

LOP - RECORD CHANGE REQUEST FORM

printed:
05/16/96

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

Insp: CL

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 12034
 StID : 1385 LOC: 03/03/94
 SITE NAME: Coulter Steel & Forge Co. DATE REPORTED : 12/27/91
 ADDRESS : 1494 -0 67th St DATE CONFIRMED: 12/27/91
 CITY/ZIP : Emeryville 94608 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: S CONTRACT STATUS: 4 PRIOR CODE:2B5 EMERGENCY RESP: -0-
 RP SEARCH: S DATE COMPLETED: 04/06/92
 PRELIMINARY ASMNT: C DATE UNDERWAY: 12/19/91 DATE COMPLETED: 05/12/92
 REM INVESTIGATION: C DATE UNDERWAY: 11/26/91 DATE COMPLETED: 09/13/95
 REMEDIAL ACTION: C DATE UNDERWAY: 11/26/91 DATE COMPLETED: 09/13/95
 POST REMED ACT MON:- DATE UNDERWAY: -0- DATE COMPLETED: -0-

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 04/06/92
 LUFT FIELD MANUAL CONSID: 2HSCAGW
 CASE CLOSED: Y DATE CASE CLOSED: 05/16/96
 DATE EXCAVATION STARTED : 11/26/91 REMEDIAL ACTIONS TAKEN: ED, ET

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: Dante Sambajon
 COMPANY NAME: Coulter Steel & Forge Co.
 ADDRESS: 1494 67th Street
 CITY/STATE: Emeryville, California 94608

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE *Susan L. Ruggs* DATE *5/16/96*

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

ANPPGMS _____ LOP _____ DATE _____ || LOP _____ DATE _____

R. William Rudolph, Jr., PE
Thomas E. Cundey, PE
Jerriann N. Alexander, PE

May 3, 1996
SCI 727.001

Ms. Susan Hugo
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway
Alameda, California 94501

**Request for Remedial Action Completion Letter
Coulter Steel & Forge Company
Emeryville, California**

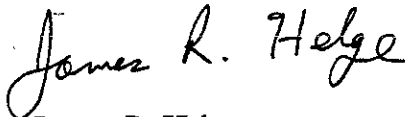
Dear Ms. Hugo:

In accordance with your letter of April 1, 1996, the five on-site monitoring wells have been decommissioned as per Alameda County Flood Control and Water Conservation District Zone 7 requirements. On May 1, 1996 the wells were pressure grouted with neat cement. The driller applied at least 10 psi to the well for a period of 10 minutes. The well heads were cut out and the holes were filled with cement grout to grade. SCI believes that the conditions stipulated in your letter of April, 1996 have been met. Hence, SCI looks forward to receiving the referenced remedial action completion letter.

If you have any questions, please call.

Yours very truly,

Subsurface Consultants, Inc.



James R. Helge
Environmental Planner

JH:JNA

cc: Mr. Wyman Hong, Alameda County Flood Control and Water Conservation District
Zone 7
5997 Parkside Drive
Pleasanton, California 94588

Ms. Jane Coulter, Coulter Steel & Forge Company
1494 87th Street
P.O. Box 8008
Emeryville, California 94662-0901

Subsurface Consultants, Inc.

171 12th Street • Suite 201 • Oakland, California 94607 • Telephone 510-268-0461 • FAX 510-268-0137



COULTER STEEL & FORGE COMPANY

Special Metals in Bars and Forgings - Tool Steels

1494 - 87TH STREET

P.O. BOX 8008, EMERYVILLE, CA 94662-0901

TELEPHONE 510-420-3500 FAX 510-420-3555

COVER SHEET

TO: Susan Hugo

COMPANY: _____

FAX NUMBER: 337-9335

NUMBER OF PAGES: 3
(includes cover sheet)

FROM: Dante (Coulter Steel)

DATE: 2/28/96

FAX: 510-420-3555

TEL: 510-420-3500

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. C A C 1 0 0 0 9 6 9 9 1 2 2 1 1 6 0
Manifest Document No. 2 1 1 6 0
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
COULTER STEEL & FORGE CO.
1494 - 67th Street, Emeryville, CA. 94608

4. Generator's Phone (510) 420-3500

5. Transporter 1 Company Name
H & H Ship Service Company
6. US EPA ID Number E A H 6 0 4 7 7 1 1 6 8

7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
PRC PATTERSON, INC.
13331 N. Highway 33
Patterson, CA. 95363
10. US EPA ID Number E A P 0 8 3 1 6 6 7 2 8

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol
	No.	Type		
a. OIL AND WATER NON-RCRA HAZARDOUS WASTE LIQUID	0 0 1	T T	0 5 0 0 0	G
b.				
c.				
d.				

15. Special Handling Instructions and Additional Information
JOB #13561
24 Hr. Emergency Contact: H & H # (415) 543-4835
APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR
JOB SITE: COULTER STEEL & FORGE
722 Folger Street
Emeryville, California

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: J. SANDRA IOW
Signature: [Signature]
Month: 1 | Day: 10 | Year: 5 9 3

17. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: ROBERT V. PETRUCCI
Signature: [Signature]
Month: 1 | Day: 10 | Year: 5 9 3

18. Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name
Signature
Month | Day | Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name
Signature
Month | Day | Year

DO NOT WRITE BELOW THIS LINE.

92221160
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550
GENERATOR

State of California Environmental Protection Agency
Form Approved Under No. 2850-0039 (Expires 9-30-94)
Please print or type. Form designed for use on 486 (12-pitch) typewriter.

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas is not required by Federal law.

CAIC1010191619112

119602

of 1

3. Generator's Name and Mailing Address
COULTER STEEL & FORGE CO
1494 67th Street, Emeryville, CA 94608

4. Generator's Phone (510) 420 3500

5. Transporter 1 Company Name
HSH SHIP SERVICE CO.

6. US EPA ID Number

CAID004771168

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
MC PATTERSON, INC.
13331 N. Hwy 33
Patterson, CA 95363

10. US EPA ID Number

CAID0831166728

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit Wt/Vol

a. OIL AND WATER
NON RCRA HAZARDOUS WASTE LIQUID

201 TT 00600 G

b.

c.

d.

15. Special Handling Instructions and Additional Information

Job #13590
24 Hr Emergency Contact: HSH # (415) 543 4835
APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR

JOB SITE: COULTER STEEL & FORGE
722 Folger Street
Emeryville, CA

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: *Eric S. ...* Signature: *[Signature]* Month: 1 Day: 1 Year: 10 9 3

17. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: **ROBERT PETRUCCI** Signature: *[Signature]* Month: 1 Day: 1 Year: 10 9 3

18. Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name: Signature: Month: Day: Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Signature: Month: Day: Year:

DO NOT WRITE BELOW THIS LINE.

92219602
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7350

COULTER STEEL & FORGE COMPANY

Special Metals in Bars and Forgings-Tool Steels

1494-67TH STREET

P.O. BOX 8008, EMERYVILLE, CA 94662-0901
TELEPHONE (510) 420-3500 FAX (510) 420-3555

February 13, 1996

Ms. Susan Hugo
Hazardous Materials Specialist
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway
Alameda, CA 94502

Reference: Copies of Diesel Tank and Gasoline Tank Manifests

Dear Ms. Hugo,

Enclosed are the copies of the manifests pertaining to the removal of our diesel tank done on November 26, 1991 and the gasoline tank done on January 12, 1994.

Very truly yours,



Dante A. Sambajon
Plant Engineer

DAS:mn

TRANSMIT REPORT

1996,02-08 16:43
510 337 9335
ALAMEDA CO EHS HAZ-OPS

COM No.	REMOTE STATION	START TIME	DURATION	PAGES	RESULT	USER ID	REMARKS
409	916 227 4530	02-08 16:42	00'36	01/01	OK		

7459402046

02/07/96 14:24 UST CLEANUP FUND → 510 337 9335 NO. 67B 021

STATE OF CALIFORNIA - CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

PETE WILSON, Governor

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF CLEAN WATER PROGRAMS
2014 T STREET, SUITE 130
P.O. BOX 944212
SACRAMENTO, CALIFORNIA 95244-2120
(916)227-4307
(916)227-4530 (FAX)



February 7, 1996

Mr. Thomas Peacock
Alameda County EHD
1131 Harbor Bay Pkwy, 2nd Fl.
Alameda, CA 94502-8577

Post-It™ brand fax transmittal memo 7671		# of pages ▶	L
To	PAMELA RARICK	From	SUSAN HILGO
Co.	SWRCB	Co.	ACDEH
Dept.		Phone #	
Fax #	(916) 227-4530	Fax #	(510) 337-9335

Dear Mr. Peacock:

UNDERGROUND STORAGE TANK CLEANUP FUND (FUND) REQUIRES CONFIRMATION OF SITE CLOSURE FOR CLAIM NO. 000819 AT SITE ADDRESS: 1494 67TH ST, EMERYVILLE

The Fund is processing this claim for closure — COULTER STEEL & FORGE COMPANY at site address 1494 67TH ST, EMERYVILLE.

However, we must confirm the site has received final closure from the oversight agency before we can complete our file closure. Please mail or Fax a copy of the site closure letter OR complete the following information and return to my attention.

The above referenced site met our UST corrective action standards and closure was granted on _____

- This site is being evaluated for closure.
 NO, this site has not yet met our closure standards.

SIGNED: Susan L. Hilgo DATE: 2/8/96
TITLE: Sr. Haz Mat Specialist

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF CLEAN WATER PROGRAMS
 2014 T STREET, SUITE 130
 P.O. BOX 944212
 SACRAMENTO, CALIFORNIA 94244-2120
 (916)227-4307
 (916)227-4530 (FAX)



February 7, 1996

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

Post-It™ brand fax transmittal memo 7671 # of pages ▶ 1

To <u>PAMELA RARICK</u>	From <u>SUSAN HUGO</u>
Co. <u>SWRCB</u>	Co. <u>ACDEH</u>
Dept.	Phone #
Fax # <u>(916) 227-4530</u>	Fax # <u>(510) 337-9335</u>

Dear Mr. Peacock:

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However, we must confirm the site has received final closure from the oversight agency before we can complete our file closure. Please mail or Fax a copy of the site closure letter OR complete the following information and return to my attention.

The above referenced site met our UST corrective action standards and closure was granted on

- This site is being evaluated for closure.
- NO, this site has not yet met our closure standards.**

SIGNED: Susan L Hugo DATE: 2/8/96
 TITLE: Jr. Hy Mat Specialist

Your assistance is appreciated. If you have any questions, please call me at (916) 227-2784.

Sincerely,
Pamela Rarick
 Pamela Rarick
 Close-Out Unit
 Underground Storage Tank Cleanup Fund Program

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION

03/31/95

UNDERGROUND STORAGE TANK CLEANUP SITE

AGENCY#: 10000 SOURCE OF FUNDS: F-FEDERAL INSPECTOR: SH
 StID: 1385 SUBSTANCE: 12034 -Diesel
 SITE NAME: Coulter Steel & Forge Co. DATE REPORTED : 12/27/91
 ADDRESS : 1494 67th St DATE CONFIRMED: 12/27/91
 CITY/ZIP : Emeryville, CA 94608 MULTIPLE RP's : N

CASE TYPE: S CONTRACT STATUS: 4 PRIOR:2B5 EMERGENCY RESPONSE:

RP SEARCH	: S	DATE END:	04/06/92
PRELIM ASSESSMENT	: U	DATE BEGIN:	12/19/91
REMEDIAL INVESTIG	:	DATE BEGIN:	
REMEDIAL ACTION	:	DATE BEGIN:	
POST REMED MONITOR:		DATE BEGIN:	
		DATE END:	

TYPE ENFORCEMENT ACTION TAKEN: 1 DATE OF ENFORC. ACTION: 04/06/92

UNDERGROUND STORAGE TANK CLEANUP SITE - SCREEN #2

LUFT FIELD MANUAL CONSIDERATION: 2HSCAGW CASE CLOSED: on:

DT EXC START: 11/26/91 REMEDIAL ACTIONS TAKEN: ED, ET

RP #1: CONTACT: Dante Sambajon RP COST:
 RP COMPANY NAME: Coulter Steel & Forge Co. Ph:
 ADDRESS: 1494 67th Street
 CITY/STATE: Emeryville, California 94608

ΔPaMENT:

LOP - RECORD CHANGE REQUEST FORM

printed:
03/16/95

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

Insp: SH

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 12034
 StID : 1385 LOC: 03/03/94
 SITE NAME: Coulter Steel & Forge Co. DATE REPORTED : 12/27/91
 ADDRESS : 1494 67th St DATE CONFIRMED: 12/27/91
 CITY/ZIP : Emeryville 94608 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: S CONTRACT STATUS: 4 PRIOR CODE:2B5 EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 04/06/92
 PRELIMINARY ASMNT: U DATE UNDERWAY: 12/19/91 DATE COMPLETED:
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 04/06/92
 LUFT FIELD MANUAL CONSID: 2HSCAGW
 CASE CLOSED: DATE CASE CLOSED:
 DATE EXCAVATION STARTED : 11/26/91 REMEDIAL ACTIONS TAKEN: ED, ET

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Dante Sambajon
 COMPANY NAME: Coulter Steel & Forge Co.
 ADDRESS: 1494 67th Street
 CITY/STATE: Emeryville, California 94608

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

ANNPGMS _____ LOP _____ DATE _____ || LOP _____ DATE _____

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION

03/16/95

UNDERGROUND STORAGE TANK CLEANUP SITE

AGENCY#: 10000 SOURCE OF FUNDS: F-FEDERAL INSPECTOR: SH
 StID: 1385 SUBSTANCE: 12034 -Diesel
 SITE NAME: Coulter Steel & Forge Co. DATE REPORTED : 12/27/91
 ADDRESS : 1494 67th St DATE CONFIRMED: 12/27/91
 CITY/ZIP : Emeryville, CA 94608 MULTIPLE RP's : N

