appropriate volume of dry ice. If percent lower explosivity level (LEL) of tanks exceeds 10 percent as monitored using an oxygen/LEL then the tank atmosphere will be reinerted with more dry ice. A fire extinguisher will be available during the removal of all tanks.

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. Contact the HSO as soon as possible. All work will stop and will not resume until investigation and testing has been completed and corrective actions (as appropriate) have been taken to ensure adequate protection of personnel. 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. Jerry Bivens, Facility Supervisor (510) 667-4499

CLIENT CONTACT: Mr. Adrew Garcia, ACGSA (510) 535-6277

F. EMERGENCY PRECAUTIONS

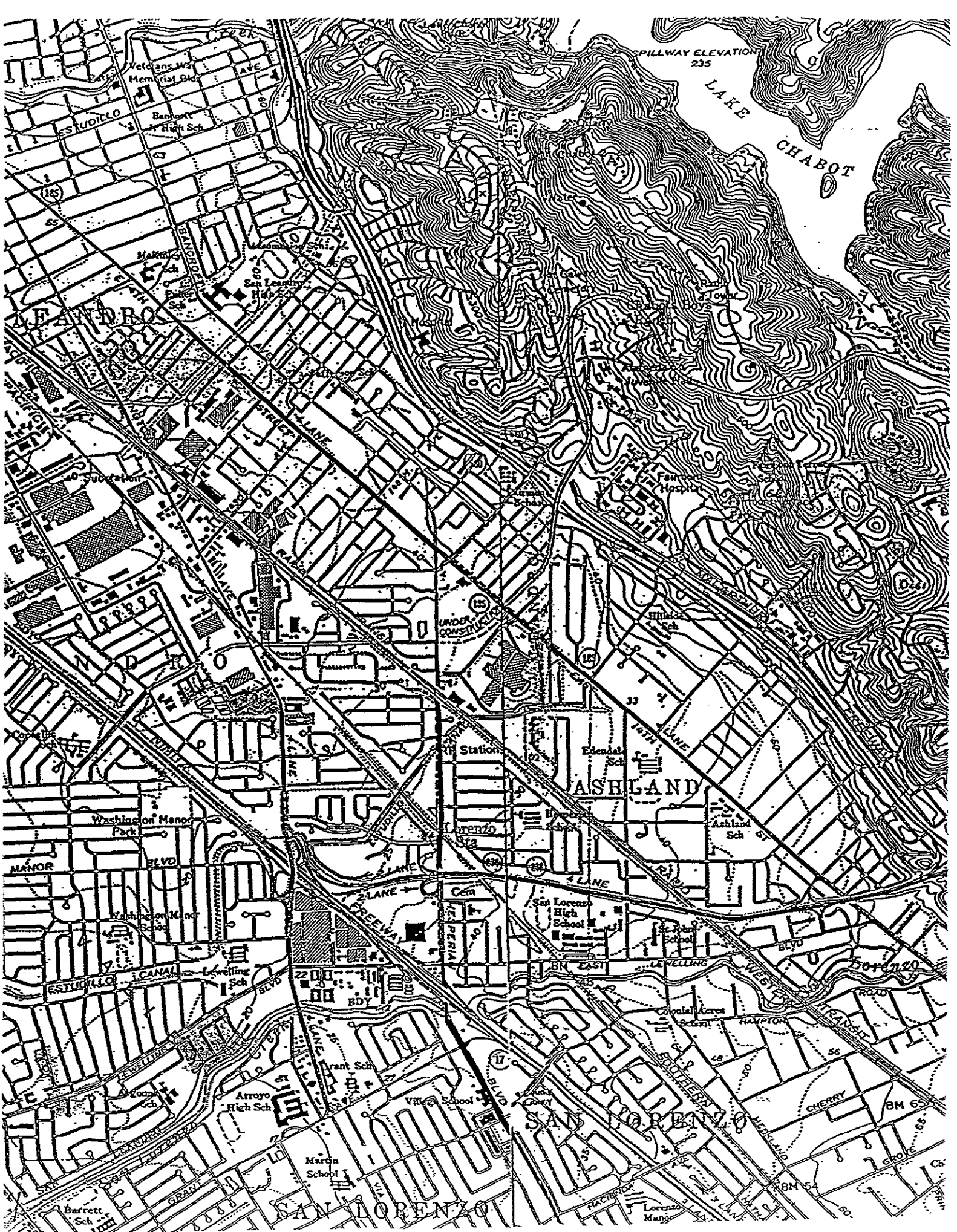
PRIMARY HOSPITAL/INFIRMARY:

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 Fairmont Dr. south (1 block) to 150th St., turn right 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



APPENDIX B
CERTIFICATES
OF
INSURANCE

APPENDIX C

MATERIAL
SAFETY DATA
SHEETS



MATERIAL SAFETY DATA SHEET

97367 (4-85)

MSDS NUMBER

52,303-3

PAGE 1

24 HOUR EMERGENCY ASSISTANCE			GENERAL MSDS ASSISTANCE		
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	CAS NUMBER	PERCENT
NO.	COMPOSITION		
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.

SECTION IV OCCUPATIONAL EXPOSURE LIMITS

NO.	OSHA PEL/TWA	OSHA PEL/CEILING	ACGIH TLV/TWA	ACGIH TLV/STEL	OTHER
P	*				

* NO OSHA PEL OR ACGIH TLV HAS BEEN ESTABLISHED.

SECTION V EMERGENCY AND FIRST AID PROCEDURES

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.

SECTION VI SUPPLEMENTAL HEALTH INFORMATION

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.

SECTION VIIPHYSICAL DATA

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.

SECTION VIIIFIRE AND EXPLOSION HAZARDS

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.

SECTION IXREACTIVITY

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.

SECTION XEMPLOYEE PROTECTION

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.

SECTION XI ENVIRONMENTAL PROTECTION

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.

SECTION XII SPECIAL PRECAUTIONS

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.

AL

SECTION XIII TRANSPORTATION REQUIREMENTS

DEPARTMENT OF TRANSPORTATION CLASSIFICATION:
COMBUSTIBLE LIQUID

D.O.T. PROPER SHIPPING NAME:
FUEL OIL, NA 1993

SECTION XIV OTHER REGULATORY CONTROLS

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.

SECTION XV SPECIAL NOTES

THIS REVISION INCORPORATES THE FINDINGS OF DIESEL EXHAUST CARCINOGENICITY INTO SECTION VI.

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.

