

RECEIVED

11:30 am, Feb 29, 2008

Alameda County
Environmental Health

**HEALTH AND SAFETY PLAN
FOR THE PROPERTY
LOCATED AT 525 98TH AVENUE
OAKLAND, CALIFORNIA**

GENERAL:

This Health and Safety Plan (HSP) contains the minimum requirements for the subject site and tank removal. The field activities include: removal of product, excavation, product lines, triple washing the tank, sampling rinsate, removing rinsate with vactruck, removing the tank, and proper disposal. All personnel and contractors will be required to strictly adhere to these HSP requirements.

The objective of the HSP plan is to describe procedures and actions to protect the worker, as well as unauthorized person, from inhalation and ingestion of, and direct skin contact with potentially hazardous materials that may be encountered at the site. The plan describes (1) personnel responsibilities and (2) protective equipment to be used as deemed when working on the site. At a minimum, all personnel working at the site must read and understand the requirements of this HSP. A copy of this HSP will be on-site, easily accessible to all staff and government field representative.

PERSONNEL RESPONSIBILITIES:

The key personnel directly involved in the investigation will be responsible for monitoring the implementation of safe work practices and the provisions of this plan are (1) Alpha Geo Services (AGS) supervisor, Mr. Richard Manley and (2) Soil Tech Engineering, Inc. (STE) project field engineer, Mr. Noori Ameli. These personnel are responsible for knowing the provisions of the plan, communicating plan requirements to workers under their supervision and regulatory agencies inspectors and for enforcing the plan.

The personnel-protective equipment will be selected to prevent field personnel from exposure to fuel hydrocarbons that may be present at the site. To prevent direct skin contact, the following protective clothing will be worn as appropriate while working at the site:

1. Tyvek coveralls.
2. Butyl rubber or disposable vinyl gloves.
3. Hard hat with optional face shield.
4. Steel toe boots.
5. Goggles or safety glasses.

The type of gloves used will be determined by the type of work being performed. Excavation and tank removal personnel will be required to wear butyl rubber gloves because they may have long

duration contact with the subsurface materials. The triple washing (decontaminated) and vactruck crews shall wear butyl rubber gloves as they may have long duration contact with the rinsate. STE sampling staff will wear disposable gloves when handling any sample. These gloves will be changed between each sample.

Tank destruction and removal personnel will be required to wear hard hats and when appropriate wear a protective face shield.

Personnel protective equipment shall be put on before entering the immediate work are. The sleeves of the overalls shall be outside of the cuffs of the gloves to facilitate removal of clothing with the least potential contamination of personnel. If at any time protective clothing (coveralls, boots or gloves) become torn, wet or excessively soiled, it will be replaced immediately.

Total organic vapors will be monitored at the site with a portable PID and portable LEL meter. Should the total organic vapor content approach that of the threshold limit value (TLV) for any of the substances listed in Table 1, appropriate safety measures will be implemented under the supervision of the site project engineer. These precautions include, but are not limited to, the following: (1) Donning of respirators (with appropriate cartridges) by site personnel, (2) forced ventilation of the site, (3) shutdown of work until such time as appropriate safety measures sufficient to insure the health and safety of site personnel can be implemented.

TABLE 1
THRESHOLD LIMIT VALUES
FOR
COMMON GASOLINE CONSTITUENTS

Benzene	10 ppm
Toluene	100 ppm
Ethylbenzene	100 ppm
Xylenes	100 ppm

No eating, drinking or smoking will be allowed in the vicinity of the drilling operations. AGS will designate a separate area on-site for eating and drinking. Smoking will not be allowed at the vicinity of the site except in designated areas. No contact lenses will be worn by field personnel.

WORK ZONES AND SECURITY MEASURES:

The project engineer will call Underground Service Alert (USA), and the utilities will be marked before any excavation is conducted on-site, and excavation will be at safe distances from the utilities. The client will also be advised to have a representative on-site to advise us in selecting locations of piping trenches with respect to utilities, underground or above ground structures. AGS assumes no responsibility to utilities not so located. The excavation will be hand dig or using small power tools. Each of the areas where the tank or piping will be excavated will be designated as exclusion zones. Only essential

personnel will be allowed into an exclusion zone. When it is practical and local topography allows, approximately 25 to 75 feet of space surrounding those exclusion zones will be designated as contamination reduction zones.