CASE TYPE: S CONTRACT STATUS: 4 PRIOR:2B5 EMERGENCY RESPONSE:

RP SEARCH	: S	DATE END:	04/06/92
PRELIM ASSESSMENT	: U	DATE BEGIN:	12/19/91
REMEDIAL INVESTIG	:	DATE BEGIN:	
REMEDIAL ACTION	:	DATE BEGIN:	
POST REMED MONITOR:		DATE BEGIN:	

TYPE ENFORCEMENT ACTION TAKEN: 1 DATE OF ENFORC. ACTION: 04/06/92

UNDERGROUND STORAGE TANK CLEANUP SITE - SCREEN #2

LUFT FIELD MANUAL CONSIDERATION: 2HSCAGW CASE CLOSED: on:

DT EXC START: 11/26/91 REMEDIAL ACTIONS TAKEN: ED, ET

RP #1: CONTACT: Dante Sambajon RP COST:
 RP COMPANY NAME: Coulter Steel & Forge Co. Ph:
 ADDRESS: 1494 67th Street
 CITY/STATE: Emeryville, California 94608

△PaMENT:

STATE WATER RESOURCES CONTROL BOARD

DIVISION OF CLEAN WATER PROGRAMS

2014 T STREET, SUITE 130

P.O. BOX 944212

SACRAMENTO, CALIFORNIA 94244-2120

(916) 227-4307

(916) 227-4530 FAX

Call done
check of Blessie
not only \$50.00

MAR 15 1994

STUD 1385
SH



Coulter Steel & Forge Company
P.O. Box 8008
Emeryville, CA 94662-0901

Site: Coulter Steel & Forge Co
1494 - 67th Street
Emeryville, CA 94608

UNDERGROUND STORAGE TANK CLEANUP FUND, CLAIM NO. 000819

The State Water Resources Control Board (State Board) takes pleasure in issuing the attached Letter of Commitment in an amount not to exceed \$50,000. This Letter of Commitment is based upon our review of the corrective action costs incurred to date and your application received on January 16, 1992 and may be modified by the State Board in writing by an amended Letter of Commitment.

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

You should read the terms and conditions listed in the Letter of Commitment. Also attached you will find:

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

If you have any questions regarding the Letter of Commitment or the Reimbursement Request package, please contact Blessy Torres at (916) 227-4535.

Sincerely,

Doug Wilson for

Dave Deaner, Manager
Underground Storage Tank
Cleanup Fund Program

Attachments

cc: California Regional Water Quality
Control Board, San Francisco Bay Region
Attn: Steven Ritchie
2101 Webster Street, Suite 500
Oakland, CA 94612

Alameda County EHD
Attn: Tom Peacock
80 Swan Way, Room 200
Oakland, CA 94621

LETTER OF COMMITMENT FOR REIMBURSEMENT OF COSTS

CLAIM NO: 000819

AMENDMENT NO: 0

CLAIMANT: Coulter Steel & Forge Company

BALANCE FORWARD: \$0

CO-PAYEE: n/a

THIS AMOUNT: \$50,000

CLAIMANT ADDRESS: P.O. Box 8008
Emeryville, CA 94662-0901

NEW BALANCE: \$50,000

TAX ID / SSA NO.: 94-1075646

Subject to availability of funds, the State Water Resources Control Board (State Board) agrees to reimburse Coulter Steel & Forge Company (Claimant) for eligible corrective action costs at 1494 - 67th Street, Emeryville, CA 94608 (Site). The commitment reflected by this Letter is subject to all of the following terms and conditions:

1. Reimbursement shall not exceed \$50,000 unless this amount is subsequently modified in writing by an amended Letter of Commitment.
2. The obligation to pay any sum under this Letter of Commitment is contingent upon availability of funds. In the event that sufficient funds are not available for reasons beyond the reasonable control of the State Board, the State Board shall not be obligated to make any disbursements hereunder. If any disbursements otherwise due under this Letter of Commitment are deferred because of unavailability of funds, such disbursements will promptly be made when sufficient funds do become available. Nothing herein shall be construed to provide the Claimant with a right of priority for disbursement over any other claimant who has a similar Letter of Commitment.
3. All costs for which reimbursement is sought must be eligible for reimbursement and the Claimant must be the person entitled to reimbursement thereof.
4. Claimant must at all times be in compliance with all applicable state laws, rules and regulations and with all terms, conditions, and commitments contained in the Claimant's Application and any supporting documents or in any payment requests submitted by the Claimant.
5. No disbursement under this Letter of Commitment will be made except upon receipt of acceptable Standard Form Payment Requests duly executed by or on behalf of the Claimant. All Payment Requests must be executed by the Claimant or a duly authorized representative who has been approved by the Division of Clean Water Programs.
6. Any and all disbursements payable under this Letter of Commitment may be withheld if the Claimant is not in compliance with the provisions of Paragraph 5 above.
7. Neither this Letter of Commitment nor any right thereunder is assignable by the Claimant without the written consent of the State Board. In the event of any such assignment, the rights of the assignee shall be subject to all terms and conditions set forth in this Letter of Commitment and the State Board's consent.
8. This Letter of Commitment may be withdrawn at any time by the State Board if completion of corrective action is not performed with reasonable diligence.

IN WITNESS WHEREOF, this Letter of Commitment has been issued by the State Board this 3rd day of March, 1994.

STATE WATER RESOURCES CONTROL BOARD

BY [Signature]
Manager, Underground Storage Tank Cleanup Fund Program

BY [Signature]
Chief, Division Administrative Services

STATE USE :
CALSTARS CODING :
0550 - 569.02 - 30530

\$

CLAIM NO. 819

LOCAL AGENCY NO. 1385

SITE ADDRESS 1494 - 67th St, Emeryville, CA 94608

CORRECTIVE ACTION COMPLIANCE DOCUMENTATION PAGE 3

DATE	ACTION REQUIRED/RESPONSE
12-5-91	RIs discovered during UST removal.
3-5-92	W/P for Soil & GW Investigation submitted by Subsurface
4-6-92	Alameda ltr to consultant - W/P is conditionally accepted. Submit rept by within 30 days of completion of investigation.
4-13-92	Clarifications to W/P submitted by Subsurface.
8-7-92	Hydrocarbon Contamination Site Assessment Rept submitted by Subsurface
10-7-92	Quarterly GW monitoring sampling rept submitted by SCJ
11-24-92	Addendum to W/P dated 3/5/92 submitted by SCJ.
5-13-93	Project update on Soil Remediation and GW monitoring.
6-24-93	Quarterly GW monitoring sampling rept by SCJ.
7-22-93	GW Disposal rept submitted to RWQCB by SCJ.
9-20-93	Alameda ltr to clmnt - W/P to delineate soil & GW contamination must be submitted by 11/5/93.
10-15-93	Ltr from claimant to RWQCB - jurisdiction belongs to RWQCB per Susan Hugo.
11-5-93	Alameda ltr to clmnt - W/P for add'l well installation is app'd.
1-12-94	One UST rem'd.
1-14-94	Well Installation / Soil Remediation / GW monitoring progress rept submitted by SCJ.

CONFIRMATION OF CORRECTIVE ACTION COMPLIANCE: After reviewing the lead agency site file, the claim reviewer has determined that the claimant is in substantial compliance with corrective action requirements.

Bessy Jones
REVIEWER'S SIGNATURE

2-1-94
DATE SIGNED

LEAD AGENCY CONCURRENCE: As of this date, the lead agency representative concurs with the determination that the claimant is in compliance with applicable corrective action requirements.

Susan L. Hugo
SIGNATURE

2-2-94
DATE SIGNED

STAFF RECOMMENDATION: () APPROVED () REFERRED TO TEAM LEADER - See Comments, Page 2.

REVIEWER'S SIGNATURE: _____ DATE SIGNED _____

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 # 1385 Site Name Coulter Steel Today's Date 12/94

Site Address 1494 67th Street

City _____ 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:

1 UGI Removal - 1000 gal gasoline; 5t
 Berkeley Fire Dept on site -
 LEL - 8% O2 = 5%
 DEXANNA - tank hauler up 4/94 (413187)
 manifest # 93158404
 Tank - steel tank wrapped in tar -
 tank appeared to be in good shape
 - no obvious holes
 - Stockpiled soil = approx 15 cu yd
 - Groundwater present in the pit - maybe
 - dispenser ^{surface water} next to the excavation pit
 - 3 soil samples collected
 - 1 sidewall & 2 ~~soil~~ (samples from tank ends)
 - backfill around tank pit removed
 - check if groundwater present tomorrow
 1/13/94 at site

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MAT'L'S

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(a)
- 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. 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: _____

Signature: Susan G. Hugo

II, III

RECEIVED JAN 17 1994
See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. Form designed for use on elite (12-pitch) typewriter.

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAC0000974808		Manifest Document No. 0 0 5 1 4		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address Coulter Steel & Forge Co. Thomas M. Coulter (Pres.) 1494 67th Street Emeryville, CA 94608						Shaded Manifest Document Number 93153104				
4. Generator's Phone (510) 420-3500						State Generator's ID				
5. Transporter 1 Company Name Dexanna, Ltd.						State Transporter's ID				
6. US EPA ID Number CAD982438566						D. Transporter's Phone (510) 661-1292				
7. Transporter 2 Company Name						E. State Transporter's ID				
8. US EPA ID Number						Transporter's Phone				
9. Designated Facility Name and Site Address Erickson, Inc. 255 Parr Blvd. Richmond, CA 94801						G. State Facility's ID CAD009466392				
10. US EPA ID Number CAD009466392						Facility's Phone (510) 235-1393				
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. Waste Empty Storage Tank NON-RCRA Hazardous Waste Solid					No. Type 01/1 T/P		Quantity 0/1000		P	
b.									EPA/Other Waste	
c.									EPA/Other	
d.									EPA/Other	
J. Additional Descriptions for Materials Listed Above One (1) empty storage tank #12843 has been inerted with 15 lbs. of dry ice per 1000 gallons of capacity.						K. Handling Codes for Wastes Listed Above a. 01				
15. Special Handling Instructions and Additional Information Keep away from sources of ignition. Always wear hardhats when working around UST's. 24 Hr. Contact: <u>Dante Sambajon</u> Phone: <u>(510) 420-3500</u> Site Location: <u>1494 67th Street, Emeryville, CA</u>										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name Dante Sambajon				Signature <i>Dante Sambajon</i>				Month Day Year 01/12/94		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name L. F. DeKalb				Signature <i>L. F. DeKalb</i>				Month Day Year 01/12/94		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month Day Year		
19. Discrepancy Indication Space										
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name DAVID SATO										
Signature <i>DAVID SATO</i>				Month Day Year 01/12/94						

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

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

ALCO
HAZMAT

STID 1985

93 DEC 17 PM 2:24

SUBAN L. HUGO

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 in this Department are to assure compliance with State and local laws. The project proposed herein is not released for issuance of any required building permits for construction/destruction. A copy of the accepted plans must be provided to the contractor and craftsman involved with the removal. Any changes or alterations to the project must be submitted to this Department and to the 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, and c) independent on compliance with accepted plans and all applicable laws and regulations.

*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist:

Please note changes made on pages 1, 4, 5, & Health & Safety Plan.
 Susan L. Hugop
 1/24/2013

*** Complete according to attached instructions ***

1. Business Name COULTER Steel & Forge CO.
 Business Owner Thomas M. Coulter (President)
2. Site Address 1494 67th Street
 City Emeryville Ca zip 94608 Phone (510) 420 3500 ✓
3. Mailing Address 1494 67th Street
 City Emeryville Ca zip 94608 Phone (510) 420 3500 ✓
4. Land Owner COULTER Steel & Forge CO
 Address 1494 67th Street city, state Ca zip 94608
5. Generator name under which tank will be manifested COULTER Steel & Forge Company
 EPA I.D. No. under which tank will be manifested CAC 800974808
 ✓ Checkmate S.

6. Contractor Bay Area Tank & Marine
Address 4851 Sunrise Drive Suite #104
City Martinez CA 94553 Phone 510 372-4270
License Type* A, Hazardous Substance Removal Certification ID# 572244

*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 JAMES WONG + ASSOCIATES } Civil Engineer
Address 333 HAGENBERGER ROAD
City OAKLAND, CA Phone (510) 568-2110 } ?

8. Contact Person for Investigation
Name MIKE PEDERSEN Title PROJECT Coordinator
Phone 510-372-4270

9. Number of tanks being closed under this plan one (1)
Length of piping being removed under this plan 5'
Total number of tanks at facility 1

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name ERICKSON inc EPA I.D. No. ca0009466392
Hauler License No. _____ License Exp. Date _____
Address 255 PARR BLVD
City Richmond State ca Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name GIBSON pilot petroleum EPA I.D. No. ca0043260702
Address 475 Seaport Blvd
City Redwood City State ca Zip 94063

c) Tank and Piping Transporter

Name Bay Area Tank & Marine EPA I.D. No. CA1000026790
Hauler License No. _____ License Exp. Date _____
Address 4851 Sunrise Drive Suite #104
City Martinez State Ca Zip 94553

d) Tank and Piping Disposal Site

Name erickson inc. EPA I.D. No. CA1009466392
Address 255 Parr Blvd
City Richmond Ca State Ca Zip 94801

11. Experienced Sample Collector

Name Leeland W Davis
Company Bay Area Tank & Marine
Address 4851 Sunrise Drive #104
City Martinez State Ca Zip 94553 Phone (510) 3724270

12. Laboratory

Name Chroma Labs
Address 2239 Omega Road #1
City San Ramon State Ca Zip 94583
State Certification No. # 1094

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

1. pump out Remaining product with Vacuum Truck.
2. Triple Rinse with High pressure water + Soap.
3. use Dry Ice to purge Tank when removed.