DATE PREPARED: NOVEMBER 06, 1989

BE SAFE

READ OUR PRODUCT
SAFETY INFORMATION ...AND PASS IT ON
(PRODUCT LIABILITY LAW
REQUIRES IT)

J. C. WILLETT

SHELL OIL COMPANY
PRODUCT SAFETY AND COMPLIANCE
P. O. BOX 4320
HOUSTON, TX 77210

STATE WATER RESOURCES CONTROL BOARD

DIVISION OF CLEAN WATER PROGRAMS

2014 T STREET, SUITE 130
P.O. BOX 944212
SACRAMENTO, CA 94244-2120



(916) 227-4325
FACSIMILE (916) 227-4349

MAY 24 1995;

Jim De Vos
General Services Agency
4400 MacArthur Boulevard
Oakland, CA 94619

Dear Mr. De Vos:

UNDERGROUND STORAGE TANK (UST) LOCAL OVERSIGHT PROGRAM, SITE NO.
4342, JUVENILE HALL, 2200 FAIRMONT DRIVE, SAN LEANDRO, ALAMEDA
COUNTY

On March 28, 1995, we sent you an invoice for oversight costs incurred by the County during the billing period of July 1, 1994 through December 31, 1994. Thank you for your payment of this invoice. We recently discovered two hours of time incurred on October 11, 1994 for a site inspection at your site that was incorrectly charged to another site. We have enclosed a revised invoice reflecting this additional charge. I apologize for any inconvenience this error has caused.

If you have any questions, please telephone me at (916) 227-4325.

Sincerely,

A handwritten signature in cursive script that reads "L. Casias".

Lori Casias
Local Oversight Program

Enclosure

cc: ✓ Scott Seery
Alameda County
Hazardous Materials Division
Department of Environmental Health
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502

95 MAY 25 PM 2:28
FBI - SAC, ALAMEDA

INVOICE FOR OVERSIGHT COSTS

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

Bill Date:
05/24/95
<< rev >>

Local Agency: COUNTY OF ALAMEDA

Site Location:

SITE # 4342

GENERAL SERVICES AGENCY
JIM DE VOS
4400 MAC ARTHUR BLVD
OAKLAND, CA 94619

JUVENILE HALL
2200 FAIRMONT DR
SAN LEANDRO, CA
94578

Total previously billed:	\$ 108.07
Payment(s) received as of 04/27/95	\$ 582.36
**New Charges - Billing Period:07/01/94 through 12/31/94	\$ 605.98

FUND: F Total amount due: \$ 131.69

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

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

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

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

FOR INFORMATION CALL: LORI CASIAS

(916) 227-4325

PAYMENT IS DUE IN 30 DAYS

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

Local Agency: COUNTY OF ALAMEDA

Site #: 4342
Site Location:

GENERAL SERVICES AGENCY
JIM DE VOS
4400 MAC ARTHUR BLVD
OAKLAND, CA 94619

JUVENILE HALL
2200 FAIRMONT DR
SAN LEANDRO, CA
94578

Total amount due: \$ 131.69

Enter amount paid: \$ _____

ITEMIZED NEW CHARGES

Site specific charges for billing period: 07/01/94 - 12/31/94

DATE	NAME	*ACT	HOURS		RATE		IND	TRAVEL	TOTAL
			ST	OT	ST	OT			
10/06/94	Scott SEERY	215	0.20	0.0	46.29	0.00	0.1516	0.00	10.66
10/10/94	Rob WESTON	210	4.50	0.0	43.28	0.00	0.1516	12.74	237.03
10/11/94	Jennifer EBERLE	210	3.00	0.0	38.08	0.00	0.1516	0.00	131.56
10/11/94	Scott SEERY	215	0.20	0.0	46.29	0.00	0.1516	0.00	10.66
10/11/94	Scott SEERY	210	2.00	0.0	46.29	0.00	0.1516	3.12	109.74
10/17/94	Scott SEERY	215	0.10	0.0	46.29	0.00	0.1516	0.00	5.33
SITE SPECIFIC TOTALS:			10.0	0.0				\$	504.98
PROGRAM MANAGEMENT CHARGE (calculated at 20% of site specific charges):								\$	101.00
TOTAL NEW CHARGES								\$	605.98

* ACTIVITY CODES AND DESCRIPTIONS: (ACT)

- 300 (200) Responsible Party identification and notification
- 304 (204) Meeting with Regional Board or other affected agencies regarding a specific site
- 306 (206) Development of enforcement actions against a Responsible Party
- 307 (207) Issuance of a closure document
- 310 (210) Site visits
- 311 (211) Sampling activities
- 312 (212) Meetings with responsible parties or responsible party consultants
- 315 (215) Review of reports, workplans, preliminary assessments, remedial action plans, or post-remedial monitoring

BILLING ADJUSTMENT FORM

Billing Acct.#	
<input type="checkbox"/>	Generator...H _____
<input type="checkbox"/>	HMMP.....L _____
<input checked="" type="checkbox"/>	UST.....T <u>71067</u>

Date: 10/28/94
HazMat STD#: 4342

Caller: _____ Phone: _____

Company Name: Convent Mall

Site Address: 2200 Fairmont Dr. San Leandro 94578
City Zip

Requested Changes: Removed 1 ust on 10/11/94; i left on site
Initials: _____

Rescind Bill with explanation and date (if available):

- Generator _____
- HMMP (AB2185) _____
- UST _____



Continue Billing With Following Changes:

- | | | |
|--|----------------|--------------|
| <input type="checkbox"/> Change number of EMPLOYEES | From: _____ | To: _____ |
| <input checked="" type="checkbox"/> Change number of TANKS | From: <u>2</u> | To: <u>1</u> |
| <input type="checkbox"/> HMMP (AB2185) | | |
| <input type="checkbox"/> Updated information | | |

Business Name _____ Phone: _____

SITE Address _____ City _____ Zip _____

BILLING Address _____ City _____ Zip _____

Inspector: [Signature] Date: 10-31-94

Sent to Billing
on 11/3/94
Rev 12/91 Mac-BillAdj-2



General Services Agency

Darlene A. Smith, Director

October 25, 1994

Mr. Rob Weston
Hazardous Materials Specialist
County of Alameda
Department of Environmental Health
1131 Harbor Bay Parkway, 2nd Floor
Alameda, California 94502

SUBJECT: COMPLETED UNDERGROUND STORAGE TANK PERMIT APPLICATION
FORMS A AND B, UST-9072-2, JUVENILE HALL, 2200 FAIRMONT DRIVE,
SAN LEANDRO, CALIFORNIA 94578

Dear Mr. Weston:

Per your request, enclosed are the completed *Underground Storage Tank Permit Application Forms A and B* for the former underground storage tank known as UST-9072-2. This tank was removed on October 11, 1994, and was located at Juvenile Hall, 2200 Fairmont Drive, San Leandro, California 94578. The tank closure report is now being prepared by Environmental Science & Engineering, Inc., the project consulting firm.

I want to thank you for your cooperation. I appreciate you "spending" your Columbus Day Holiday at my "tank pull." I look forward to our working together on this and other projects. If you have any question, please call me at (510) 208-9521.