Cones, wooden barricades or a suitable alternative will be used to deny public access to these contamination reduction zones excavation area. The general public will not be allowed closed to the work area under any conditions. If for any reason the safety of a member or the public (e.g. motorists or pedestrians) may be endanger, work will cease until the situation is remedied. Cones and working signs will be used when necessary to redirect motorists or pedestrians.

Appropriate fire extinguishers on-site

LOCATION AND PHONE NUMBERS OF EMERGENCY FACILITIES:

The fire department and hospital addresses and phone numbers are listed below:

City of Oakland Fire Department 911

Highland General Hospital (510) 534-8655
1411 East 31st Street, Oakland, CA

ADDITIONAL CONTINGENCY TELEPHONE NUMBERS:

Poison Control Center (800) 523-2222

Soil Tech Engineering Administrative Office (408) 496-0265
CHEMTREC (800) 424-9300

NOTE: Only call CHEMTREC stands for Chemical Transportation
Emergency Center, a public service of the Chemical Manu-
facturer's Association. CHEMTREC can usually provide hazard
information, warnings and guidance when given the identi-
fication number or the name of the product and the nature of
the problem. CHEMTREC can also contact the appropriate
experts.

**TYPES OF PROTECTIVE CLOTHING AND RESPIRATION THAT
SHOULD BE USED AT HAZARDOUS WASTE SITES
FOR THE PROPERTY
LOCATED AT 525 98TH AVENUE
OAKLAND, CALIFORNIA**

The degree of hazard is based on the waste material's physical, chemical, and biological properties and anticipated concentrations of the waste. The level of protective clothing and equipment worn must be sufficient to safeguard the individual. A four category system is described below.

LEVEL A

Level A consists of a pressure-demand SCBA (air supplying respirator with back mounted cylinders), fully encapsulated resistant suit, inner and outer chemical resistant gloves, chemical resistant steel safety boots (toe, shank, and metatarsal protection), and hard hat. Optional equipment might include cooling systems, abrasive resistant gloves, disposal oversuit and boot covers, communication equipment, and safety line. Level A is worn when the highest level of respiratory, skin, and eye protection is required. Most samplers will never wear Level A protection.

LEVEL B

Level B protection is utilized in areas where full respiratory protection is warranted, but a lower level of skin and eye protection is sufficient (only a small area of head and neck

is exposed). Level B consists of SCBA, splash suite (one or two piece) or disposal chemical resistant coveralls, inner and outer chemical resistant gloves, chemical resistant safety boots, and hard hat with face shield. Optional items include glove and boot covers and inner chemical resistant fabric coveralls.

LEVEL C

Level C permits the utilization of air-purifying respirators. Level B body, foot, and hand protection is normally maintained. Many organizations will permit only the use of approved full-face masks equipped with a chin or harness-mounted canister. However, many sites are visited by personnel wearing a half-mask cartridge respirator.

LEVEL D

Level D protection consists of a standard work uniform of coveralls, gloves, safety shoes or boots, hard hat, and goggles or safety glasses.

Respirators are of two basic types, air-purifying and air-supplying. Air-purifying respirators are designed to remove specific contaminants by means of filters and/or sorbents. Air-purifying respirators come in various sizes, shapes, and models and can be outfitted with a variety of filters, cartridges, and canisters. Each mask and cartridge or canister is designed for

protection against certain contaminant concentrations. Just because a cartridge says it is for use against organic vapors does not mean that it is good for all organic vapors.

Air-supplying respirators are utilized in oxygen-deficient atmospheres (less than 19.5 percent) or when an air-purifying device is not sufficient. Air is supplied to a face-mask from an uncontaminated source of air via and air line from stationary tanks, from a compressor, or from air cylinders worn on the back (SCBA). Rated capacities of the SCBA's are normally between 30 and 60 minutes. Only positive pressure (pressure demand) respirators should be used in high concentration hazardous environments.

Contact lenses are not permitted for use with any respirator. Contact lenses should not be worn at any site since they tend to concentrate organic materials around the eyes; soft plastic contact lenses can absorb chemicals directly. In addition, rapid removal of contact lenses may be difficult in an emergency. Although eye glasses can prevent a good seal around the temple when wearing goggles or full face masks, spectacle adapters are available for masks and goggles. Respirators often malfunction during cold weather or after continued use. Only NIOSH (National Institute for Occupational Safety and Health) MSHA (Mine Safety and Health Administration) approved respirators should be used.