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
1000 gal	This 1000 gal Tank was used for gas only to fuel equipment @ the Plant.	Soil will be sampled 2' from beneath the bottom of Tank excavation and from stack pile accumulated from exposing Tank. also from under fuel pump	1 sample in the middle of excavation 1 from under fuel pump 1 from stack pile 2 soil samples from each end of the time. depends on amount of stack pile soil generated on site
	* Groundwater present	must be sampled if	

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) <u>10 yds</u> ? per Mike P.	Sampling Plan <i>Stockpiled soil must be characterized for disposal.</i>

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
Gasoline	TPH as 823 ⁽⁵⁰³⁰⁾ 5550 BTEx 8240	GC-FID	< 10 ppm 1.0 ppm (soil) 5 PPb BTEx (soil)
<u>Pb</u>	AA		

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer Golden Eagle 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.

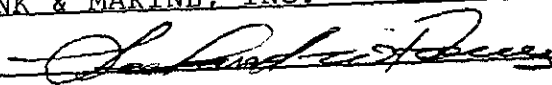
I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

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

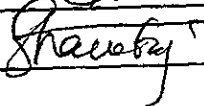
Name (please type) BAY AREA TANK & MARINE, INC.

Signature Leeland Davis 

Date 12-7-93

Signature of Site Owner or Operator

Name (please type) Dante Sambajon

Signature Shawby 

Date 12/7/93

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department approval.
- * One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.

Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Health Services, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION
Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

16. CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS
See attached Table 2.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions which will trigger changes in work habits to ensure workers are not exposed to unsafe chemical levels or physical conditions;
- e) Description of the work habit changes triggered by the above action levels or physical conditions;
- f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
- g) Confined space entry procedures (if applicable);
- h) Decontamination procedures;
- i) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guards, etc.);
- j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- k) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- l) Page for employees to sign indicating they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120(b)(4), Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tanks and piping in addition to the ones being pulled.

20. DEPOSIT

A deposit, payable to Alameda County for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Description of sampling methods;
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Tabulation of the volume and final destination of all non-manifested contaminated soil hauled offsite.

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>	<u>WATER ANALYSIS</u>
Unknown Fuel	TPH G GCFID(5030) TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH G GCFID(5030) TPH D GCFID(3510) BTX&E 602, 624 or 8260
Leaded Gas	TPH G GCFID(5030) BTX&E 8020 OR 8240 TPH AND BTX&E 8260 TOTAL LEAD AA -----Optional----- TEL DHS-LUFT EDB DHS-AB1803	TPH G GCFID(5030) BTX&E 602 or 624 TOTAL LEAD AA TEL DHS-LUFT EDB DHS-AB1803
Unleaded Gas	TPH G GCFID(5030) BTX&E 8020 or 8240 ✓ TPH AND BTX&E 8260	TPH G GCFID(5030) BTX&E 602, 624 or 8260
Diesel, Jet Fuel and Kerosene	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602, 624 or 8260
Fuel/Heating Oil	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602, 624 or 8260
Chlorinated Solvents	CL HC 8010 or 8240 BTX&E 8020 or 8240 CL HC AND BTX&E 8260	CL HC 601 or 624 BTX&E 602 or 624 CL HC AND BTX&E 8260
Non-chlorinated Solvents	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602 or 624 TPH and BTX&E 8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G GCFID(5030) TPH D GCFID(3550) TPH AND BTX&E 8260 O & G 5520 D & F BTX&E 8020 or 8240 CL HC 8010 or 8240	TPH G GCFID(5030) TPH D GCFID(3510) O & G 5520 C & F BTX&E 602, 624 or 8260 CL HC 601 or 624

ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni
METHOD 8270 FOR SOIL OR WATER TO DETECT:
PCB
PCP*
PCP*
PNA
CREOSOTE
CREOSOTE

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractible, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
< 10 ppm (42%)	< 10 ppm (10%)
< 5 ppm (19%)	< 5 ppm (21%)
< 1 ppm (35%)	< 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard \leq 20 carbon atoms, diesel and jet fuel (kerosene) standard \leq 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

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 checked="" 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 <i>Coulter Steel & Forge Company</i>		NAME OF OPERATOR <i>Thomas M Coulter (President)</i>		
ADDRESS <i>1494 67th Street</i>		NEAREST CROSS STREET <i>Hollis St</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Emeryville Ca 94608</i>		STATE <i>CA</i>	ZIP CODE <i>94608</i>	SITE PHONE # WITH AREA CODE <i>510 420 3500</i>
<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LOCAL-AGENCY DISTRICTS
<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY		
TYPE OF BUSINESS	<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM	<input type="checkbox"/> 4 PROCESSOR
<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <i>1</i>	E. P. A. I. D. # (optional)	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>Coulter Steel & Forge Company</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>1494 67th Street</i>		<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME <i>Emeryville Ca 94608</i>		<input type="checkbox"/> CORPORATION	<input checked="" type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
		<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
STATE <i>Ca</i>	ZIP CODE <i>94608</i>	PHONE # WITH AREA CODE <i>510 420 3500</i>		

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>Coulter Steel & Forge Company</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>1494 67th Street</i>		<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME <i>Emeryville</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
		<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
STATE <i>Ca</i>	ZIP CODE <i>94608</i>	PHONE # WITH AREA CODE <i>510 420 3500</i>		

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

TY (TK) HQ -

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

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

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>Mike Hansen</i>	APPLICANT'S TITLE <i>Project Coordinator</i>	DATE MONTH/DAY/YEAR <i>12/10/93</i>
--	---	--

LOCAL AGENCY USE ONLY

COUNTY # <input type="text" value=""/> <input type="text" value=""/>	JURISDICTION # <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	FACILITY # <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
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.
FORM A (5-91) FOR0033A-5

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: _____

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <u>N/A</u>	B. MANUFACTURED BY: <u>N/A</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>N/A</u>	D. TANK CAPACITY IN GALLONS: <u>1000</u>

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

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

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

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

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>3-1-93</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>< 10</u> 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>Mike Pedersen</u>	DATE <u>12/12/93</u>
---	----------------------

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

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

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

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

November 5, 1993
STID# 1385

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

Mr. Dante Sambajon
Coulter Steel & Forge Company
1494 67th Street
P.O. Box 8008
Emeryville CA 94662- 0901

**RE: Work Plan for Additional Well Installation -
Supplemental Groundwater Investigation
Diesel Tank Area - 722 Folger Avenue
Emeryville, California 94608**

Dear Mr. Sambajon:

The Alameda County Department of Environmental Health, Hazardous Materials Division has recently reviewed the Work Plan - Supplemental Groundwater Monitoring (October 4, 1993) prepared by Subsurface Consultants, Inc. for the referenced site.

Based on this review, the work plan is acceptable provided the following items are addressed:

- 1) Construction and placement of well MW-7 (upgradient well) must adhere to the requirements specified in "Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites", August, 1990. Monitoring well must be screened to intercept free floating product and accommodate seasonal water table fluctuations. Please submit a copy of the monitoring well construction diagram.
- 2) Soil samples from borings must be collected every five feet as per RWQCB's guidelines. Field instruments are acceptable as a screening tools only. Any evidence of soil contamination such as odor, visual staining or field instrument readings must be verified by analysis from a state certified laboratory.
- 3) The proposal to drop MW-4 and MW-5 in the sampling program is not acceptable at this time. All monitoring wells (MW-3, MW-4, MW-5, MW-6) including the slated MW-7 to be installed must be sampled in the next quarterly monitoring event for the following target compounds: TPH diesel, benzene, ethyl benzene, toluene, and xylene. Groundwater elevation readings must also be performed. These groundwater monitoring data will establish the baseline for future evaluation at the site. The next following quarterly monitoring event (2nd sampling event after the installation of MW-7) MW-4, MW-6 and MW-7 must be sampled for target compounds and groundwater level measurements must be conducted. If the result of MW-3 remains

Mr. Dante Sambajon
RE: 1494 67th Street, Emeryville, CA 94608
November 5, 1993
Page 2 of 3

to be non detect for target compounds, MW-3 can be drop from the sampling program. However, groundwater elevation readings must still be performed for this well to determine gradient flow direction. MW-4 must be sampled every quarter because of its close proximity to the former tank location (closest downgradient well). After two quarters of monitoring events, the data will be evaluated to determine future sampling protocol.

- 4) Please notify this office at least 48 hours in advance for the start up of work plan implementation so a site visit can be arranged by a representative from this office.

Item 1 must be submitted to this office no later than December 6, 1993.

This office gave verbal approval on October 13, 1993 to use the bioremediated stockpiled soil as backfill. The workplan must be implemented **within 60 days** of the date of this letter. A report must be submitted within **30 days** after completion of this additional investigation. Until cleanup is complete, you will need to submit reports to this office every three months or at a more frequent interval, if specified at any time. In addition, the following items must be incorporated in your future reports or workplans:

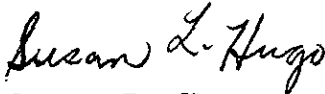
- a cover letter from the responsible party or tank owner stating the accuracy of the report and whether he/she concurs with the conclusions and recommendations in the report or work plan
- site map delineating contamination contours for soil and groundwater based on recent data should be included and the status of the investigation and cleanup must be identified
- proposed continuing or next phase of investigation / cleanup activities must be included to inform this department of the responsible party or tank owner's intention
- any changes in the groundwater flow direction and gradient based on the measured data since the last sampling event must be explained
- historical records of groundwater level in each well must be tabulated to indicate the fluctuation in water levels

Mr. Dante Sambajon
RE: 1494 67th Street, Emeryville CA 94608
November 5, 1993
Page 3 of 3

- tabulate analytical results from all previous sampling events; provide laboratory reports (including quality control/quality assurance) and chain of custody documentation

Please contact me at (510) 271-4530 if you have any questions concerning this letter.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Rich Hiatt, San Francisco Bay RWQCB
Edgar B. Howell, Chief, Hazardous Materials Division - files
Jerriann Alexander, Subsurface Consultants, Inc.
171 12th Street, Suite 201
Oakland, CA 94607



COULTER STEEL & FORGE COMPANY

Special Metals in Bars and Forgings - Tool Steels

1494 - 67TH STREET
P.O. BOX 8008, EMERYVILLE, CA 94662-0901
TELEPHONE 510-420-3500 FAX 510-420-3555

93 SEP 27 PM 12:05

STID 1385

September 24, 1993

Susan L. Hugo
Senior Hazardous Materials Specialist
Alameda County Health Care Services Agency
Department of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland CA 94621

Dear Ms. Hugo:

Coulter Steel & Forge Company has completed the required remediation of the soil from the underground storage tank area on Folger Street. The area has been unusable for more than a year and it constitutes a hazard, especially during the coming periods of early darkness.

We are also concerned with keeping the run off from the remediated stock pile controlled during the approaching wet season. We are required to test Storm Water Discharges beginning during the first storm of at least one hour duration after October 1, 1993. It is difficult to keep the pile covered and contained, and we do not want to risk causing runoff with high levels of suspended solids.

Please allow us to replace the remediated soil in the excavation by October 1, 1993, or sooner.

Very truly yours,

Thomas M. Coulter
President

SUSAN L. HUGO

* my copy STID 1385

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

80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

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

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

Notify this Department at least 72 hours prior to the required inspections: *
 Removal of Tank(s) and Piping
 Sampling
 Final Inspection
Issuance of a) permit to operate, b) permanent closure is dependent on compliance with accepted plans and applicable laws and regulations.

*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist:

Please note change made on page 2, 3 & 4.

Susan L. Hugo 4/24/93

Forms A, B must be submitted

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

- Business Name Coulter Steel & Forge Co.
Business Owner Corporation
- Site Address 1494 67th Street
City Emeryville Zip 94662 Phone (510)420-3500
- Mailing Address 1494 67th Street
City Emeryville, Ca. Zip 94662 Phone (510)420-3500
- Land Owner Coulter Steel & Forge Co.
Address 1494 67th Street City, State Emeryville, Ca zip 94662
- EPA I.D. No. CAC000974808
- Contractor W. A. Craig, Inc.
Address P.O. Box 448
City Napa, Ca. 94559 Phone (707)252-3353
License type A, B & Haz Mat. ID# 455752 *4/30/94*
- Consultant Sundown Environmental
Address 1111 Aladdin Ave.
City San Leandro, Ca. Phone (510)483-4305

Smalled.

8. Contact Person for Investigation

Name James G. Hargrave Title Field Services Mgr.

Phone (707)252-3353

9. Total No. of Tanks at facility 1

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

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Transporter

Name N/A EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

b) Rinsate Transporter

Name N/A EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

c) Tank Transporter

Name Dexanna, Ltd. EPA I.D. No. CAD982438566

Address 3104 Athene Court

City Concord, State Ca. Zip 94519

d) Tank Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD009466392

Address 255 Parr Blvd.

City Richmond State Ca Zip 94801

e) Contaminated Soil Transporter

Name N/A EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

* Fire Extinguishers must be available on site.
* A calibrated combustible gas meter must be on site

12. Sample collector

Name James G. Hargrave
 Company W. A. Craig, Inc.
 Address P.O. Box 448
 City Napa State Ca Zip 94559 Phone (707)252-3353

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
✓ 1000 gal.	Unleaded Gasoline	Soil & or groundwater if present	2 ft. below bottom of tank in native soil

* Stockpiled soil must be characterized & properly disposed, cover with visqueen & bermed.

* Soil sample must be collected underneath the dispenser.