Sincerely,

Andrew B. Garcia, REA
Environmental Project Manager

enclosure

Mr. Jay Carpenter, Environmental Science & Engineering

ABG: abg; g\project\env\7076jh\EH1025
Project 94-7076, Bldg. #9072



FORM 'A':
SITE

UNDERGROUND STORAGE TANK PROGRAM
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION

COMPLETE THIS FORM FOR EACH FACILITY/SITE

NO

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 SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

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

FACILITY/SITE NAME Juvenile Hall		CARE OF ADDRESS INFORMATION paul LeCheminant		
ADDRESS 2200 Fairmont Drive		NEAREST CROSS STREET 150th Avenue	<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME San Leandro		STATE CA	ZIP CODE 94578	SITE PHONE #, WITH AREA CODE
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input checked="" type="checkbox"/> Box if INDIAN PRESERVATION or TRUST LANDS <input type="checkbox"/>		# of TANKs AT THIS SITE 3
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)		
DAYS: NAME (LAST, FIRST) Johnson, Kin		PHONE # WITH AREA CODE (415) 667-4499		DAYS: NAME (LAST, FIRST) Chowdhry, Subodh
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST)
PHONE # WITH AREA CODE		PHONE # WITH AREA CODE (415) 530-9660		

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

NAME County of Alameda		CARE OF ADDRESS INFORMATION Paul LeCheminant		
MAILING or STREET ADDRESS 4400 MacArthur Blvd		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Oakland		STATE CA	ZIP CODE 94619	PHONE #, WITH AREA CODE (415) 530-9660

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

NAME County of Alamed		CARE OF ADDRESS INFORMATION Paul LeCheminant		
MAILING or STREET ADDRESS 4400 MacArthur Blvd		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Oakland		STATE CA	ZIP CODE 94619	PHONE #, WITH AREA CODE (415) 530-9660

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION AND BILLING: I. II. III.

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Paul LeCheminant	DATE 4/27/90
--	-----------------

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	AGENCY # [] [] []	FACILITY ID # 000203	# of TANKS at SITE [] [] []
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
LOCATION CODE	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT # BY:

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
FORM A (3-2-88)

Local Agency
-DATA PROCESSING COPY



FORM 'A':
SITE

UNDERGROUND STORAGE TANK PROGRAM
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION

COMPLETE THIS FORM FOR EACH FACILITY/SITE

NO

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 SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

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

FACILITY/SITE NAME Juvenile Hall		CARE OF ADDRESS INFORMATION paul LeCheminant		
ADDRESS 2200 Fairmont Drive		NEAREST CROSS STREET 150th Avenue	<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> FEDERAL AGENCY	
CITY NAME San Leandro		STATE CA	ZIP CODE 94578	SITE PHONE #, WITH AREA CODE
TYPE OF BUSINESS: <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input checked="" type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS <input type="checkbox"/>		# of TANKs AT THIS SITE 3
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)		
DAYS, NAME (LAST, FIRST) Johnson, Kin		PHONE # WITH AREA CODE (415) 667-4499		DAYS, NAME (LAST, FIRST) Chowdhry, Subodh
NIGHTS, NAME (LAST, FIRST)		PHONE # WITH AREA CODE		PHONE # WITH AREA CODE (415) 530-9660

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

NAME County of Alameda		CARE OF ADDRESS INFORMATION Paul LeCheminant		
MAILING or STREET ADDRESS 4400 MacArthur Blvd		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME Oakland		STATE CA	ZIP CODE 94619	PHONE #, WITH AREA CODE (415) 530-9660

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

NAME County of Alamed		CARE OF ADDRESS INFORMATION Paul LeCheminant		
MAILING or STREET ADDRESS 4400 MacArthur Blvd		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME Oakland		STATE CA	ZIP CODE 94619	PHONE #, WITH AREA CODE (415) 530-9660

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION AND BILLING: I. II. III.

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Paul LeCheminant	DATE 4/27/90
--	-----------------

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	# of TANKS at SITE
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
LOCATION CODE	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT # BY:

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
FORM A (3-2-88)

File
-DATA PROCESSING COPY



FORM 'B':
TANK

UNDERGROUND STORAGE TANK PROGRAM
TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

MARK ONLY ONE ITEM	<input 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 TANK
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

FACILITY/SITE NAME WHERE TANK IS INSTALLED: Juvenile Hall FARM TANK - YES NO

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

A. OWNERS TANK ID # <u>UNKNOWN 907Z-1</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. YEAR INSTALLED <u>1970</u>	D. TANK CAPACITY IN GALLONS: <u>10,000</u>

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT <input checked="" type="checkbox"/> 4 OIL <input type="checkbox"/> 5 HAZARDOUS <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"/> 1 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 NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. #		C.A.S. #:

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

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALLED <input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER <input type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 2 SINGLE WALLED <input type="checkbox"/> 4 SECONDARY CONTAINMENT <input type="checkbox"/> 99 OTHER	B. TANK MATERIAL <input checked="" type="checkbox"/> 1 STEEL/IRON <input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 8 100% METHANOL COMPATIBLE FRP <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 ALKYL LING <input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 5 GLASS LINING <input type="checkbox"/> 6 UNLINED <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 99 OTHER	D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 2 TAR OR ASPHALT <input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 5 CATHODIC PROTECTION <input type="checkbox"/> 91 NONE <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER

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

A. SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U <input type="radio"/> 2 PRESSURE	A U <input type="radio"/> 3 GRAVITY	A U <input type="radio"/> 91 NONE	A U <input type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALLED	A U <input type="radio"/> 2 DOUBLE WALLED	A U <input type="radio"/> 3 LINED TRENCH	A U <input type="radio"/> 91 NONE	A U <input type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER
C. MATERIAL	A <input checked="" type="radio"/> 1 STEEL/IRON	A U <input type="radio"/> 2 STAINLESS STEEL	A U <input type="radio"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="radio"/> 4 FIBERGLASS PIPE	A U <input type="radio"/> 91 NONE	
	A U <input type="radio"/> 5 ALUMINUM	A U <input type="radio"/> 6 CONCRETE	A U <input type="radio"/> 7 STEEL CLAD W/FRP	A U <input type="radio"/> 8 100% METHANOL COMPATIBLE FRP		
	A U <input type="radio"/> 9 GALVANIZED STEEL	A U <input type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER			

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P <input type="checkbox"/> S <input type="checkbox"/> 1 VISUAL CHECK	P <input type="checkbox"/> S <input type="checkbox"/> 2 INVENTORY RECONCILIATION	P <input type="checkbox"/> S <input type="checkbox"/> 3 VADOSE WELLS	P <input type="checkbox"/> S <input type="checkbox"/> 4 ELECTRONIC MONITOR	P <input type="checkbox"/> S <input type="checkbox"/> 5 GROUND WATER MONITORING WELLS
P <input type="checkbox"/> S <input type="checkbox"/> 6 PRECISION TESTING	P <input type="checkbox"/> S <input checked="" type="checkbox"/> 7 PRESSURE TESTING	P <input type="checkbox"/> S <input type="checkbox"/> 91 NONE	P <input type="checkbox"/> S <input type="checkbox"/> 95 UNKNOWN	P <input type="checkbox"/> S <input type="checkbox"/> 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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>Paul LeCheminant</u>	DATE <u>4/27/90</u>
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LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME	PHONE # WITH AREA CODE	
PERMIT NUMBER		PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE	
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
				BY:



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

MARK ONLY ONE ITEM: 1 NEW PERMIT (checked), 2 INTERIM PERMIT, 3 RENEWAL PERMIT, 4 AMENDED PERMIT, 5 CHANGE OF INFORMATION, 6 TEMPORARY TANK CLOSURE, 7 PERMANENTLY CLOSED TANK, 8 TANK REMOVED. FACILITY/SITE NAME: Juvenile Hall. FARM TANK - YES NO (checked).