This Site Safety Plan has been reviewed by the project engineer, STE field personnel and all subcontractors.

Amendments or modifications to this Plan may be written on a separate page and attached to this Plan. Any amendments or modifications must be reviewed and approved by the personnel name above.

This Site Safety Plan has been reviewed by the following persons:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

MARCH 4, 1993

POLICY NUMBER: 1324007-93
CERTIFICATE EXPIRES: 01-01-94

┌
CITY OF CAMPBELL
ATTN: BLDG. DEPT.
75 N. CENTRAL
CAMPBELL, CA 95008

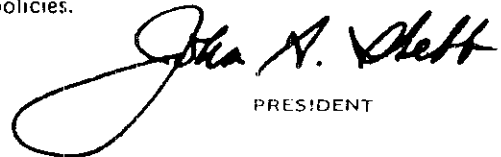
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This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ten days' advance written notice to the employer.

We will also give you TEN days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance 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.


PRESIDENT

EMPLOYER

┌
ALPHA GEO SERVICES, INC.
298 BROKAW RD.
SANTA CLARA, CA 95050

└

Certificate Of Insurance

Issue Date 06/22/93

Producer
SERV Insurance Services, Inc.
61 Motel Circle South
Suite 250
San Diego, CA 92108

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 (4097)
- Company Letter B: GOLDEN EAGLE (4097)
- Company Letter C: GOLDEN EAGLE (4097)
- Company Letter D:
- Company Letter E:

Code: Subcode:

Insured
PHAGEO SERVICES, INC.
76 BROKAW RD
WTA CLARA, CA 95050

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. Limits shown may have been reduced by paid claims.

Type Of Insurance	Policy Number	Pol. Eff. Date	Pol. Exp. Date	Limits Of Liability	
A General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's & Contractor's Prot. <input checked="" type="checkbox"/> SPECIAL CLASSIFICATIONS	CCP-099913-03	04/20/93	04/20/94	General Aggregate \$ 1000000 Product-Comp/Ops Aggregate \$ 0 Personal & Advertising Injury \$ 1000000 Each Occurrence \$ 1000000 Fire Damage(Any One Fire) \$ 50000 Medical Expense(Any One Person) \$ 5000	
B Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/>	CCP-099913-03	04/20/93	04/20/94	Combined Single Limit \$ 500000 Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage \$	
Excess Liability <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form					Each Occurrence \$ Aggregate \$
Worker's Compensation And Employer's Liability				Statutory \$ (Each Accident) \$ (Disease-Policy Limit) \$ (Disease-Each Employee)	
C Other <input checked="" type="checkbox"/> BUSINESS PERSONAL PROPERT	CCP-099913-03	04/20/93	04/20/94	\$ 75000 \$500 DEDUCTIBLE \$ 0	

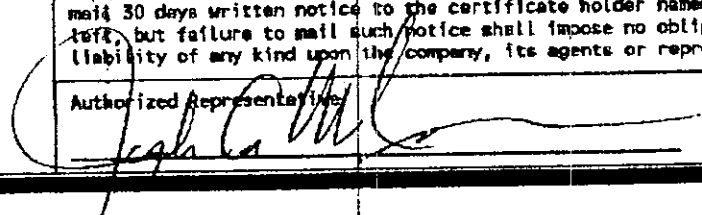
Description Of Operations/Locations/Vehicles/Special Items

Certificate Holder

Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 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:





State of California
CONTRACTORS STATE LICENSE BOARD



License Number

507570

Entry

CORP

Business Name

ALPHA SERVICE

Class

Expiration Date

03/31/95

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: FARHANG HAMEDI-FARD
License No.: 507520
Namestyle: ALPHA GEO SERVICES

WITNESS my hand and official seal this
14TH day of MARCH, 1990
David R. Phillips
Registrar of Contractors

13L-36 (7/85)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A3391

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name _____ Today's Date 12/7/93

II.A BUSINESS PLANS (Title 19)

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

Site Address 525 - 95th N
 City Oakland 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

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

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

Comments:

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 _____ |
| New Tanks | ___ 7. Precs Tank Test 2643 |
| | Date: _____ |
| | ___ 8. Inventory Rec. 2644 |
| | ___ 9. Soil Testing 2646 |
| | ___ 10. Ground Water. 2647 |
| | ___ 11. Monitor Plan 2632 |
| | ___ 12. Access. Secure 2634 |
| | ___ 13. Plans Submit 2711 |
| | Date: _____ |
| | ___ 14. As Built 2635 |
| Date: _____ | |

Soil sample collected from native soil beneath North Island. clay, sand - no odor at 3'
 Soil sample collected from elbow to south island dark, sandy clay - no odor
 Soil sample beneath 4K UST - south end stained green clay, strong gas odor taken at 12'
 Soil sample beneath 4K tank - North end stained green clay - strong odor at 12'
 soil sample beneath 5K UST - North end stained green clay - strong odor - taken at 12'
 soil sample beneath 5K UST - South end stained green clay - strong odor - taken at 12'
 groundwater appeared to be at ~ 14' No water sample collected.

Rev 6/88

II, III

Contact: _____
 Title: _____
 Signature: [Signature]

Inspector: [Signature]
 Signature: [Signature]

3063

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 _____ Today's Date 12/7/93

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- ___ 9. Modification 25505(b)

II.B ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
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- ___ 14. OffSite Conseq. Assess. 25524(c)
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- ___ 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)

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| | ___ 3. Records Maintenance 2712 |
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| Monitoring for Existing Tanks | ___ 6. Method |
| | 1) Monthly Test |
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Semi-annual groundwater
One time soils |
| | 3) Daily Vadose
One time soils
Annual tank test |
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One time soils |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon. |
| | 6) Daily Inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank teting |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other _____ |
| New Tanks | ___ 7. Precls Tank Test 2643
Date: _____ |
| | ___ 8. Inventory Rec. 2644 |
| | ___ 9. Soil Testing . 2646 |
| | ___ 10. Ground Water. 2647 |
| ___ 11. Monitor Plan 2632 | |
| ___ 12. Access. Secure 2634 | |
| ___ 13. Plans Submit 2711
Date: _____ | |
| ___ 14. As Built 2635
Date: _____ | |

Site Address 525 - 95th AV
 City Oakland 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:

Soil sample collected from native soil beneath North Island. clay, sand - no odor at 3'

Soil sample collected from elbow to South Island dark, sandy clay - no odor

Soil sample beneath 4K UST - south end stained green clay, strong gas odor taken at 12'

Soil sample beneath 4K tank - North end stained green clay - strong odor at 12'

Soil sample beneath 5K UST - North end stained green clay - strong odor - taken at 12'

Soil sample beneath 5K UST - South end stained green clay - strong odor - taken at 12'

Groundwater appeared to be at ~ 14' No water sample collected.

II, III

Contact: _____
 Title: _____
 Signature: _____

Inspector: Eozach
 Signature: [Signature]

3063

white -env.health
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II.B ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
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- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N)
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Vadose/gndwater mon. |
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| Date: _____ | |

Site Address 525-98th Av
 City Oakland Zip 94603 Phone _____

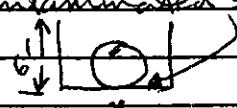
___ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

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

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

Comments:

③ W.O. UST
 Contaminated soil noted along side UST

 Corroded, 1/2" hole noted on top of ^{Fill} end, pitted.
 Analyze W.O. pt for TPH-D, TPH-G, BTEX, Cr, Cd, Pb, Zn, Ni, Cl-He, semi-volatiles.
 Remove piping from W.O. tank to building
 Soil sample collected beneath middle of UST
 clay-sand soil - w/ sl. green w/ sl. odor
 at 7.5-8' depth.