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

If yes, describe. Unknown

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

If yes, describe. Dry Ice & Ventilation

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

16. Laboratories

Name McCampbell Analytical
 Address 110 2nd. Ave. So., #D7
 City Pacheco State Ca Zip 94553

State Certification No. 1644

* All piping associated with the tank must be removed & properly disposed. Samples must be collected from piping trench at the rate of one soil sample per 20 lineal ft.

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
<p>TPH-G BTEX</p>	<p>GCFID (5020) 8020</p>	<p>The following detection limits must be followed - TPHg - soil (1.0 ppm) - water (50.0 ppb) BTEX - soil (.005 ppm) - water (0.5 ppb)</p>

18. Submit Site Safety Plan

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

Copy of Certificate enclosed? Yes [X] No []

Name of Insurer Golden Eagle Insurance

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

21. Deposit enclosed? Yes [X] No []

22. Please forward to this office the following information within 30 days after receipt of sample results.

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

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

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

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel and safety.

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

Signature of Contractor

Name (please type) James G. Hargrave

Signature James G. Hargrave

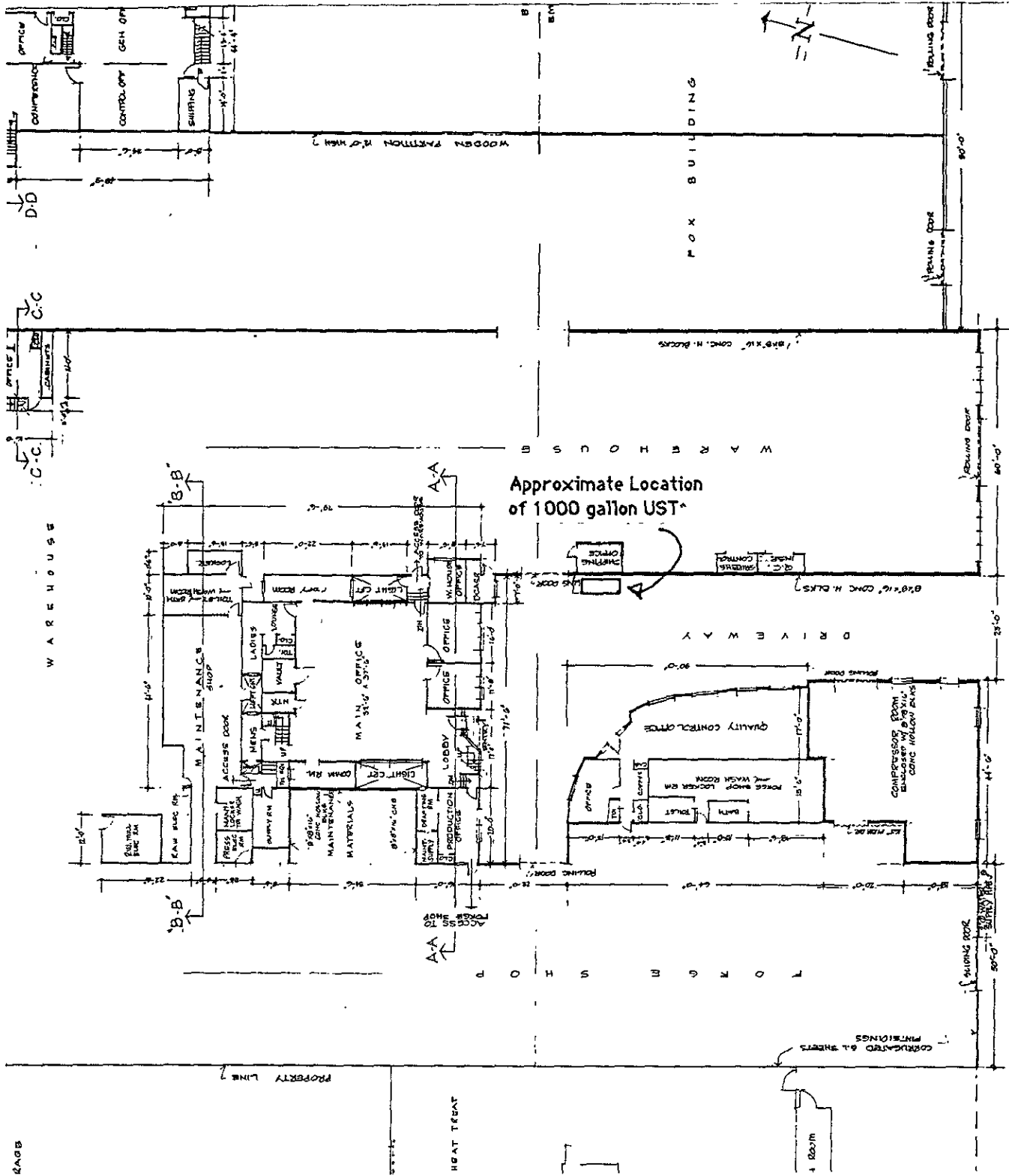
Date 09/08/93

Signature of Site Owner or Operator

Name (please type) Dante A. Sambaion

Signature Hargrave agent for D. Sambaion

Date 9/9/93



Date: Sept. 1993	W.A. Craig, Inc. 707-252-3353		Figure No.
Job No.: 3304-0-93			
Scale: no scale-reference only	Coultter Steel 1494 67th St. Emeryville, Ca.		Rev.
Drawn: JGH			
Chk'd: WAC II			
App'd: Wac II / JGH	Tank Location Map		

CONTRACTORS STATE LICENSE BOARD

No. 455722

Building Quality

ISSUED 04-24-84

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

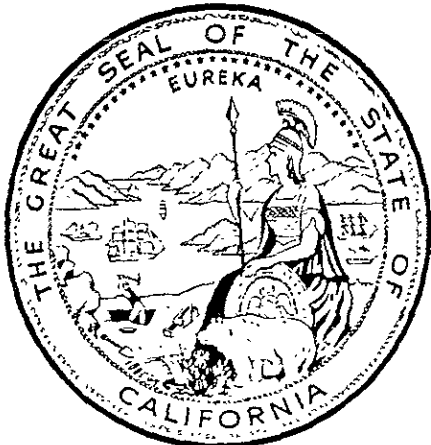
Contractor's License

Pursuant to the provisions of 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:

CRAIG W A IAC

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

WITNESS my hand and sealed this
1ST day of MAY 1984.



STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS

J. Maloney
Registrar of Contractors

[Signature]
Signature of licensee
[Signature]
Signature of person who qualified on behalf of the licensee

PERMIT

Permit Issued To
 (Insert Employer's Name, Address and Telephone No.)

W.A. Craig, Inc.
 P.O. Box 448
 Napa, CA 94559-0448

(510)525-2780

No. _____

Date January 28, 1993

Region 1 - San Francisco

District 2 - Oakland

Tel. (510)568-8602

Type of Permit Annual Trench and/or Excavation

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number <u>455752</u>		Permit Valid through <u>December 31, 1993</u>		
Description of Project	Location Address	City and County	Anticipated Dates	
			Start	Completion
Various Projects	statewide	statewide	01/28/93	12/31/93
NOTE: The IIPP submitted for this permit is accepted by DOSH for permit purposes only. Although it addresses the primary points required, failure to implement and assure its effectiveness may result in citation.				

This Permit is issued upon the following conditions:

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. That employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CAC 341.4.

Received From <u>L. Yialelis</u>	Received By <u>S. Phillips</u>
<input type="checkbox"/> Cash	Amount <u>\$100.00</u>
<input checked="" type="checkbox"/> Check <u>1901</u>	Date <u>1/28/93</u>

Investigated by Samuel Phillips Date 1/28/93
 Approved by Thomas Hanley Date 1/28/93
Safety Officer Dist. Manager

INSURE CERTIFICATE OF INSURANCE

WACRA001 11

ISSUE DATE (MM/DD/YY)

05/11/93

PRODUCER
Frank P. Young, Inc.
25 College Avenue
P.O. Box HH
Santa Rosa, California 95402
(707) 542-2278

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	GOLDEN EAGLE
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED
W.A. Craig, Inc.

P.O. Box 448
Napa CA 94559

COVERAGES

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

NO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CCP215095	02/08/93	02/08/94	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 checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> PROP DAMAGE \$1000/OCC DED				FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY	CCP215095	02/08/93	02/08/94	COMBINED SINGLE LIMIT \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" 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				
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC-114827-01	10/01/92	10/01/93	STATUTORY LIMITS
					EACH ACCIDENT \$1,000,000
					DISEASE-POLICY LIMIT \$1,000,000
					DISEASE-EACH EMPLOYEE \$1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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

Site Safety Plan
for
Coulter Steel & Forge
1494 67th St.
Emeryville, Ca.
in accordance with
29 CFR, 1910.120 Final Rule

Over Excavation of Contaminated Soil

Plan Prepared by: W.A. Craig, Inc.

Date: September 1993

Key Personnel

Project Manager: W.A. Craig, II
Site Safety Officer: Jamie Hargrave
Contractor: W.A. Craig, Inc.

Field Team Members

Client Representative: Leland Yialelis
Contractor: W.A. Craig, Inc.
Soil Transport and Disposal: Undetermined at this time
Fire Watch & Safety Personnel: W.A. Craig, Inc.

Notified Agency Representatives

Alameda County Department of Environmental Health
Oakland Fire Department
Bay Area Air Quality

Note: No action will be taken whatsoever until the representative from the Alameda County Department of Environmental Health has approved all procedures.

Hazard Analysis

Primary Hazards:

Gasoline vapors which are flammable and which contain; Benzene, Toluene, Ethylbenzene and Xylenes.

Hazardous Characteristics:

Flammable, volatile, ignitable, long term humano toxicity effects, irritant to skin, severe irritant to eyes, can burn nasal passages, can cause loss of consciousness with prolonged exposure.

Explosive if confined and ignited. Vapors may travel a long distance.

Can ignite via sparks and/or open flame.

Environmental hazard if released into soil or water.

Primary

Benzene - Synonyms: Benzol, Cyclohexatriene, Coaltar Naptha, Phenyl Hydride
Flashpoint: 580c

Toluene - Synonyms: Toluol, Methylbenzene, Phenylmethane, Methacide.
Flashpoint: 536c

Xylene - Believed to be carcinogenic.

Gasoline - General Summary of Hazards

Primary

Ignition temperature is approximately 250c, vapor density 3-4, explosive range about 1.3 - 6.0.

Fumes may travel a great distance to ignition source.

Great potential of explosion if confined and ignited.

Toxicity - Symptoms: Conjunctivitis; irritation of eyes, nose, throat, defatting dermititis, headache, dizziness, drowsiness, confusion, cough, dyspnea, bronchitis, pneumonia, nausea, vomiting; nervousness and irritability; blurred vision, ataxia, coma, convulsion. Blistering of skin, temporary blindness if exposed directly to eyes.

Secondary

Gasoline can ignite from sparks to liquid or gas vapors. Injury can be caused from operation of heavy machinery, backhoe, truck, etc.

Excavation can be a pitfall to foot traffic. Removed tank can be a falling hazard. Gasoline within tank can be a hazard. Dry ice used to inert the tank can be a hazard to unprotected skin.

Safety Prevention Techniques Equipment and Precautionary Procedures

Prior to commencement of any site extraction activities, all personnel to be involved are to be identified and briefed as to the potential hazards of the extraction as well as the hazardous materials within the tank in the form of Gasoline Compounds.

All personnel involved in the process shall receive and sign for the receipt of this Site Safety Plan.

All personnel involved in the process are experienced in this exacting process and no one without experience shall be allowed to work on the same.

All tenants of nearby operational facilities shall be notified in advance of the process and alerted to the same prior to any actions being taken.

No actions shall be taken without the immediate presence and direct supervision of the Project Manager and Project Site Safety Officer.

The total area involved in the excavation shall be bordered off from foot traffic and vehicular traffic via restrictive access cones/barricades and tapes as well as the physical restrictions via the supervision of the Project Manager and Project Site Safety Officer.

Any and all underground utilities shall remain intact throughout the process. Should the excavation come into contact with a utility every available means shall be used to not interfere with it. Appropriate agencies will be notified.

An adequate water supply and water hose shall be supplied, present and working to full force at all times of the process.

The appropriate fire extinguishers shall be provided and present at all times.

A fire watch shall be maintained by the Project Manager and Project Site Safety Officer.

No smoking or other means of open flame or open ignition shall be allowed.

At no time shall the backhoe operator be allowed to work alone as the Project Manager and Project Site Safety Officer shall be present in watch for; Fire, damaged equipment, restricted foot or vehicular traffic, intoxication, leaking pipelines, gasses, tank structure integrity, or other hazards as well as to follow the instructions of the agency representatives present.

There are numerous telephones throughout the facility and the Project Manager has access to a portable phone at all times.

In the event of a medical emergency, the Project Manager and/or the Project Site Safety Officer shall render immediate first aid while the other summons 911 assistance via one of the numerous telephones present and as prescribed by law, allow the paramedic to determine the most appropriate health care facility to respond to.

Should such an emergency arise, the process shall be terminated immediately, and personnel shall be assigned to remain and secure the scene and an investigation shall begin to determine the probable cause of the accident.

All personnel contracted for the process shall first be required to read and agree to this safety plan and monitored for compliance by the Project Manager and Project Site Safety Manager

Personal Protective Equipment

Hard Hat
Chemical Resistant Gloves
Long Pants
Long Sleeved Shirt
Protective Goggles/Glasses

Note: During the process of air monitoring, should the levels rise to or exceed 300 ppm, under the direction and discretion of the Project Manager and the Project Site Safety Officer, all personnel will be required to enter into level 'C' protection.

Air Monitoring Safety

A combustible gas indicator or PID calibrated to Hexane and Benzene Monitoring shall be in the possession of the Project Manager at all times and monitored by the Project manager at all times to include periodic calibration and testing as directed by the manufacturer to those specific standards.