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

A. OWNERS TANK ID #: Unknown 9072-1 B. MANUFACTURED BY: Unknown C. YEAR INSTALLED: 1970 D. TANK CAPACITY IN GALLONS: 10,000

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. 1 MOTOR VEHICLE FUEL, 2 PETROLEUM, 3 CHEMICAL PRODUCT, 4 OIL (checked), 5 HAZARDOUS, 80 EMPTY, 95 UNKNOWN. B. 1 PRODUCT (checked), 2 WASTE. C. 1 UNLEADED, 2 LEADED, 3 DIESEL (checked), 4 GASAHOL, 5 JET FUEL, 6 AVIATION GAS, 7 METHANOL, 99 OTHER. D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. #

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

A. TYPE OF SYSTEM: 2 SINGLE WALLED (checked). B. TANK MATERIAL: 1 STEEL/IRON (checked). C. INTERIOR LINING: 95 UNKNOWN (checked). D. CORROSION PROTECTION: 95 UNKNOWN (checked).

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

A. SYSTEM TYPE: A U 1 SUCTION, A U 2 PRESSURE, A U 3 GRAVITY, A U 91 NONE, A U 95 UNKNOWN, A U 99 OTHER. B. CONSTRUCTION: A U 1 SINGLE WALLED (checked), A U 2 DOUBLE WALLED, A U 3 LINED TRENCH, A U 91 NONE, A U 95 UNKNOWN, A U 99 OTHER. C. MATERIAL: A U 1 STEEL/IRON (checked), A U 2 STAINLESS STEEL, A U 3 POLYVINYL CHLORIDE (PVC), A U 4 FIBERGLASS PIPE, A U 91 NONE, A U 5 ALUMINUM, A U 6 CONCRETE, A U 7 STEEL CLAD W/FRP, A U 8 100% METHANOL COMPATIBLE FRP, A U 9 GALVANIZED STEEL, A U 95 UNKNOWN, A U 99 OTHER.

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P S 1 VISUAL CHECK, P S 2 INVENTORY RECONCILIATION, P S 3 VADOSE WELLS, P S 4 ELECTRONIC MONITOR, P S 5 GROUND WATER MONITORING WELLS, P S 6 PRECISION TESTING, P S 7 PRESSURE TESTING (checked), P S 91 NONE, P S 95 UNKNOWN, P S 99 OTHER.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR), 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN 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): Paul LeCheminant, DATE: 4/27/90

LOCAL AGENCY USE ONLY

COUNTY #, JURISDICTION #, AGENCY #, FACILITY ID #, TANK ID #, CURRENT LOCAL AGENCY FACILITY ID #, APPROVED BY NAME, PHONE # WITH AREA CODE, PERMIT NUMBER, PERMIT APPROVAL DATE, PERMIT EXPIRATION DATE, CHECK #, PERMIT AMOUNT, SURCHARGE AMT., FEE CODE, RECEIPT #, BY:



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

MARK ONLY ONE ITEM: 1 NEW PERMIT (checked), 2 INTERIM PERMIT, 3 RENEWAL PERMIT, 4 AMENDED PERMIT, 5 CHANGE OF INFORMATION, 6 TEMPORARY TANK CLOSURE, 7 PERMANENTLY CLOSED TANK, 8 TANK REMOVED. FACILITY/SITE NAME: Juvenile Hall. FARM TANK - YES NO (checked).

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

A. OWNERS TANK ID #: Unknown 9072-2 B. MANUFACTURED BY: Unknown C. YEAR INSTALLED: 1950 D. TANK CAPACITY IN GALLONS: 7,000

II. TANK CONTENTS IF (A-1), IS MARKED, COMPLETE ITEM C. IF (A-1), IS NOT MARKED, COMPLETE ITEM D.

A. 1 MOTOR VEHICLE FUEL, 2 PETROLEUM, 3 CHEMICAL PRODUCT, 4 OIL (checked), 5 HAZARDOUS, 80 EMPTY, 95 UNKNOWN. B. 1 PRODUCT (checked), 2 WASTE. C. 1 UNLEADED, 2 LEADED, 3 DIESEL, 4 GASAHOL, 5 JET FUEL, 6 AVIATION GAS, 7 METHANOL, 99 OTHER (checked). D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. #: No. 5 Oil oil. C.A.S. #:

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

A. TYPE OF SYSTEM: 2 SINGLE WALLED (checked). B. TANK MATERIAL: 1 STEEL/IRON (checked). C. INTERIOR LINING: 95 UNKNOWN (checked). D. CORROSION PROTECTION: 95 UNKNOWN (checked).

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

A. SYSTEM TYPE: A U 1 SUCTION, A U 2 PRESSURE, A U 3 GRAVITY, A U 91 NONE, A U 95 UNKNOWN (checked), A U 99 OTHER. B. CONSTRUCTION: A U 1 SINGLE WALLED, A U 2 DOUBLE WALLED, A U 3 LINED TRENCH, A U 91 NONE, A U 95 UNKNOWN (checked), A U 99 OTHER. C. MATERIAL: A U 1 STEEL/IRON, A U 2 STAINLESS STEEL, A U 3 POLYVINYL CHLORIDE (PVC), A U 4 FIBERGLASS PIPE, A U 91 NONE, A U 5 ALUMINUM, A U 6 CONCRETE, A U 7 STEEL CLAD W/FRP, A U 8 100% METHANOL COMPATIBLE FRP, A U 9 GALVANIZED STEEL, A U 95 UNKNOWN (checked), A U 99 OTHER.

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P S 1 VISUAL CHECK, P S 2 INVENTORY RECONCILIATION, P S 3 VADOSE WELLS, P S 4 ELECTRONIC MONITOR, P S 5 GROUND WATER MONITORING WELLS, P S 6 PRECISION TESTING, P S 7 PRESSURE TESTING, P S 91 NONE (checked), P S 95 UNKNOWN, P S 99 OTHER.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR): 1970. 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN: 2500 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): Paul LeCheminant. DATE: 4/27/90.