II, III

Contact: _____
 Title: _____
 Signature: [Signature]

Inspector: Evaghu
 Signature: [Signature]

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

II, III

White - env. health
yellow - facility
pink - files

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| | 7) Weekly Tank Gauge
Annual tank testing |
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| | Date: _____ |
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| Date: _____ | |

Site Address 525 98th Av
City Oakland Zip 94603 Phone _____

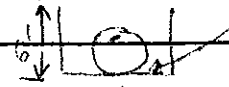
MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

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

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

Comments:

② W/O UST
Contaminated soil noted along side UST

corroded, hole noted on top of ^{Full} tank pitted.
Average W/O pt for TPH-D, TPH-G, BTEX, CY, CD, HB, Zn, Ni, CHC, semi-volatiles
Remove piping from W/O tank to building
Soil sample collected beneath middle of UST
clay-sand soil - so sl. green w/ sh. color
at 7.5-8' depth

II, III

Contact: _____
Title: _____
Signature: [Signature]

Inspector: E. J. G. H. U.
Signature: [Signature]

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name _____ Today's Date 12/7/93

II.A BUSINESS PLANS (Title 19)

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

Site Address 525 98th Ave

City Oakland Zip 94603 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

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

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(h)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

Comments:

Bldg | LCL 0% LCL 0
 0, 20% 0, 20% ← Fill end.
 Cody - AFD
 Erickson Inc

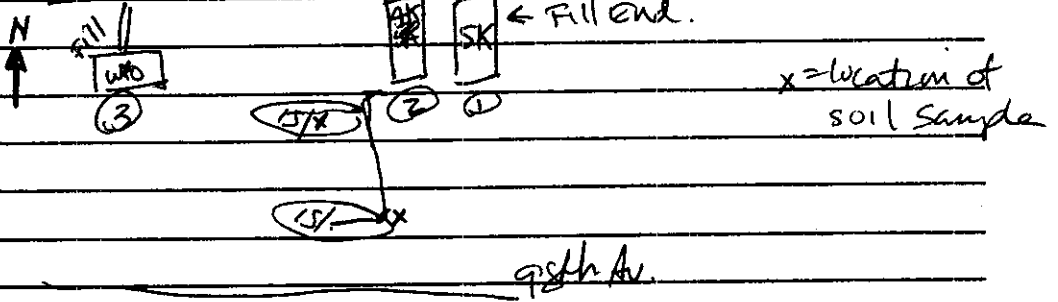
III. UNDERGROUND TANKS (Title 23)

- 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: _____



5KUST - ① - Corrosion and pitting but no obvious holes. soil around it was kept stained black w/ aged gasoline odor. Bottom of UST at about 11' bare steel tank possible rain water

② 5K UST: water beneath this tank - with sheen film diesel odor (strong) from soil tank show corrosion but no obvious holes

and under piping
 Analyze soil samples from large pit for TPH-G, TPH-D, BTEX and total lead

Contact: _____

Title: _____

Signature: APAC

Inspector: Eva Chu

Signature: [Signature]

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 _____ Today's Date 12/17/93

II.A BUSINESS PLANS (Title 19)

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

Site Address 527 95th Ave
 City Oakland Zip 94603 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 Perennial

II.B ACUTELY HAZ. MATLS

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

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

Comments:

100% of 100%
 2, 20% or 20%
 Copy of FD
 tank service

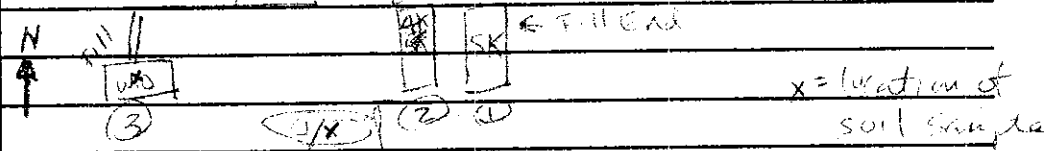
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 - 1) Monthly Test
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Annual tank testing
Cont pipe leak det
Vadose/gndwater mon.
 - 6) Daily Inventory
Annual tank testing
Cont pipe leak det
 - 7) Weekly Tank Gauge
Annual tank testing
 - 8) Annual 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: _____



SKUST ① - corrosion and pitting but no obvious holes. soil around it has been stained black w/ aged gasoline odor. Bottom of tank at about 11" pure steel tank possible rain water.

② SKUST: water beneath this tank - with sheen film diesel odor (strong) from soil tank shows corrosion but no obvious holes and under piping.

Any type soil samples from large pit for TPH-G, lead-100X and total lead

II, III

Contact: _____

Title: _____

Signature: [Signature]

Inspector: [Signature]

Signature: [Signature]

10/3