This monitor shall be displayed to the Fire Marshall representative present for approval prior to usage and said official shall be afforded full and complete inspection/monitoring or usage at all times.

This monitor shall be activated and in monitoring activity at all times during the process and the process shall not commence nor continue unless the same monitor is in perfect condition.

The manufacturers approved manual for testing and usage shall be present at the site at all times during the process.

This process shall only take place during the light of day and not take place in darkness at any time of the process.

Site Security and Site Control

All work shall be barricaded and physically supervised, controlled and restricted from unauthorized and unnecessary access.

The excavation shall be completely restricted and closed to traffic, fenced and marked when no work is in progress.

No visitors shall be allowed in or about the excavation site unless properly briefed in safety procedures and hazards.

No construction or process activity shall be conducted unless all of the preceding safety precautions are in effect, equipment is present and either the Project Manager and/or the Project Site Safety Officer is present and in control of the entire situation.

Any person directly exposed to any of the hazards present or injured by the process in any manner shall receive medical attention unless said person is a representative of an agency in authority and refuses said treatment.

Exposure Decontamination

No person exposed to any of the chemical hazards shall leave the area without passing through the "Decontamination Area" which shall be the zone where the Project Site Safety Officer and his medical supplies are present for immediate treatment.

Decontamination Procedures

Any person coming in contact with the petrohydrocarbon chemical(s) shall receive immediate and extensive cleaning in a rinse of clean water.

Saline solution shall be immediately and extensively applied to eyes exposed.

Skin shall be immediately treated with the appropriate ointment and wrapped with sterile gauze.

The immediate decontamination to be used to decontaminate clothing or equipment shall be; TriSodium Phosphate and any decontamination fluids expended in the process shall be collected and properly disposed of and not allowed to enter the ecological system when at all possible.

Training Requirements

Prior to mobilization at the job site, employees and subcontractors will meet to assure that all involved are aware of the hazards present and have received a copy of this site safety plan, are aware of the locations of the water sources, first aid supplies, Project Manager, Project Site Safety Officer, telephones and access routes to and from the site.

All personnel will be inspected for sobriety and safety equipment required.

No smoking will be permitted within 300 feet of the excavation and if ignition sources/smoking is present and cannot be stopped, the process will cease.

The managers will also watch for heat exhaustion or other usual symptoms throughout the process and specifically if any person involved leaves the site and view of the Project Manager.

The Project Manager is directly responsible for the safety of all persons allowed access to the project while in process as well as the physical barricades and restrictions at all times while the project is dormant.

Health and Safety Requirements

Eating, Drinking, chewing gum or tobacco, smoking or removing the required safety equipment while exposed to the immediate construction area shall be prohibited and enforced by the Project Manager at all times of the process.

Washroom facilities are readily accessible within the concerned facility and shall be made available to all involved personnel at all times of the process.

Any and all waste or debris shall be contained and properly labeled as required and properly disposed of as required.

Any and all other hygiene requirements or safety requirements deemed necessary by the Project Manager and/or the Project Site Safety Officer shall be enforced.

Confined Space Entry

No person shall be allowed to enter any confined space other than the Project Site Safety Officer or other qualified and certified emergency personnel.

Specifically, no one shall enter an excavated pit area that is not deemed safe by the Project Site Safety Officer after determining that the same does not qualify as a confined space and only after a reading for potential gasses has been taken and determined safe.

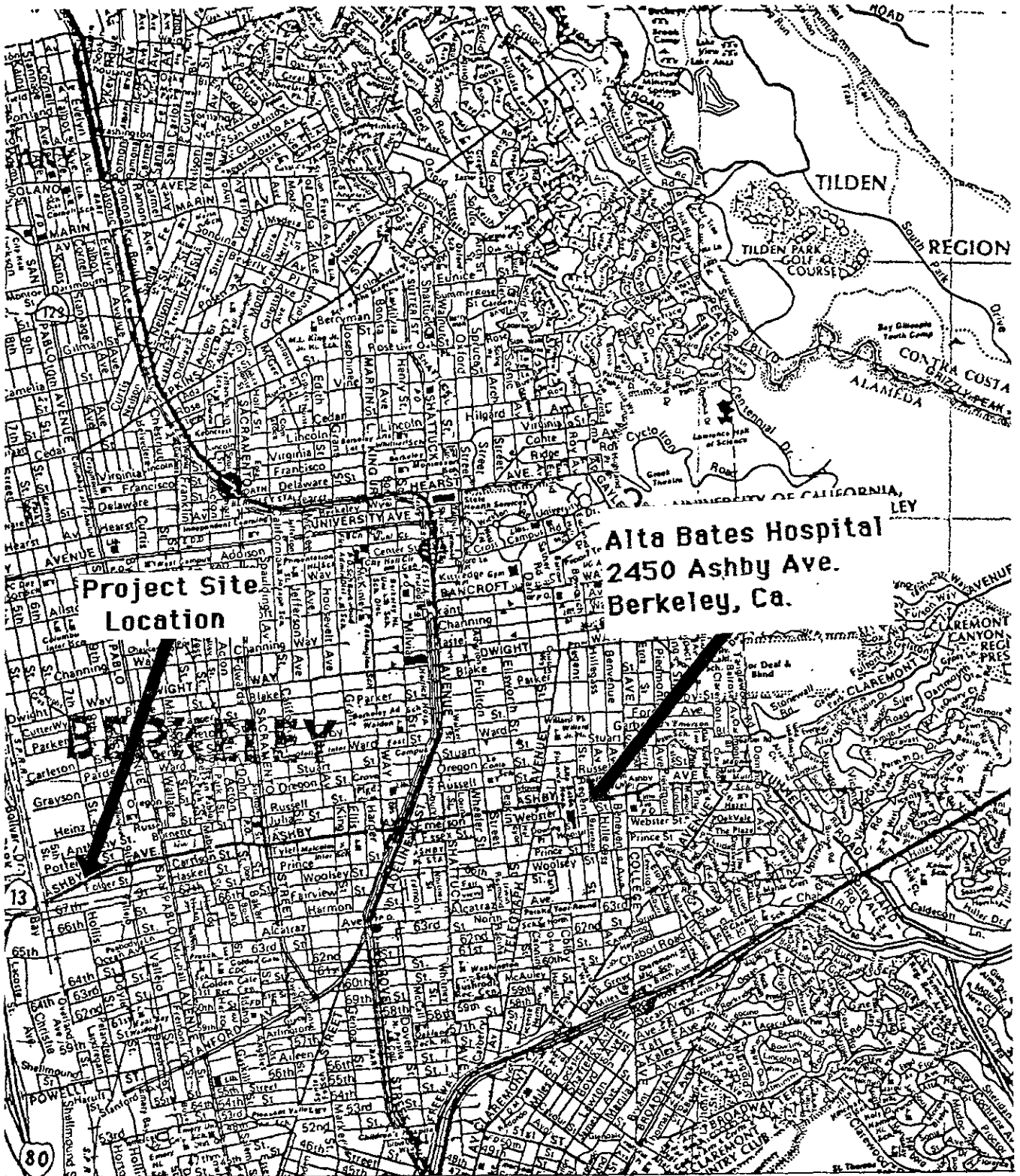
No person shall enter a confined space or excavation pit alone or without the attendance of the Project Site Safety Officer in direct contact.

Emergency Telephone Numbers

W.A. Craig, Inc.....707-252-3353
Poison Control Center.....800-523-2222
Medical.....911
Fire.....911
Ambulance.....911
EPA Emergency Response.....201-321-6660

Hospital

Alta Bates Hospital
2450 Ashby Ave.
Berkeley, Ca.



Date: Sept. 1993	W.A. Craig, Inc. 707-252-3353		Figure No.
Job No.: 3304-0-93			
Scale: no scale-reference only	Coulter Steel 1494 67th St. Emeryville, Ca.		Rev.
Drawn: JGH			
Chk'd: WAC II			
App'd: Wac II / JGH	Hospital Route Map		

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST AGENCY DIRECTOR

September 20, 1993
STID # 1385

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

Mr. Dante Sambajon
Coulter Steel and Forge Company
1494 67th Street
Emeryville, California 94608

**RE: Status of the Soil and Groundwater Investigation / Remediation
Remediation for Coulter Steel Plant 1494 67th Street
Emeryville, CA 94608**

Dear Mr. Sambajon:

The Alameda County Department of Environmental Health, Hazardous Materials Division has recently reviewed the case file concerning the soil and groundwater investigation/remediation at the referenced site. We are in receipt of the following reports:

- * Clarification of SCI's Work Plan for Soil and Groundwater Investigation and Soil Remediation (April 13, 1992)
- * Hydrocarbon Contamination Assessment - Diesel Fuel Tank Area (August 7, 1992) prepared by SCI
- * Quarterly Groundwater Monitoring Sampling Event - August, 1992 (October 7, 1992) prepared by SCI
- * Analytical results of bioremediated stockpiled soil samples (October 26, 1993) submitted by SCI
- * Work Plan Addendum, Soil Remediation (November 24, 1992) prepared by SCI
- * Project Update, Soil Remediation and Groundwater Monitoring Event 3 (May 13, 1993) prepared by SCI
- * Quarterly Groundwater Monitoring Sampling Event - June 1993 (June 24, 1993) prepared by SCI

Based upon this review process, the following issues must be addressed before any modification of the groundwater monitoring program can be implemented :

- * Further characterization is required to completely define the extent of the site plume. The "zero isoconcentration line " must be determined. The upgradient well (MW5) had been detecting elevated levels of TPH diesel (1,300 ppb during the last monitoring event 6/8/93).
- * Sampling of all groundwater monitoring wells at the site **must occur every quarter** which is the maximum sampling interval typically allowed when groundwater contamination is present. Please adhere to the quarterly groundwater elevation readings and quarterly sampling for total

Mr. Dante Sambajon
RE: 1494 67th Street, Emeryville 94608
September 20, 1993
Page 2 of 3

petroleum hydrocarbon as diesel, benzene, ethyl benzene, toluene and xylene. Any modification to the monitoring program must have prior approval from this office.

- * Verification sample for treated stockpiled soil must occur at a rate of one soil sample for every 20 cubic yards if the treated soil will be redispersed back into the excavation pit. Reuse of treated soil to backfill the excavation must have prior approval from this office.

Until cleanup is complete, you will need to submit reports to this office **every three months** (or at a more frequent interval, if specified at any time by this office). In addition, the following items must be incorporated in your future reports or workplans :

- a cover letter from the responsible party or tank owner stating the accuracy of the report and whether he/she concurs with the conclusions and recommendations in the report or workplan
- site map delineating contamination contours for soil and groundwater based on recent data should be included and the status of the investigation and cleanup must be identified
- proposed continuing or next phase of investigation / cleanup activities must be included to inform this department of the responsible party or tank owner's intention
- any changes in the groundwater flow direction and gradient based on the measured data since the last sampling event must be explained
- historical records of groundwater level in each well must be tabulated to indicate the fluctuation in water levels
- tabulate analytical results from all previous sampling events; provide laboratory reports (including quality control/quality assurance) and chain of custody documentation

Your work plan to delineate the extent of both soil and groundwater contamination must be submitted to this office **no later than November 5, 1993.**

All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professional involved with the project.

Mr. Dante Sambajon
RE: 1494 67th Street Emeryville 94608
September 20, 1993
Page 3 of 3

Please be aware that this is a formal request for technical reports pursuant to California Water Code Section 13267 (b). Any extensions of stated deadlines or changes in the workplan must be confirmed in writing and approved by this agency or RWQCB.

Should you have any questions concerning this letter, please contact me at (510) 271-4530.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Edgar B. Howell, Chief, Hazardous Materials Division / file
Gil Jensen, Alameda County District Attorney's Office
Rich Hiett, RWQCB, San Francisco Bay Region
Marianne Watada, Subsurface Consultants, Inc.
171 12th Street, Suite 201, Oakland, CA 94607

TANK REMOVED 1/12/94

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE **93 OCT 14 PM 12:14**

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 COULTER STEEL		NAME OF OPERATOR		
ADDRESS 1494 67th St.		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME EMERYVILLE		STATE CA	ZIP CODE 94662	SITE PHONE # WITH AREA CODE 510 420 3500
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		# OF TANKS AT SITE 1	E. P. A. I. D. # (optional) CA000974808	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) DANTE SAMBAYON	PHONE # WITH AREA CODE 510 420 3500	DAYS: NAME (LAST, FIRST) W. A. CRAIG	PHONE # WITH AREA CODE 707 252 3353
NIGHTS: NAME (LAST, FIRST) SAME	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST) SAME	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME COULTER STEEL		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 1494 67th St		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME EMERYVILLE		STATE CA	ZIP CODE 94662	PHONE # WITH AREA CODE 510 420 3500

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER SAME AS I & 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) 323-9555 if questions arise.