LOCAL AGENCY USE ONLY

COUNTY #, JURISDICTION #, AGENCY #, FACILITY ID #, TANK ID #, CURRENT LOCAL AGENCY FACILITY ID #, APPROVED BY NAME, PHONE # WITH AREA CODE, PERMIT NUMBER, PERMIT APPROVAL DATE, PERMIT EXPIRATION DATE, CHECK #, PERMIT AMOUNT, SURCHARGE AMT., FEE CODE, RECEIPT #, BY:



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

MARK ONLY ONE ITEM: 1 NEW PERMIT (checked), 2 INTERIM PERMIT, 3 RENEWAL PERMIT, 4 AMENDED PERMIT, 5 CHANGE OF INFORMATION, 6 TEMPORARY TANK CLOSURE, 7 PERMANENTLY CLOSED TANK, 8 TANK REMOVED. FACILITY/SITE NAME WHERE TANK IS INSTALLED: Juvenile Hall. FARM TANK - YES [] NO [X]

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

A. OWNERS TANK ID # Unknown 9072-3 B. MANUFACTURED BY: Unknown C. YEAR INSTALLED 1950 D. TANK CAPACITY IN GALLONS: 325

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. 1 MOTOR VEHICLE FUEL [], 2 PETROLEUM [], 3 CHEMICAL PRODUCT [], 4 OIL (checked), 5 HAZARDOUS [], 80 EMPTY [], 95 UNKNOWN []. B. 1 PRODUCT (checked), 2 WASTE []. C. 1 UNLEADED [], 2 LEADED [], 3 DIESEL (checked), 4 GASAHOL [], 5 JET FUEL [], 6 AVIATION GAS [], 7 METHANOL [], 99 OTHER []. D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. #. C.A.S. #:

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

A. TYPE OF SYSTEM: 1 DOUBLE WALLED [], 2 SINGLE WALLED (checked), 3 SINGLE WALLED WITH EXTERIOR LINER [], 4 SECONDARY CONTAINMENT [], 95 UNKNOWN [], 99 OTHER []. B. TANK MATERIAL: 1 STEEL/IRON (checked), 2 STAINLESS STEEL [], 3 FIBERGLASS [], 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC [], 5 CONCRETE [], 6 POLYVINYL CHLORIDE [], 7 ALUMINUM [], 8 100% METHANOL COMPATIBLE FRP [], 9 BRONZE [], 10 GALVANIZED STEEL [], 95 UNKNOWN [], 99 OTHER []. C. INTERIOR LINING: 1 RUBBER LINED [], 2 ALKYO LINING [], 3 EPOXY LINING [], 4 PHENOLIC LINING [], 5 GLASS LINING [], 6 UNLINED [], 95 UNKNOWN (checked), IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES [] NO []. D. CORROSION PROTECTION: 1 POLYETHYLENE WRAP [], 2 TAR OR ASPHALT [], 3 VINYL WRAP [], 4 FIBERGLASS REINFORCED PLASTIC [], 5 CATHODIC PROTECTION [], 91 NONE [], 95 UNKNOWN (checked), 99 OTHER [].

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

A. SYSTEM TYPE: A U 1 SUCTION, A U 2 PRESSURE, A U 3 GRAVITY, A U 91 NONE, A U 95 UNKNOWN (circled), A U 99 OTHER. B. CONSTRUCTION: A U 1 SINGLE WALLED, A U 2 DOUBLE WALLED, A U 3 LINED TRENCH, A U 91 NONE, A U 95 UNKNOWN (circled), A U 99 OTHER. C. MATERIAL: A U 1 STEEL/IRON, A U 2 STAINLESS STEEL, A U 3 POLYVINYL CHLORIDE (PVC), A U 4 FIBERGLASS PIPE, A U 91 NONE, A U 5 ALUMINUM, A U 6 CONCRETE (circled), A U 7 STEEL CLAD W/FRP, A U 8 100% METHANOL COMPATIBLE FRP, A U 9 GALVANIZED STEEL, A U 95 UNKNOWN (circled), A U 99 OTHER.

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P S 1 VISUAL CHECK, P S 2 INVENTORY RECONCILIATION, P S 3 VADOSE WELLS, P S 4 ELECTRONIC MONITOR, P S 5 GROUND WATER MONITORING WELLS, P S 6 PRECISION TESTING, P S 7 PRESSURE TESTING, P S 91 NONE (circled), P S 95 UNKNOWN, P S 99 OTHER.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR) 1970. 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN 325 GALLONS. 3. WAS TANK FILLED WITH INERT MATERIAL? YES [] NO (checked).

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) Paul LeCheminant, DATE 4/27/90

LOCAL AGENCY USE ONLY

COUNTY #, JURISDICTION #, AGENCY #, FACILITY ID #, TANK ID #, CURRENT LOCAL AGENCY FACILITY ID #, APPROVED BY NAME, PHONE # WITH AREA CODE, PERMIT NUMBER, PERMIT APPROVAL DATE, PERMIT EXPIRATION DATE, CHECK #, PERMIT AMOUNT, SURCHARGE AMT., FEE CODE, RECEIPT #, BY:

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)

DBA OR FACILITY NAME Juvenile Hall		NAME OF OPERATOR Alameda County General Services Agency		
ADDRESS 2200 Fairmont Drive		NEAREST CROSS STREET Foothill Road	PARCEL # (OPTIONAL)	
CITY NAME San Leandro,		STATE CA	ZIP CODE 94578	SITE PHONE # WITH AREA CODE (510) 667-4499
<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 1	E. P. A. I. D. # (optional) CAL 000088555

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Garcia, Andrew	PHONE # WITH AREA CODE (510) 208-9521	DAYS: NAME (LAST, FIRST) Garcia, Andrew	PHONE # WITH AREA CODE (510) 208-9521
NIGHTS: NAME (LAST, FIRST) Garcia, Andrew	PHONE # WITH AREA CODE (510) 284-3573	NIGHTS: NAME (LAST, FIRST) Garcia, Andrew	PHONE # WITH AREA CODE (510) 284-3573

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Alameda County General Services Agency		CARE OF ADDRESS INFORMATION Andrew Garcia		
MAILING OR STREET ADDRESS 1401 Lakeside Drive		<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 Oakland		STATE CA	ZIP CODE 94612	PHONE # WITH AREA CODE (510) 208-9521

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Alameda County General Services Agency		CARE OF ADDRESS INFORMATION Andrew Garcia		
MAILING OR STREET ADDRESS 1401 Lakeside Drive		<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 Oakland,		STATE CA	ZIP CODE 94612	PHONE # WITH AREA CODE (510) 208-9521

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

TX(TK) HQ 44-00)324

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

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

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

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:	I. <input type="checkbox"/>	II. <input checked="" type="checkbox"/>	III. <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

OWNER'S NAME (PRINTED & SIGNED) Andrew B. Garcia	OWNER'S TITLE Environmental Project Manager	DATE MONTH/DAY/YEAR 10/25/94
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LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 060203
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

4342

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 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.#	Alameda County, GSA, UST9072-2	MANUFACTURED BY:	Unknown
C. DATE INSTALLED (MO/DAY/YEAR)	Unknown	D. TANK CAPACITY IN GALLONS:	7,000 gallon

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 checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED				Heating Oil	
				C. A. S. #:	

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 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 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 checked="" 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	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 1 SUCTION	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 2 PRESSURE	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 3 GRAVITY	<input checked="" type="radio"/> A <input checked="" 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 checked="" type="radio"/> A <input checked="" type="radio"/> U 3 LINED TRENCH	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 95 UNKNOWN <input checked="" type="radio"/> A <input checked="" type="radio"/> U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 1 BARE STEEL	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 2 STAINLESS STEEL	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 3 POLYVINYL CHLORIDE (PVC)	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 4 FIBERGLASS PIPE
	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 5 ALUMINUM	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 6 CONCRETE	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 7 STEEL W/ COATING	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 8 100% METHANOL COMPATIBLE W/FRP
	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 9 GALVANIZED STEEL	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 10 CATHODIC PROTECTION	<input checked="" type="radio"/> A <input checked="" type="radio"/> U 95 UNKNOWN	<input checked="" type="radio"/> A <input checked="" type="radio"/> 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 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) NONE	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0 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) Andrew B. Garcia <i>Andrew B. Garcia</i>	DATE 10/25/94
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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 #
	01	000	000203	000002
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE	11/5/96	

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

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 Alameda County Juvenile Hall Today's Date 10/11/94

- II.A BUSINESS PLANS (Title 19)
- ___ 1. Immediate Reporting 2703
 - ___ 2. Bus. Plan Stds. 25503(b)
 - ___ 3. RR Cars > 30 days 25503.7
 - ___ 4. Inventory Information 25504(a)
 - ___ 5. Inventory Complete 2730
 - ___ 6. Emergency Response 25504(b)
 - ___ 7. Training 25504(c)
 - ___ 8. Deficiency 25505(a)
 - ___ 9. Modification 25505(b)

Site Address 2200 Fairmont Dr.

City San Leandro Zip 94 Phone _____

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

- Inspection Categories:
- ___ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
 - ___ II. Business Plans, Acute Hazardous Materials
 - III. Underground Tanks
- Removal of 7K fuel oil (Bunker C) UST

- 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. OnSite Conseq. Assess 25524(c)
 - ___ 15. Probable Risk Assessment 25534(d)
 - ___ 16. Persons Responsible 25534(g)
 - ___ 17. Certification 25534(f)
 - ___ 18. Exemption Request? (Y/N) 25536(b)
 - ___ 19. Trade Secret Requested? 25538

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

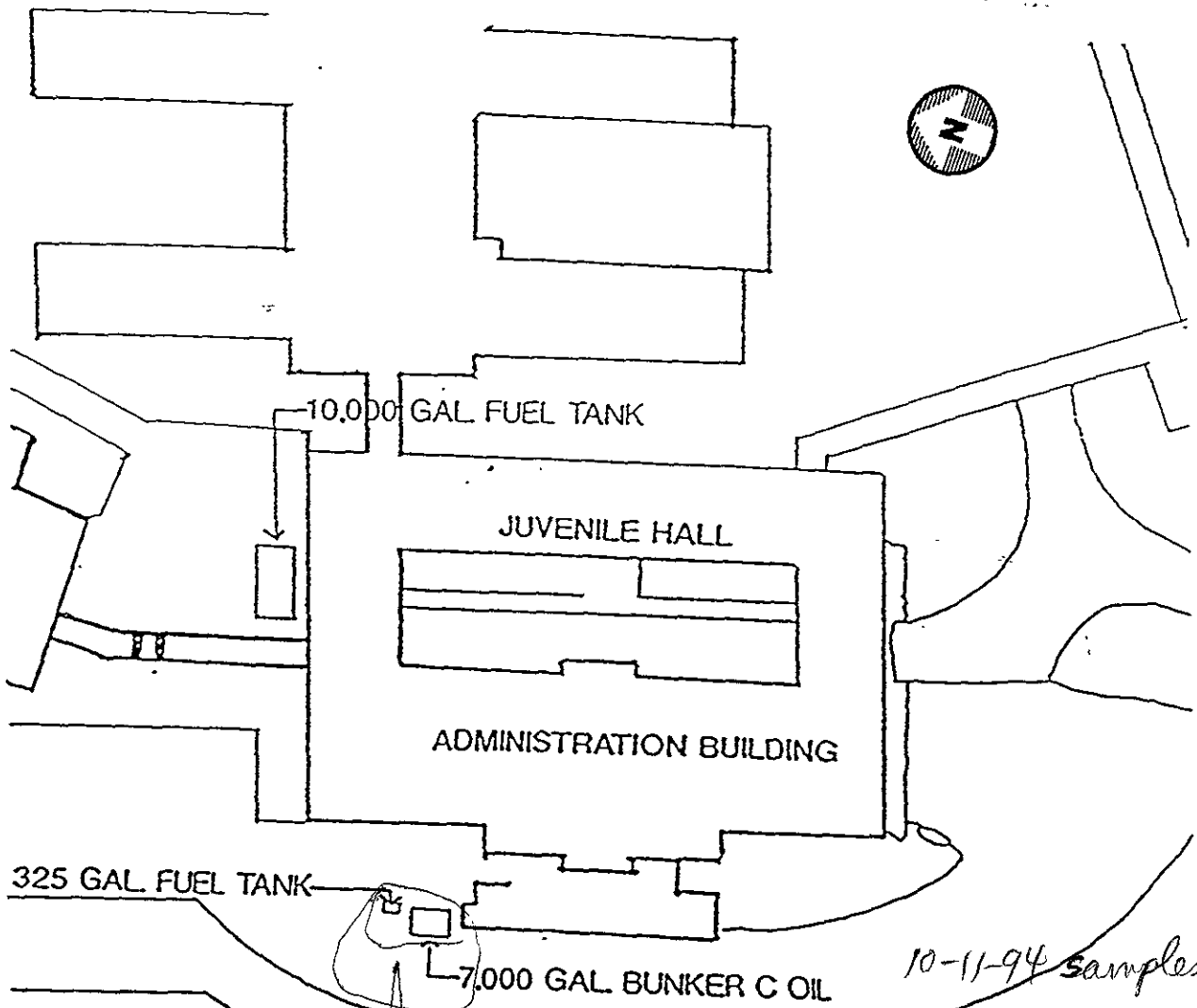
III. UNDERGROUND TANKS (Title 23)