TY (TK) HQ **44** - [] [] [] [] [] [] [] []

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

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

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) J. Harbace	APPLICANT'S TITLE Field Services Mgr.	DATE MONTH/DAY/YEAR 9/10/93
---	---	---------------------------------------

LOCAL AGENCY USE ONLY

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

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: COULTER STEEL

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

A. OWNER'S TANK I.D.# <u>U</u>	B. MANUFACTURED BY. <u>U</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>U</u>	D. TANK CAPACITY IN GALLONS: <u>1000</u>

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

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

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

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 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) <u>U</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>U</u>

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>MAY 93</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	---	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) J. HARBORNE DATE 9/10/93

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

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

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 # 1388 Name Cutter Steel Today's Date 9/14/92

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

- | | |
|---|---|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2651 |
| | <input type="checkbox"/> 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 | <input type="checkbox"/> 7. Precs Tank Test 2643
Date: _____ |
| | <input type="checkbox"/> 8. Inventory Rec. 2644 |
| | <input type="checkbox"/> 9. Soil Testing . 2646 |
| | <input type="checkbox"/> 10. Ground Water. 2647 |
| <input type="checkbox"/> 11. Monitor Plan 2632 | |
| <input type="checkbox"/> 12. Access. Secure 2634 | |
| <input type="checkbox"/> 13. Plans Submit 2711
Date: _____ | |
| <input type="checkbox"/> 14. As Built 2635
Date: _____ | |

Site Address 1494 - 67th Street
City Emeryville Zip 94608 Phone _____
MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

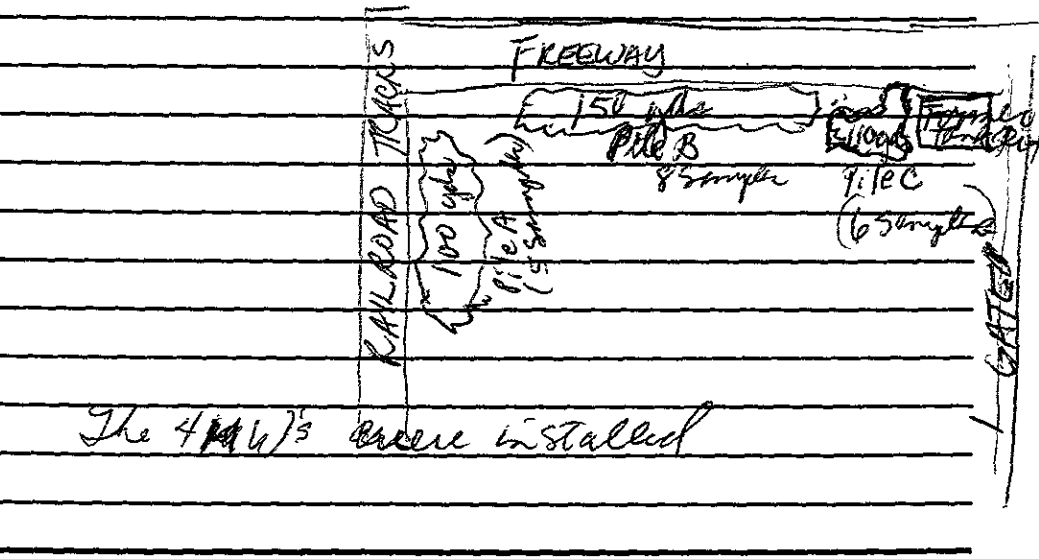
Inspection Categories:

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

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

Comments: 9:45 AM - 12:35

Sampling of bioremediated Stockpile
- 3 Stockpiled sacks on site
- Excavation pit still open but fenced.
- all soil piles appear to be dry on the outside
- according to Bob Kemp (Bay Area Tank & Marine
Env. Technologies) process of bio remediation
on going for about 3-4 months.



II, III

Contact: _____
Title: _____
Signature: _____

Inspector: _____
Signature: Duncan L. Hugo

DATE: 4/6/92

TO : Local Oversight Program

FROM: Susan

SUBJ: Transfer of Eligible Oversight Case

Site name: Coulter Steel & Forge Co.

Address: 1494 - 67th Street city Emeryville zip 94608

Closure plan attached? Y N DepRef remaining \$ 0

DepRef Project # 1709A STID #(if any) 1385

Number of Tanks: 1 removed? Y N Date of removal 11/26/91

Samples received? Y N Contamination: soil removed: 12/27/91

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

Monitoring wells on site none Monitoring schedule? Y N

LUFT category 1 2 3 * H S C A R W G O

Briefly describe the following:

Preliminary Assessment Workplan submitted for approval

Remedial Action _____

Post Remedial Action Monitoring _____

Enforcement Action _____

April 13, 1992
SCI 727.001

92 APR 14 PM 3:00

Ms. Susan Hugo
Hazardous Materials Specialist
Alameda County Health Care Services Agency
80 Swan Way, Suite 200
Oakland, California 94612

Clarification of SCI's Work Plan for
Soil and Groundwater Investigation
and Soil Remediation
Coulter Steel Diesel Tank Site
722 Folger Avenue
Berkeley, California

Dear Ms. Hugo:

This letter transmits clarification as requested by you in a letter dated April 6, 1992, following your review of Subsurface Consultants, Inc. (SCI)'s Work Plan entitled "Diesel Fuel Tank, Soil and Groundwater Investigation and Soil Remediation" dated March 5, 1992. As clarification we offer the following:

Item 1: Bioremediation Process

Three (3) reports of successful bioremediation projects performed by the selected contractor, Bay Area Tank & Marine, are enclosed. These reports include the type of compost used and the pre- and post-treatment analytical test data.

Item 2: Stockpiled Soils

Throughout the entire bioremediation process, the treated soils will be contained, secured and covered by plastic sheeting. Following treatment, verification sampling will occur at a rate of one (1) sample for every twenty (20) cubic yards. The samples will be submitted to a State of California Department of Health Services certified analytical laboratory for testing. These sampling events will be documented and presented in a final report with the analytical data and Chain-of-Custody records. If the test results indicate that the contaminant concentrations in the soils have been

■ Subsurface Consultants, Inc.

171 12th Street • Suite 201 • Oakland, California 94607 • Telephone 415-268-0461 • FAX 415-268-0137

Ms. Susan Hugo
Alameda County Health Care Services Agency
SCI 727.001
April 13, 1992
Page 2

reduced to non-detectable levels, the ACHCSA will be petitioned to allow the soils to be replaced in the excavation.

Item 3: Permit Requirements

Bay Area Tank & Marine will be responsible for obtaining all applicable permits and following agency requirements. Copies of permits will be submitted with the final report following treatment.

Item 4: Overexcavation

A plan showing any proposed extent of overexcavation will be submitted to ACHCSA for approval prior to performing the work.

Item 5: Groundwater Contamination Extent

Impacts to groundwater will be evaluated by installing three monitoring wells in accordance with the RWQCB's guidelines. The direction of groundwater flow will be determined. Groundwater from the wells will be sampled and analytically tested quarterly, and water levels will be obtained monthly. Quarterly monitoring letters will be submitted to the ACHCSA.

Item 6: Time Schedule

Coulter Steel is anxious to have this project begin and is currently in the process of retaining the environmental contractor who is able to begin immediately. The soil/groundwater investigation can begin once the soil stockpiles are relocated. A detailed time schedule will be provided once bioremediation is underway.

Ms. Susan Hugo
Alameda County Health Care Services Agency
SCI 727.001
April 13, 1992
Page 3

If you have any questions, please call.

Yours very truly,

Subsurface Consultants, Inc.

John Wolfe
John Wolfe
Project Geologist

Jeriann N. Alexander
Jeriann N. Alexander
Project Manager

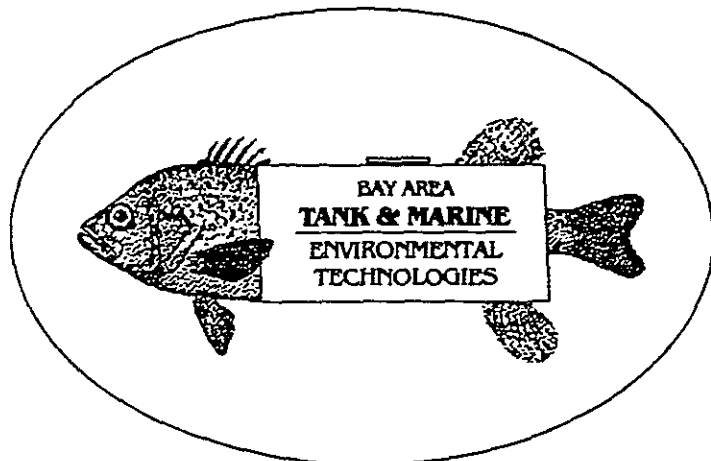
JW:JNA:sld

Attachments: Bioremediation Process
Support Data

cc: Mr. Dante Sambajon
Coulter Steel

Does not need
attachment.

4/7/92



Mr. John Wolf
Subsurface Consultants Inc.
171 12th Street, Suite 201
Oakland, California 94607

Subject: Verification of bio-remediation success.

Dear Mr. Wolf,

Bay Area Tank & Marine is pleased to provide the following information to verify the success and effectiveness of bio-remediation using a bacteria enriched compost.

The compost that is used by Bay Area Tank & Marine is purchased from Clean Comp. Clean Comp is a former mushroom grower that purchases spent mushroom compost from various mushroom farms and enriches the compost with bacteria that will degrade petroleum hydrocarbons.

The duration of treatment for the various petroleum hydrocarbon products depends on soil conditions and concentration of the contaminant but usually most petroleum products can be degraded within 3 months (to non-detected).

The contaminated soil is treated with the bacteria enriched compost by mixing the compost with the contaminated soil at a ratio of 20 percent compost to the contaminated soil by volume.

Attached are three examples of soil that was contaminated with various types of petroleum hydrocarbons and the results after treatment.

If you have any questions or need additional information, please call me at (510) 372-4270.

Sincerely,

Bay Area Tank & Marine Inc.
A California Corporation

A handwritten signature in black ink, appearing to read "Forrest Canutt".

Forrest Canutt, President



CLEAN COMP

Clean Comp is an organic compost inoculated with bacteria that together detoxifies hydrocarbon contaminated soils by providing large populations of hydrocarbon utilizing micro-organisms and nutrients.

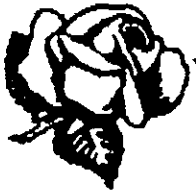
The contaminants treated have included jet fuel, diesel, kerosene, fuel oil, gasoline, lubricating and hydraulic oils and grease. Solvents, P.C. B.'s and some metals have remediated also with this compost.

The process consists of mixing the compost into the contaminated soils. Clean Comp has developed special machinery for this application. The contaminated soil is excavated and the compost is mixed by machine evenly into the soil forming lines called "windrows". These windrows allow homogeneous distribution of the compost and provides tilth for oxygenation and adjusts soil particle-size and moisture is added if necessary.

The compost adds the necessary nitrogen and organic matter to produce the best environment for the organisms to multiply and degrade the contaminant. The bacteria and organisms are added to the compost at the time of delivery.

The result when completed is an enriched and contaminated free soil. Laboratory analysis have shown that the soil can be remediated to nondetect. The following is the analysis of Clean Comp in microbial and organic content:

<u>Contents</u>	<u>Units %</u>
Potassium, K	2.35 Dry Wt.
Magnesium, Mg	0.71 Dry Wt.
Calcium, Ca	4.93 Dry Wt.
Iron, Fe	0.44 Dry Wt.
Organic Nitrogen	1.83 Dry Wt.
Total Nitrogen	1.93 Dry Wt.
Solids	43.39 Dry Wt.
pH	7.28 Standard Units
Copper, Cu	46.26 PPM Dry Wt.
Zinc, Zn	103.88 PPM Dry Wt.
Manganese, Mn	332.92 PPM Dry Wt.
N-P-K ratio	1.9-0.4-2.4 PPM Dry Wt.
Phosphorus, P	0.35 Dry Wt.



CLEAN COMP INC.

COMPOST FORMULAS

Ingredients	Wet wt	Dry wt	— N content —	
	(ton)	(ton)	(%)	(ton)
Straw	22.00	20.00	0.6	0.12
Cottonseed hulls	7.00	6.25	0.6	0.04
Chicken manure	8.00	6.00	4.0	0.24
Cottonseed meal	2.00	2.00	6.7	0.13
Gypsum	0.65	0.65	0	0



April 6, 1992

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

Mr. John Wolfe
Subsurface Consultants
171- 12th Street, Suite 201
Oakland, CA 94607

RE: Work Plan - Soil and Groundwater Investigation/ Soil
Remediation for Coulter Steel Plant 1494 67th Street,
Emeryville, CA 94608

Dear Mr. Wolfe:

This letter is a follow-up to our conversation of April 1, 1992 regarding the investigation/ remediation work plan submitted for the referenced site. Our office has reviewed the "Work Plan Diesel Fuel Tank, Soil / Groundwater Investigation and Soil Remediation" dated March 5, 1992. Based on this review, the work plan is acceptable provided the following conditions are met:

- * Provide this office with more detailed information concerning the bioremediation process that will be implemented in treating the contaminated stockpiled soil (type of compost, literature/results that the bioremediation treatment is effective, etc.).
- * All stockpiled soil generated at the site must be properly dispose and fully documented.
- * Provide this office with a plan for prevention and containment of water run off during the bioremediation treatment process of contaminated stockpiled soil.
- * All applicable permit requirements from other regulatory agencies must be followed.
- * Verification sample for treated stockpiled soil must occur at a rate of one soil sample for every 20 cubic yards if the treated soil will be redispouse back into the excavation pit. Reuse of treated soil to backfill the excavation must have prior approval from this office.
- * A plan for the proposed extent of overexcavation must be submitted and approved by this office.

Mr. John Wolfe
RE: 1494 - 67th Street, Emeryville 94608
April 6, 1992
Page 2 of 2

- * The extent of groundwater contamination at the site must be determined. Groundwater contamination plumes must be defined to "non-detect" levels. Verified downgradient flow of groundwater must be established at the site. Monitoring wells must be installed according to RWQCB's guidelines. Please adhere to a monthly groundwater elevation reading and quarterly sampling for total petroleum hydrocarbon as diesel (TPHD) and benzene, toluene, xylene, ethyl benzene (BTXE) as the sampling protocol until further notice from this office.
- * Please submit a time schedule for all the phases involved until completion of this investigation/ remediation project.

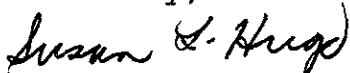
A report must be submitted within 30 days after completion of this investigation. All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professional involved with the project. Copies of reports and proposals must also be submitted to:

Rich Hiatt
RWQCB, San Francisco Bay Region
2101 Webster Street, Fourth Floor
Oakland, California, 94612

Please be aware that this is a formal request for technical reports pursuant to California Water Code Section 13267 (b). Any extensions of stated deadlines or changes in the workplan must be confirmed in writing and approved by this agency or RWQCB.

Should you have any questions concerning this letter, please contact me at (510) 271-4530.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Gil Jensen, Alameda County District Attorney's Office
Rich Hiatt, RWQCB, San Francisco Bay Region
Dante Sambajon, Coulter Steel-1494 67th St. Emeryville 94608
Files

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 1 M 2 D 2 7 9 Y 1		CASE #		SIGNED: <i>Susan L. Hugo</i> DATE: 1/13/92		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT DANTE SAMBAJON		PHONE (510)420-3500		SIGNATURE <i>[Signature]</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 COULTER STEEL & FORGE COMPANY			
	ADDRESS 1494 67TH STREET EMERYVILLE CA 94608					
RESPONSIBLE PARTY	NAME COULTER STEEL & FORGE CO. UNKNOWN		CONTACT PERSON DANTE SAMBAJON		PHONE (510)420-3500	
	ADDRESS 1494 67TH STREET EMERYVILLE CA 94608					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) COULTER STEEL & FORGE COMPANY		OPERATOR SAME		PHONE 520 420-3500	
	ADDRESS 1494 67TH. STREET EMERYVILLE ALAMEDA 94608					
	CROSS STREET BAY					
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA COUNTY HEALTH AGENCY		CONTACT PERSON SUSAN HUGO		PHONE (510)271-4320	
	REGIONAL BOARD SAN FRANCISCO BAY RWQCB		CONTACT PERSON EDDY SO		PHONE (510)464-4366	
SUBSTANCES INVOLVED	(1) NAME DIESEL FUEL				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2)				<input type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 1 M 2 D 0 5 9 Y 1		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 type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input checked="" type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <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 checked="" type="checkbox"/> OTHER (OT) STILL UNDER INVESTIGATION					
COMMENTS	COMMENTS					

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: _____

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# DIESEL TANK	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN	D. TANK CAPACITY IN GALLONS: 10,000

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

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E			
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL (Primary Tank)	<input 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"/> 8 100% METHANOL COMPATIBLE W/FRP	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL
	<input checked="" 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 type="checkbox"/> 4 PHENOLIC LINING
	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____	
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___			
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER _____
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE			
A. SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY
			A U 99 OTHER _____
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH
			A <input checked="" type="radio"/> 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 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A <input checked="" type="radio"/> 95 UNKNOWN
			A U 4 FIBERGLASS PIPE
			A U 8 100% METHANOL COMPATIBLE W/FRP
			A U 99 OTHER _____
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING
			<input type="checkbox"/> 99 OTHER EMPTY

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 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) THOMAS M. COULTER <i>Thomas M. Coultter</i>	DATE 1/9/1992
--	-------------------------

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

WATER RESOURCES CONTROL BOARD
DIVISION OF WATER QUALITY - UST CLEANUP PROGRAM
SITE SPECIFIC QUARTERLY REPORT
01/01/92 THROUGH 03/31/92

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 12034
StID : 1385
SITE NAME: Coulter Steel & Forge Co. DATE REPORTED : 12/27/91
ADDRESS : 1494 - 67th St. DATE CONFIRMED: 12/27/91
CITY/ZIP : Emeryville 94608 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: S	CONTRACT STATUS: 3	EMERGENCY RESP:
RP SEARCH: S		DATE COMPLETED: 04/06/92
PRELIMINARY ASMNT: U	DATE UNDERWAY: 12/19/91	DATE COMPLETED:
REM INVESTIGATION:	DATE UNDERWAY:	DATE COMPLETED:
REMEDIAL ACTION:	DATE UNDERWAY:	DATE COMPLETED:
POST REMED ACT MON:	DATE UNDERWAY:	DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 04/06/92
LUFT FIELD MANUAL CONSID: 2,H,S
CASE CLOSED: DATE CASE CLOSED:
DATE EXCAVATION STARTED : 11/26/91 REMEDIAL ACTIONS TAKEN:

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Dante Sambajon
COMPANY NAME: Coulter Steel & Forge Co.
ADDRESS: 1494 67th Street
CITY/STATE: Emeryville, California 94608

white -env.health
 yellow -facillity
 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 Coulter Steel Today's Date 11/26/91
1494 at street
 Site Address 122 folder st, Emeryville
 City Emeryville Zip 94608 Phone _____

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. 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) _____
- ___ 19. Trade Secret Requested? 25538

Inspection Categories:

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

2:30PM - Frank Altino - Emeryville

* Calif. Administration Code (CAC) or the Health & Safety Code (H&S&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 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. 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

Comments: LE-11, Oct-14/10
1-10,000 G diesel tank removed
Groundwater present - very green

manifest # 91507445

2nd sample at soil/groundwater interface collected
groundwater sample collected
green floating product

Stockpiled soil must be characterized.
Stockpiled soil must be covered.

Excavation pit must be barricaded.

II, III

Contact: _____

Title: _____

Signature: Ray [Signature]

Inspector: _____

Signature: Jason L. Hugo

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 Center Steel Today's Date 12/19/91

Site Address 1494 67th Street

City Emeryville Zip 94608 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

12:30 - 2:00

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

Comments:

Over excavated pit
Verification Samples collected
4 sidewall samples (about 4-5 ft from
surface) one from each wall.

3 bottom samples collected
one on each end, & one middle
sample.

Stockpiled soil must be characterized

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

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

- Monitoring for Existing Tanks
- 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose
 - 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. Precs 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

II, III

Contact: _____

Title: _____

Signature: _____

Inspector: _____

Signature: _____

Susan L. Papp

DIESEL TANK

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

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

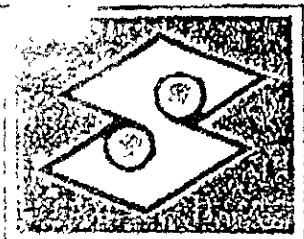
UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A I C 0 0 0 6 4 5 6 9 6		Manifest Document No. 0 0 0 0 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address COULTER STEEL 1494 - 67th Street, Emeryville, CA. 94608						A. State Manifest Document Number 91507445				
4. Generator's Phone (510) 420-3500						B. State Generator's ID				
5. Transporter 1 Company Name H & H Ship Service Company			6. US EPA ID Number C A I D 0 0 4 7 7 1 1 6 8			C. State Transporter's ID 200509		D. Transporter's Phone (415) 543-4835		
7. Transporter 2 Company Name			8. US EPA ID Number			E. State Transporter's ID		F. Transporter's Phone		
9. Designated Facility Name and Site Address H & H Ship Service Company 220 China Basin Street San Francisco, CA 94107						10. US EPA ID Number C A I D 0 0 4 7 7 1 1 6 8		G. State Facility's ID C A I D 0 0 4 7 7 1 1 6 8		
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
a. RESIDUE DIESEL TANK NON-RCRA HAZARDOUS WASTE SOLID						0 0 1 T P		1 0 0 0 0	P	517
b.										
c.										
d.										
J. Additional Descriptions for Materials Listed Above: EMPTY 10,000 gallon tank least containing diesel. Tank inerted with dry ice for transport. PROFILE #11412						K. Handling Codes for Wastes Listed Above: a. 01 b. c. d.				
15. Special Handling Instructions and Additional Information JOB #9710 24 Hr. Emergency Contact: H & H # (415) 543-4835 APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR JOB SITE: COULTER STEEL 722 Folger Avenue Emeryville, California										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name Kay Korda for Coulter Steel			Signature <i>Kay Korda for Coulter Steel</i>			Month 11	Day 12	Year 1991		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ESTEBAN M. FEVALVER			Signature <i>Esteban M. Fevalver</i>			Month 11	Day 12	Year 1991		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name			Signature			Month	Day	Year		
19. Discrepancy Indication Space										
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Christopher Yane			Signature <i>Christopher Yane</i>			Month 11	Day 26	Year 1991		

DO NOT WRITE BELOW THIS LINE.

SCOTT CO.

MECHANICAL CONTRACTORS
1919 Market Street
P.O. Box 12854
Oakland, California 94604
(415) 834-2333

Contractors License No. 184480



TELECOPY COVER SHEET

DATE: 30 Oct. 91
COMPANY TO: ALA. Co. HEALTH
ATTENTION: SUSAN HUGO
FROM: MICHAEL SCHWEICKERT-STARY

NUMBER OF PAGES BEING SENT (INCLUDING THIS COVER SHEET) 2

PLEASE CONTACT MICHAEL AT (510) 834-2333, EXT. 211

IF YOU HAVE ANY QUESTIONS.

SCOTT CO. FAX FOR 2014 MARKET STREET (510) 763-0106 (THAT IS FOR THIS LOCATION).

COMMENTS:

PLEASE PUT ~~IN~~ WITH APPLICATION
FOR COLLATER STEEL TANK REMOVAL

Project Specialist (print) SUSAN L. HUGO

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
1500 Broadway, Third Floor
Oakland, CA 94612

DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 24th Street, Third Floor to be accepted
Oakland, CA 94612
Telephone: (415) 874-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this permit are to assure compliance with State and local health laws. The project proposed herein is now released with the necessary required building permits for construction.

Any change of registered plans must be on the job and must be submitted to the Design/Professional Investigator and Building Inspection Department to determine if such changes meet the requirements of State and local laws.

Next to this Department, at least 48 hours prior to the start of any work, inspections, and to the fire and building department to determine if such work complies with the removal of Tank and Piping. No other work shall be done on the job until the removal of Tank and Piping is completed. Sampling and Final Inspection.

Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

*Susan L. Hugo
12/30/91*

Please note changes made on page 4, 5 of page 2 of the Health & Safety Plan.

UNDERGROUND TANK CLOSURE PLAN

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

- Business Name COULTER STEEL
Business Owner COULTER STEEL
 - Site Address 722 FOLGER ST.
city EMERYVILLE zip 94608 Phone 510)653-2512
 - Mailing Address 1494 67TH STREET
city EMERYVILLE zip 94608 Phone 510)653-2512
 - Land Owner COULTER STEEL
Address 1494 67TH STREET city, state EMERYVILLE CA zip 94608
 - Generator name under which tank will be manifested COULTER STEEL
- EPA I.D. No. under which tank will be manifested CAC-000645696

6. Contractor SCOTT CO. OF CALIFORNIA ✓
Address 1919 MARKET STREET
City OAKLAND, CA. 94607 Phone 510) 834-2333
License Type A-GEN-ENG. ID# 148840

7. Consultant N/A ✓
Address -
City - Phone -

8. Contact Person for Investigation
Name JACK CRINNION Title JOB SPONSOR ✓
Phone 510) 834-2333

9. Number of tanks being closed under this plan ONE (1) ✓
Length of piping being removed under this plan 20' ✓
Total number of tanks at facility ONE (1) ✓

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 HYDRO CHEM SERVICES, INC. EPA I.D. No. DOSH # 1208 ✓
Hauler License No. 1208 License Exp. Date 6-30-92
Address HUNTERS POINT SHIPYARD
city SAN FRANCISCO state CA zip 94124

b) Product/Residual Sludge/Rinsate Disposal Site

Name REFINERY SERVICES EPA I.D. No. CAD-083166728
Address 13331 NORTH HIGHWAY 33
city PATERSON state CA zip 95363

c) Tank and Piping Transporter

Name H & H ENVIRONMENTAL SERVICES EPA I.D. No. CAD-004771168
Hauler License No. 0334 License Exp. Date 1-31-92
Address 220 CHINA BASIN STREET
city SAN FRANCISCO state CA zip 94107

d) Tank and Piping Disposal Site

Name H & H ENVIRONMENTAL SERVICES EPA I.D. No. CAD-004771168
Address 220 CHINA BASIN STREET
city SAN FRANCISCO state CA zip 94107

11. Experienced Sample Collector

Name REPRESENTATIVE GEOLOGIST
Company WESTERN ENVIRONMENTAL SCIENCE & TECHNOLOGY
Address 1046 OLIVE DRIVE, SUITE 3
city DAVIS state CA zip 95616 Phone (916) 753-9500

12. Laboratory

Name (SEE # 11 ABOVE)
Address _____
City _____ State _____ Zip _____
State Certification No. 340 1346, 1190

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

If yes, describe. N/A

14. Describe methods to be used for rendering tank inert

TRIPLE RINSE WITH 15% DRY ICE

(15 LBS / 1,000 GALLONS)

EXPLOSION METER ON SITE

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)		
10,000g.	DIESEL	Soil & Groundwater if present	BELOW TANK: ONE SAMPLE AT EACH END OF TANK and depth than 2 ft. at each end. TRENCH SAMPLING IF NEEDED.

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan
25 yds.	COMPOSITE

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
DESEL	TEST FOR BTEX, Prep BY SONICATION. ANALYSIS BY DHS 8015 & 8020 PREPARATION # 503 (EPA)	EPA 80-15g. Modified on 80-20	.005 ppm
TPH D	GC FID (3550) 8020 or 8240		1.0 ppm (soil)
BTEX E			5 ppt (soil)

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer ARGONAUT 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) JACK CRINNION

Signature *[Handwritten Signature]*

Date 10-14-91

Signature of Site Owner or Operator

Name (please type) DANTE SAMBAJON

Signature *[Handwritten Signature]*

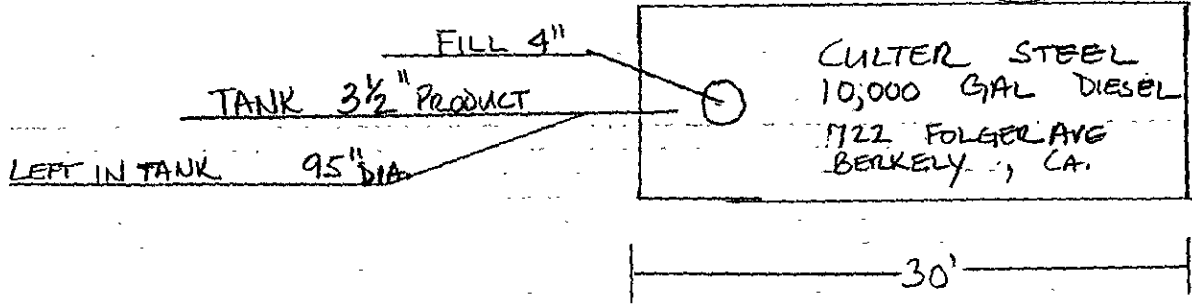
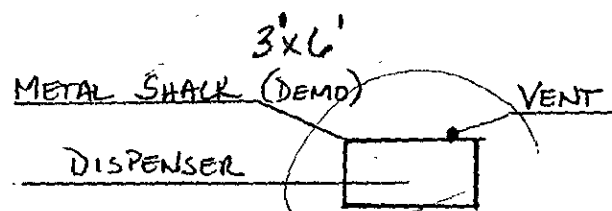
Date 10-14-91

110110 CENTER

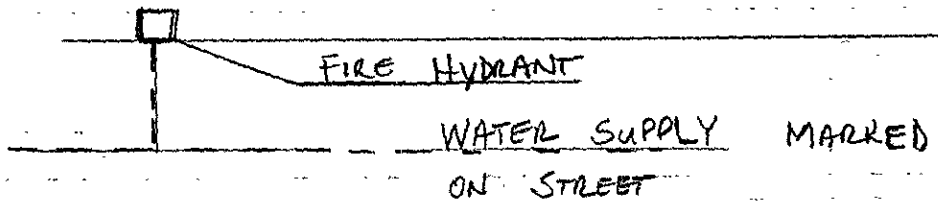
ASHBY AVE

(HILL) / ASHBY (APPROX.) 15' BELOW TANK EXCAVATION

TREES



CONCRETE SLAB



FOLGER AVE

PRODUCER XXXXX BROKER

RB

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.

Corroon & Black
50 California Street
San Francisco, CA 94111
Tel: (415) 981-0600

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** Certain Insurance Companies, per slip attached
- COMPANY LETTER **B** Argonaut
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

The Scott Companies, Inc.
Scott Co. of California
1919 Market Street
Oakland, CA 94607

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE	
A	GENERAL LIABILITY	COY 4227	5/1/91	5/1/92	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES OPERATIONS				BI & PD COMBINED	\$ 1,000	\$ 1,000
	<input checked="" type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY	\$ 1,000	\$ 1,000
	<input checked="" type="checkbox"/> PRODUCTS COMPLETED OPERATIONS						
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE							
<input checked="" type="checkbox"/> PERSONAL INJURY SLIPKICK							
B	AUTOMOBILE LIABILITY	CA 76 514 210970	5/1/91	5/1/92	BODILY INJURY (PER PERSON)	\$	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$ 1,000	
	<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
<input checked="" type="checkbox"/> GARAGE LIABILITY							
	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	CA WC 76 514 210968	5/1/91	5/1/92	STATUTORY		
					\$ 1,000	(EACH ACCIDENT)	
					\$ 1,000	(DISEASE-POLICY LIMIT)	
					\$ 1,000	(DISEASE-EACH EMPLOYEE)	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
General Liability - The Certificate Holder is an Additional Insured solely as respects work performed by or for the Named Insured in connection with 5600 Shellmound St., Emeryville, CA 94608, provided, however, that a written contract requiring that the Certificate Holder be an Additional Insured exists.

CERTIFICATE HOLDER

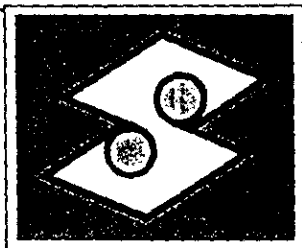
Alameda County Dept. of
Environmental Health
Hazardous Materials Division
80 Swan Way Rm #20
Oakland, CA 94621

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

of Corroon & Black Insurance Services



SCOTT CO.

MECHANICAL CONTRACTORS
1919 Market Street
P.O. Box 12954
Oakland, California 94604
(415) 834-2333

Contractors License No. 184480

SAFETY PLAN

TANK REMOVAL AT:

Coulter Steel
722 Foldger
Emeryville, California

GENERAL CONTRACTOR:	Scott Co. of California 1919 Market Street Oakland, California 94607
PROJECT MANAGER:	Jack Crinnion
SITE SAFETY COORDINATOR:	Ray Rodda
ALTERNATES:	Bill McCarthy; Tony Gabrielli

Mr. Rodda will have in his possession two A:B:C: rated fire extinguishers and Type C protective clothing. Also, he will have a first aid kit and telephone numbers of nearest medical facilities. Scott Co. personnel will have respirators on site should an emergency occur.

Upon arrival at the site, Scott Co. personnel will set up physical barriers around the trench. Fire extinguishers and first aid kit will be set out in an appropriate, accessible spot.

The explosion meter that can detect the level of oxygen and hydrocarbon will be supplied by the contractor and operated by Mr. Rodda. After the tank has been triple rinsed, 15 pounds of dry ice per 1,000 gallons of tank capacity will be applied.

All Scott Co. Environmental personnel have received 40 hours of OSHA Training, thus providing them with the knowledge and skills necessary to perform hazardous waste operations with minimal risk to their safety and health.

SAFETY PLAN

(Continued)

Scott Co. has a policy in which all State certified Environmental personnel are required to have annual physicals to certify them for use of respirators. These records are maintained in our office.

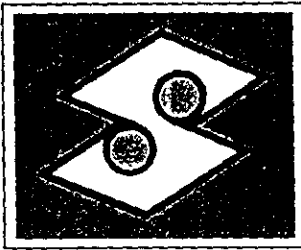
The site will be controlled to reduce the possibility of environmental incidents involving hazardous substances by:

- setting up security and physical barriers to exclude unnecessary personnel from the general area, and
- minimizing the number of personnel and equipment on-site consistent with effective operations.

All tools used at the underground storage tank removal are cleaned on site by tapping and/or scrapping excess dirt and/or petroleum product onto the spoils pile.

If any questions should arise in reference to this safety plan, please contact Jack Crinnion at (415) 834-2333, extension 3474.

*Neavie Hospital — Alta Bates Hosp.
Emergency Phone# — 834-2333 X 3474
3455*



SCOTT CO.

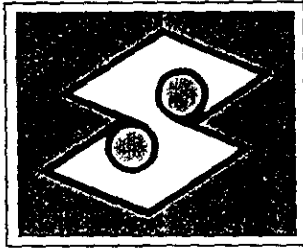
MECHANICAL CONTRACTORS
1919 Market Street
P.O. Box 12954
Oakland, California 94604
(415) 834-2333

Contractors License No. 184480

SCOTT CO.
SAFETY & HEALTH RISK ANALYSIS

Mechanical Hazards	<u> X </u>
Electrical Hazards	<u> </u>
Chemical Hazards	<u> </u>
Temperature Hazards	<u> X </u>
Acoustical Hazards	<u> X </u>
Confined Space Hazards	<u> X </u>
Radiation Hazards	<u> </u>
Bio Hazards	<u> </u>

Should any of the above hazards exist, the following procedures to mitigate hazards will take effect.



SCOTT CO.

MECHANICAL CONTRACTORS
1919 Market Street
P.O. Box 12954
Oakland, California 94604
(415) 834-2333

Contractors License No. 184480

MECHANICAL HAZARDS

- Do not stand near backhoe buckets and earth moving equipment.
- Verify that all equipment is in good condition.
- Do not stand or walk under elevated loads of ladders.
- Do not stand near unguarded excavation and trenches.
- Do not enter excavation or trenches over 5 feet deep that are not properly guarded, shored, or sloped.
- Consult DHSO if other mechanical hazards exist.

TEMPERATURE HAZARDS

Heat Stress

- When temperature exceeds 70°F, take frequent breaks in shaded area. Unzip or remove coveralls during breaks. Have cool water or electrolyte replenishment solution available. Drink small amounts frequently to avoid dehydration. Count the pulse rate for 30 seconds as early as possible in the rest period. If the pulse rate exceeds 110 beats per minute at the beginning of the rest period, shorten the work cycle by one-third.

Cold Stress

- Wear multilayer cold weather outfits. The outer layer should be of wind resistant fabric.
- 0° to -30°F total work time is 4 hours. Alternate 1 hour in and 1 hour out of the low-temperature area. Below -30°F, consult industrial hygienist.
- Drink warm fluid. Provide warm shelter for resting. Use buddy system. Avoid heavy sweating.

ACOUSTICAL HAZARDS

- Use earplugs or earmuffs when noise level prevents conversation in normal voice at distance of three feet.

O₂ DEFICIENCY - CONFINED SPACE HAZARDS

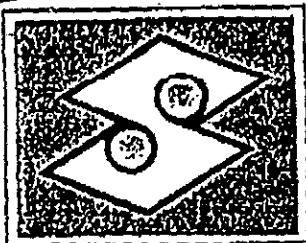
Confined spaces include trenches, pits, sumps, elevator shafts, tunnels, or any other area where circulation of fresh air is restricted or ability to readily escape from the area is restricted. Consult DHSO and Corporate Health and Safety Policy prior to entering confined space.

- Obtain permit for confined space entry.
- At least one person must be on standby outside the confined space who is capable of pulling workers from confined space in an emergency.
- Work involving the use of flame, arc, spark, or other source of ignition is prohibited within a confined space.

SCOTT CO.

MECHANICAL CONTRACTORS
1819 Market Street
P.O. Box 12854
Oakland, California 94604
(415) 834-2333

Contractors License No. 184480



TELECOPY COVER SHEET

DATE: 30 OCT. 91
COMPANY TO: ALA. Co. HEALTH
ATTENTION: SUSAN HUGO
FROM: MICHAEL SCHWEICKERT-STARY

NUMBER OF PAGES BEING SENT (INCLUDING THIS COVER SHEET) 2

PLEASE CONTACT MICHAEL AT (510) 834-2333, EXT. 3455.

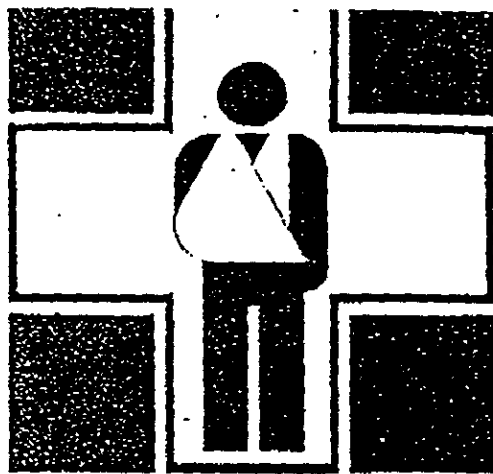
IF YOU HAVE ANY QUESTIONS.

SCOTT CO. FAX FOR 2014 MARKET STREET (510) 763-0106 (THAT IS FOR THIS LOCATION).

COMMENTS:

PLEASE PUT IN WITH APPLICATION
FOR COULTER STEEL TANK REMOVAL.

EMERYVILLE/BERKELEY



Work Injury Occurs . . .

... you're automatically protected by workers' compensation insurance. California law provides certain benefits to employees who are injured or become ill because of the job.

Workers' Compensation Benefits Include . . .

- **Medical Care.** All medical treatment required to cure the injury or illness—without deductible or dollar limit. You should never see a bill, since all costs are paid directly by your employer's insurance company. Your employer will arrange for medical care, usually by a specialist for the particular injury. If you want to change doctors, please ask your supervisor. (In addition, 30 days after reporting the injury you can be treated by a doctor of your choice. Or you can be treated by your own personal physician if you've notified your employer in writing before the injury. For further information, please contact your supervisor).
- **Rehabilitation.** If the injury or illness prevents returning to your usual job, you may be eligible for vocational rehabilitation. If so, all costs are paid by your employer's insurance company.
- **Payment for Lost Wages.** Employees disabled by job injuries or illnesses receive tax-free income while unable to work. The payments are two-thirds of your average weekly pay, up to a maximum set by State law. (Payments are not made for the first three days, however, unless you're hospitalized or unable to work more than 21 days.) Additional payments also will be made after recovery if the injury or illness results in a permanent handicap. If the injury or illness results in death, benefits will be paid to surviving dependents.

The Event A Work Injury . . .

1. Be sure first aid is given.
2. See that the injured employee is taken to a doctor or hospital, if necessary.
3. Report every injury IMMEDIATELY to your supervisor. Any delay in reporting an accident may delay workers' compensation benefits.
4. If you have any questions about workers' compensation, please see your supervisor.

Emergency Telephone Numbers

Doctor READI-CARE, 1350 OCEAN AVENUE 415-652-5800

Doctor BERKELEY INDUSTRIAL GROUP, 1803 6th Street 415-841-1553

HOSPITAL ALTA BATES HOSP., 3001 COLBY, BERKELEY 415-540-0337

Workers' Compensation Provided By

ARGONAUT INSURANCE COMPANY POLICE, FIRE, AMBULANCE -
 P.O. BOX 90610 #911
 SAN JOSE, CA 95109-3610
 (408) 297-2747
 (Address & Phone)

IN A CONSPICUOUS PLACE provided by Sec. 3713 California Labor Code

NOTICE: "Your employer or its insurance carrier may not be liable for the payment of workers' compensation benefits for any injury which arises out of an employee's voluntary participation in any off-duty recreational, social, or athletic activity which is not a part of the employee's work related duties"

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