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

10:05 arrived on site
 Comments: Met Jay Carpenter of EBE. Soil is stockpiled in another area of site, in 2 areas, w/ 100 yd³ + ~130 yd³. It's being sampled 1 per 20 yd³ for reuse. A trench box is used as shoring for safety purposes. 10:45 Ed Landini of ALCO Fire Dept. Trench box removed.
 11:00 Removal of UST: sq/wall steel, one #1" diameter hole on N end (see photo), one 1" diam. hole on top. Four more sizable holes (1/2-1" diam) on N side near top. Jay thinks UST was pumped ~1 yr. ago. Erickson transported UST under manifest # 93480991. Tank painted # 14686. It's 18' high to tank invert. 11:45 Took samples below UST. See attached map. Piping was also hauled by Erickson. Remote fill pipe has holes. Pit will be further excavated (N end) + resampled.
 12:30 Left site

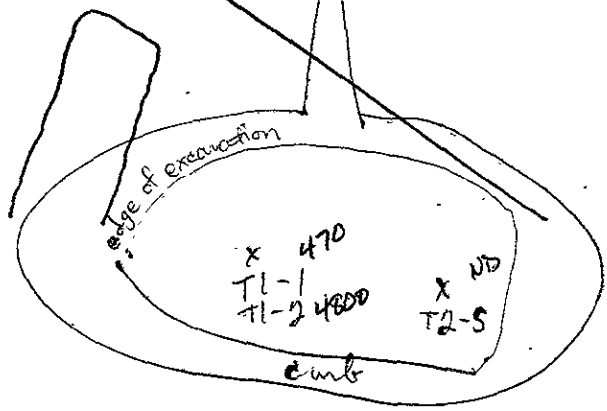
Contact: ANDREW B. GARCIA
 Title: Environmental Project Manager Inspector: Jennifer Eberle
 Signature: [Signature] Signature: [Signature]

II, III




10-11-94 samples

ID	depth	soil	odor?	stain?
T2-South	20'	sandy	no	no
T1-1	22'	mix	yes	no
T1-2	22'	clay	yes	yes



Jay page 840-9167

 Environmental Science & Engineering, Inc. <small>A GILCORP Company</small>	DATE 7/93	SITE MAP	FIGURE NO. 2
	REVISED		ALAMEDA COUNTY GENERAL SERVICES AGENCY ALAMEDA COUNTY JUVENILE HALL SAN LEANDRO, CALIFORNIA
4090 NELSON AVENUE, SUITE J CONCORD, CA 94520	CAD FILE 50611002		

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 # 4342 Site Name Juvenile Hall Today's Date 10/11/94

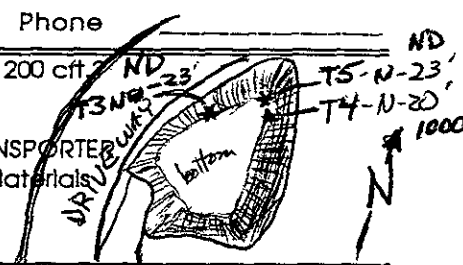
Site Address 2200 Fairmont Dr

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



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

Comments:

on-site to observe overexcavation/sampling of former fuel oil and diesel UST pit. (Note: diesel UST was removed 7-19-93). Soil staining evident at north end of pit where former diesel UST located. Odor of diesel fuel evident from pit. Sediments appear to be a gravelly sandy silt w/ a dark, clayey layer ~15' BE. The pit was overexcavated towards the north (or towards the diesel tank location) extending vertically to the limits of the excavator (~23' BE). Some green discolored sediments remain against the NE sidewall, and were difficult to retrieve into the excavator bucket for sampling. However, this sidewall was sampled to the extent practical. Diesel odor was noted in both sample locations.

After an additional limited overexcavation into the northern corner, one more sample was collected at the sidewall/bottom juncture (TS-N-23)

Remote fill lines will be grouted in place.

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MAT'L'S

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 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. Precls 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 2711 Date: _____
 - 14. As Built 2635 Date: _____

Rev 6/88

Contact: Mike Fogel
 Title: ESE
 Signature: _____

Inspector: S. Seery
 Signature: _____

II, III



Environmental
Science &
Engineering, Inc.

rw
93 NOV -5 AM 11:44

November 4, 1993

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

**SUBJECT: JUVENILE HALL
2200 FAIRMONT DRIVE
SAN LEANDRO, CA 94578
ESE PROJECT #6-93-5061**

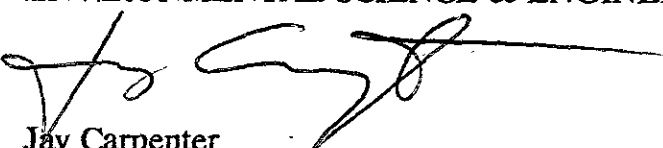
Dear Mr. Weston:

On October 7, 1993, approximately 5 cubic yards of diesel-impacted soil resulting from the excavation of the diesel tank (ESE closure report dated August 10, 1993) were removed from site. The diesel-impacted soils were sent to the Forward, Inc. landfill located in Stockton, California, a state-licensed sanitary landfill facility. A copy of the non-hazardous special waste manifest is attached.

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

Sincerely,

ENVIRONMENTAL SCIENCE & ENGINEERING, INC.


Jay Carpenter
Construction Manger

JEC/mkf

Attachments

pc: Mr. Peter Kinney, Alameda County GSA

f:\6935061\weston.ltr

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 ALAMEDA COUNTY Today's Date 9/19/93

Site Address 2200 FAIRMONT DRIVE

City SAN LEANDRO Zip 94 Phone _____

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

Inspection Categories:

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

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

Comments:

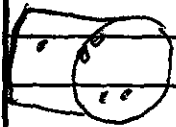
ON SITE 1:25 PM FOR REMOVAL OF 325 GALLON DIESEL TANK AT JUVENILE HALL.

LE 1" O₂ 7 ppm EXCAVATION 8' x 9' FT.

SHOULDER USED IN HOLE DUE TO TANK BEING 9.5 FT BGS. TOP OF TANK TO GROUND SURFACE 9.5 FT.

NATIVE SOIL IN HOLE TAN CLAYEY W/ DARK CLAYEY. DURING EXCAVATION CONTAMINATED SOIL OBSERVED END OF TANK NEAR PIPING TO BUILDING.

HOLES IN TANK VARIOUS POINTS, HOLES IN ENDS AS WELL AS SIDES.



BLUE "SANDY" FILL BENEATH TANK. BLUE MATERIAL MAY NOT BE FILL.

PHOTOS USED TO DOCUMENT TANK CONDITION.

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Shts. 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 teting
 - 8) Annual Tank Testing
 - Daily inventory
 - 9) Other _____

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

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

Rev 6/88

Contact: _____

Title: _____

Signature: _____

Inspector: Robert Weston

Signature: _____

II, III

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name ALAMEDA COUNTY JUVENILE HOME Today's Date 7/19/93

Site Address 2200 FAIRMONT DRIVE

City SAN LEANDRO Zip 94578 Phone _____

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Stas. 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)

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

Inspection Categories:

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

II.B ACUTELY HAZ. MATLS

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

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

Comments:

SOIL SAMPLE FROM BENEATH TANK HAS DIKED OIL AND "LIQUID" CONTENTS STOCKPILED TO BE COMPOSITED IN LAB. HOT SOIL WILL BE STORED ON PLASTIC BY CHAMBER PIT ADJACENT TO A LIST TO BE REMOVED RAINWATER. 2,000 GALLON BUNKER FUEL TANK.

AFTER LAB RESULTS COME BACK A DETERMINATION OF REMEDIAL ACTION WILL BE ADDRESSED. IT IS EXPECTED THAT OIL EXCAVATION OF SOURCE MATERIAL WILL BE DONE.

ERICKSON ON SITE TO TRANSPORT TANK AND PIPING TO RICHMOND.

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
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 - 3) Daily Vadose One time soils Annual tank test
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 - 5) Daily inventory Annual tank testing Cont pipe leak det Vadose/groundwater mon.
 - 6) Daily inventory Annual tank testing Cont pipe leak det
 - 7) Weekly Tank Gauge Annual tank testing
 - 8) Annual Tank Testing Daily inventory
 - 9) Other _____

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

- New Tanks
- ___ 11. Monitor Plan 2632
 - ___ 12. Access. Secure 2634
 - ___ 13. Plans Submit 2711 Date: _____
 - ___ 14. As Built 2635 Date: _____

Rev 6/88

Contact: _____

Title: _____

Signature: _____

Inspector: Robert Weston

Signature: _____

II, III

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 08/13/93		CASE #		SIGNED: <i>Robert Weston</i> 8/17/93 DATE		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Peter Kinney		PHONE (510) 535-6280		SIGNATURE <i>Peter Kinney</i>	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Alameda County General Services Agency			
	ADDRESS 4400 Macarthur Boulevard Oakland CA 94619					
RESPONSIBLE PARTY	NAME Alameda County, GSA		CONTACT PERSON Peter Kinney		PHONE (510) 535-6280	
	ADDRESS 4400 Macarthur Boulevard Oakland CA 94619					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Alameda County/Juvenile Hall		OPERATOR Jerry Bivens		PHONE (510) 667-4499	
	ADDRESS 2200 Fairmont Drive San Leandro Alameda 94578					
	CROSS STREET Foothill Boulevard					
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Health Agency		CONTACT PERSON Robert Weston		PHONE (510) 271-4320	
	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 07/19/93		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 checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CASE TYPE <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 checked="" type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)					
COMMENTS	(This area is left blank for handwritten notes.)					

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 ALAMEDA COUNTY GSA - JUVENILE HALL		NAME OF OPERATOR PHIL SMITH		
ADDRESS 2200 FAIRMONT DRIVE		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME SAN LEANDEO		STATE CA	ZIP CODE 94578	SITE PHONE # WITH AREA CODE (510) 667-4499
<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 JIM de VOS				
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 3	E. P. A. I. D. # (optional) CAC 000660272	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) KINNEY, PETE	PHONE # WITH AREA CODE (510) 535-6280	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 ALAMEDA COUNTY GENERAL SERVICES AGENCY		CARE OF ADDRESS INFORMATION JIM de VOS		
MAILING OR STREET ADDRESS 4400 MAC ARTHUR BLVD		<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 OAKLAND		STATE CA	ZIP CODE 94619	PHONE # WITH AREA CODE (510) 535-6280

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER SAME AS PROPERTY OWNER		CARE OF ADDRESS INFORMATION JIM de VOS		
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 **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 Kinney	OWNER'S TITLE ENV. Prog. Mgr	DATE MONTH/DAY/YEAR 6-16-93
--	--	---------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	0 FACILITY 203 -516297
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input 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: ALAM. CO. COUNTY GSA - JUVENILE HALL

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <u>9072-3</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1950</u>	D. TANK CAPACITY IN GALLONS: <u>325</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input checked="" 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"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	<input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>DIESEL</u>				C. A. S. #:

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

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input 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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY 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"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input checked="" type="checkbox"/> 95 UNKNOWN <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	<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"/> 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 type="radio"/> A <input 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 checked="" 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 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 Peter K</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 # <u>01</u>	JURISDICTION # <u>000</u>	FACILITY # <u>56797</u>	TANK # <u>001</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE <u>000205</u>		PERMIT EXPIRATION DATE	

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

Alameda County Health Care Services Agency

Department of Environmental Health

FIVE YEAR Permit

This is to certify that COUNTY OF ALAMEDA, GSA
doing business as JUVENILE HALL, is permitted
to operate a Three (3) Underground Storage Tanks STATE ID# 01-000-000203
at 2200 Fairmont Dr., San Leandro, CA 94575 Dep ID# 01-000-056297

This permit is not transferable and is good until
MAY 26, 1988

Issued this 26th day of MAY, 1988

Ravi Ananthan
SERVICE HAZARDOUS MATERIAL SPECIALIST
Sanitarian

By Authority of
County Health Officer

400-WA-2-3/87

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT 05 RENEWED PERMIT 07 TANK CLOSED 09 DELETE FROM FILE (NO FEE)
 02 CONDITIONAL PERMIT 06 AMENDED PERMIT 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) COUNTY OF ALAMEDA, GENERAL SER		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 4400 MACARTHUR BOULEVARD	CITY OAKLAND	STATE CA	ZIP 94619

II FACILITY

FACILITY NAME JUVENILE HALL		DEALER/FOREMAN/SUPERVISOR C.K. JOHNSON	
STREET ADDRESS 2200 FAIRMONT DRIVE		NEAREST CROSS STREET FOOTHILL BOULEVARD	
CITY SAN LEANDRO		COUNTY ALAMEDA	ZIP 94578
MAILING ADDRESS (ENGINEERING) 2200 FAIRMONT DR		CITY SAN LEANDRO	STATE CA ZIP 94578
PHONE W/AREA CODE 415-577-1293	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER COUNTY GOVERNMENT		
NUMBER OF CONTAINERS 1	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE JOHNSON, C.K. 415-577-1293	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE HOSPITAL, FAIRMONT 415-577-1477
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER 1
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG: C. YEAR INSTALLED 1970 <input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 10000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input checked="" type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT:	<input type="checkbox"/> GAUGE <input type="checkbox"/> INCHES <input type="checkbox"/> CM <input checked="" type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN	
C. <input type="checkbox"/> 01 DOUBLE WALLED <input type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED	
D. <input type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input checked="" type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:	

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE) _____ PHONE W/AREA CODE _____

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #