

Stid # 1878

## SEMCO

ENVIRONMENTAL CONTRACTOR / GENERAL ENGINEERING  
1741 LESLIE STREET  
SAN MATEO, CA 94402  
(415) 572-8033 FAX (415) 572-9734  
LICENSE # 449864 A, B, C61/D40  
HAZARDOUS SUBSTANCES REMOVAL & REMEDIAL CERTIFICATION

March 20, 1995

Juliet Shin  
Alameda County  
Environmental Health Department  
Hazardous Materials Division  
1131 Harbor Bay Parkway, #250  
Alameda, CA 94502

**RE: Disposal of Piping  
Hoangs Service  
20009 Meekland Avenue  
Hayward, CA**

Dear Juliet:

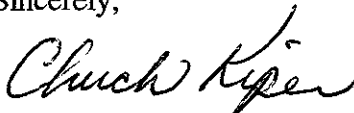
I would like to respond to your questions concerning the final disposition of the piping at the above referenced location.

In October of 1990, when SEMCO originally removed the tanks, the lines were flushed with hot detergent water, before they were disconnected from the tanks. The residual fuel and rinsate was disposed of under a California Uniform Hazardous Waste Manifest. The lines were abandoned in place which was customary at that time.

In May of 1993, at the request of your office, SEMCO removed these lines and collected samples from below the piping. Since it was the TSDF's policy not to accept piping alone on a manifest and since the piping had been previously flushed with a hot detergent wash, it was disposed of as prepared scrap metal for recycling.

If you need any additional information, please do not hesitate to contact me.

Sincerely,



Chuck Kiper, CEI, CES  
Vice President  
SEMCO-San Mateo

encs

oh really?

ENVIRONMENTAL  
PROTECTION

95 MAR 23 PM 1:48

ALAMEDA COUNTY ENVIRONMENTAL  
HEALTH DEPARTMENT

ENVIRONMENTAL PROTECTION DIVISION  
1131 Harbor Bay Parkway, Suite #250  
Alameda, CA 94502-6577  
Telephone (510) 567-6700  
Fax Number (510) 337-9335

FAX COVER SHEET

DATE: March 13, 1995

TO: Stanley Klemetson

FAX # (707) 745-0163

Total number of pages including cover sheet 3

FROM: Amy Leech  
(510) 567-6755

(SMILE) have a nice day.  
DO SOMETHING FOR OUR ENVIRONMENT.

jdsb/0395

Per our conversation, we need the manifests for disposal of product piping removed from 20009 Meekland Rd., Hayward on 5/10/93. See our address at the top of this page. Thank you for your assistance.

Amy Leech

# NON-HAZARDOUS WASTE TRANSPORT FORM

## GENERATOR INFORMATION

NAME: DONALD M. FONG & VERONICA M. FONG AND TRUSTEES

ADDRESS: 20008 MEEKLAND AVE.

CITY, STATE, ZIP: HAYWARD, CA 94541 PHONE #: (510) 582-7921

DESCRIPTION OF SOIL: SOIL GENERATED DURING BORING/DRILLING/EXCAVATION EVENT OR A SITE ASSESSMENT/INVESTIGATION

THE GENERATOR CERTIFIES THAT THIS SOIL AS DESCRIBED IS NON-HAZARDOUS

*(Signature: Monica Fong)*  
(Typed or printed full name & signature)

1/10/94  
(Date)

## SITE INFORMATION

STA #	IWM JOB #	ADDRESS	CY	
1	20009 MEEK	31056-SS	20009 MEEKLAND AVE., HAYWARD, CA	4.00
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
			TOTAL CU. YARDS:	4.00

## TRANSPORTER INFORMATION

NAME: INTEGRATED WASTESTREAM MANAGEMENT, INC.

ADDRESS: 950 AMES AVE.

CITY, STATE, ZIP: MILPITAS, CA 95035 PHONE #: (408) 942-8955

TRUCK ID #: 51 Dump *(Signature: Hurschel Ward Hurschel Ward)* 1-26-94  
(Typed or printed full name & signature) (Date)

## TSD FACILITY INFORMATION

NAME: B & J LANDFILL

ADDRESS: 6426 HAY RD.

CITY, STATE, ZIP: VACAVILLE, CA 95687 PHONE #: (707) 448-2945

BILL TO: IWM, INC. *(Signature: Sandra Hall)* 01/26/94  
APPROVAL #: 01307 (Typed or printed full name & signature) (Date)

ALCO  
HAZMAT  
94 MAR 31 PM 1:49

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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

May 26, 1993

Ms. Monica Fong  
20008 Meekland Ave.  
Hayward, CA 94541

STID 1878

Re: Completion of investigations at 20009 Meekland Avenue,  
Hayward, California

Dear Ms. Fong,

This office has received and reviewed a faxed copy of Certified Environmental Corporation's (CEC) report addressing the piping removal and soil sampling at the site on May 10 & 11, 1993. Analysis of the soil samples collected from beneath the former product piping and within the gasoline tank pit did not identify any Total Petroleum Hydrocarbons as gasoline (TPHg) or benzene, toluene, ethylbenzene, or xylenes. Therefore, no further work is required in these areas. However, please be reminded that a copy of the manifest for the disposal of the product piping needs to be submitted to this office.

The soil sample collected from the backfill of the waste oil tank pit identified 96 ppm Oil & Grease. However, considering that this level does not significantly exceed the detection limit for Oil & Grease (50 ppm), and that no other contaminants were identified in this sample, this office will not require further work related to this tank pit.

Unacceptable levels of TPHg, at 380 ppm, and traces of BTEX were identified from the soil sample collected from the excavated material. Therefore, you are required to either dispose of the stockpiled soil to a certified disposal facility under manifest, or aerate the stockpiled soil sample, under the permission of the Bay Area Air Quality Management Board, and collect confirmatory samples at a later date to show that the levels had gone down to acceptable concentrations. If the soil is hauled off site, this office must receive a copy of the manifest.

This office will be prepared to propose closure to the Regional Water Quality Control Board for this site, once we receive a copy of the manifest for the product piping, and information on the fate of the stockpiled soil.

Ms. Monica Fong  
Re: 20009 Meekland Ave.  
May 26, 1993  
Page 2 of 2

If you have any questions or comments, please contact me at (510)  
271-4530.

Sincerely,

Juliet Shin  
Hazardous Materials Specialist

cc: Sumadhu Arigala, RWQCB

Kathy Bekker  
Certified Environmental Consulting, Inc.  
32 West 25th Ave., Ste 102  
San Mateo, CA 94403

Edgar Howell-File(JS)

pg 2 of 2

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## Hazardous Materials Division Inspection Form

Site ID# 1878 Site Name Hoang's Auto Today's Date 5/11/93  
 Site Address 20009 Meekland Ave EPA ID# \_\_\_\_\_  
 City Hayward Zip 94 Phone \_\_\_\_\_

MAX Amt. Stored > 500lbs/55g/200cf?  Y  N  
 Hazardous Waste generated per month? \_\_\_\_\_

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

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

I.A. GENERATOR (Title 22)		
___ 1. Waste ID	* 66471	
___ 2. EPA ID	66472	
___ 3. > 90 days	66508	
___ 4. Label dates	66508	
___ 5. Biennial	66493	
<hr/>		
Manifest	___ 6. Records	66492
	___ 7. Correct	66484
	___ 8. Copy sent	66492
	___ 9. Exception	66484
	___ 10. Copies Rec'd	66492
<hr/>		
Misc.	___ 11. Treatment	66371
	___ 12. On-site Disp. (H.S.&C.)	26189.5
	___ 13. Ex Haz. Waste	66570
<hr/>		
Prevention	___ 14. Communications	67121
	___ 15. Aisle Space	67124
	___ 16. Local Authority	67126
	___ 17. Maintenance	67120
	___ 18. Training	67105
<hr/>		
Conf. gency	___ 19. Prepared	67140
	___ 20. Name List	67141
	___ 21. Copies	67141
	___ 22. Emg. Coord. Trng.	67144
<hr/>		
Containers, Tanks	___ 23. Condition	67241
	___ 24. Compatibility	67242
	___ 25. Maintenance	67243
	___ 26. Inspection	67244
	___ 27. Buffer Zone	67246
	___ 28. Tank inspection	67259
	___ 29. Containment	67245
	___ 30. Safe Storage	67261
	___ 31. Freeboard	67257
<hr/>		
I.B. TRANSPORTER (Title 22)		
	___ 32. Applic./insurance	66428
	___ 33. Comp. Cert./CHP Inso.	66448
	___ 34. Containers	66465
<hr/>		
Manifest	___ 35. Vehicles	66465
	___ 36. EPA ID #s	66531
	___ 37. Correct	66541
	___ 38. HW Delivery	66543
	___ 39. Records	66544
<hr/>		
Cont's	___ 40. Name/ Covers	66545
	___ 41. Recyclables	66800

**Comments:**

Arrived at site at 1:00pm to observe sampling of backfill. Prior to my arrival, a backhoe was used to examine the profile of the backfilled tank pit. It was observed that gravel was laid in the tank pit to ~7' bgs, and that the formerly excavated backfill went from ~7' bgs to ~3' bgs. It was decided that backfill soil samples would be collected using the backhoe at 3' and 6' bgs in varying locations of the pit.

Material is obviously backfill because it is sandier than the native soil.

When I arrived on site the vent pipes had apparently been removed and this trench along w/ half of the open piping trench was backfilled w/ clean silt. The backfill from piping trench was excavated & stored on black tarp in back of building, waiting to be sampled.

*former tank pit for gas tanks*

*locations of 3+6' bgs samples (s-4 + s-5)*

Rev 6/88

Contact: Kathy Bekker  
 Title: CFC  
 Signature: Kathy Bekker

Inspector: Juliet Shon  
 Signature: Juliet Shon



Pg. 2 of 2

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Division Inspection Form

Site ID# 1878 Site Name Hoang's Auto Today's Date 5/11/93

Site Address 2009 Meekland Ave EPA ID#

City Hayward Zip 94 Phone

MAX Amt. Stored > 500lbs/55g/200cf? Y N Hazardous Waste generated per month?

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

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

I.A GENERATOR (Title 22)

- 1. Waste ID 66471 2. EPA ID 66472 3. > 90 days 66508 4. Label dates 66508 5. Biennial 66493 6. Records 66492 7. Correct 66484 8. Copy sent 66492 9. Exception 66484 10. Copies Rec'd 66492 11. Treatment 66371 12. On-site Disp. (H.S.&C.) 26189.5 13. Ex Haz. Waste 66570 14. Communications 67121 15. Aisle Space 67124 16. Local Authority 67126 17. Maintenance 67120 18. Training 67105 19. Prepared 67140 20. Name List 67141 21. Copies 67141 22. Emg. Coord. Trng. 67144 23. Condition 67241 24. Compatibility 67242 25. Maintenance 67243 26. Inspection 67244 27. Buffer Zone 67246 28. Tank Inspection 67259 29. Containment 67245 30. Safe Storage 67261 31. Freeboard 67257

Comments:

Sample 5-6 and 5-7 were collected from 3' x 6' bgs & also from location shown on figure on 1st pg. No odor was apparent from any of the samples so far. No odor observed from 5-8, taken at 3' bgs. Soil type was still sandy. 5-9 collected from ~5 1/2' to 6' bgs. Sample 5-10 was collected from the waste oil tank pit at ~3' bgs. Gravel layer began in this pit at ~3' bgs or even less. The waste oil soil samples will be analyzed for TOG, TPHg, TPHd, & lead. One soil sample was collected from the excavated piping trench backfill, 5-11.

I.B TRANSPORTER (Title 22)

- 32. Applic./Insurance 66428 33. Comp. Cert./CHP Insp. 66448 34. Containers 66465 35. Vehicles 66465 36. EPA ID #s 66531 37. Correct 66541 38. HW Delivery 66543 39. Records 66544 40. Name/ Covers 66545 41. Recyclables 66800

Rev 6/88

Contact: Kathy Bekker Title: CEC Signature: Kathy Bekker

Inspector: Juliet Shins Signature: Juliet Shins

white -env.health  
 yellow -facillty  
 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 # 1878 Site Name Hoang's Service Today's Date 5/10/93

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 20009 Meekland Ave.  
 City Hayward Zip 94541 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(e)
- 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:

Arrived on site. Soil samples were collected from the piping trench immediately below where the piping used to lay.

III. UNDERGROUND TANKS (Title 23)

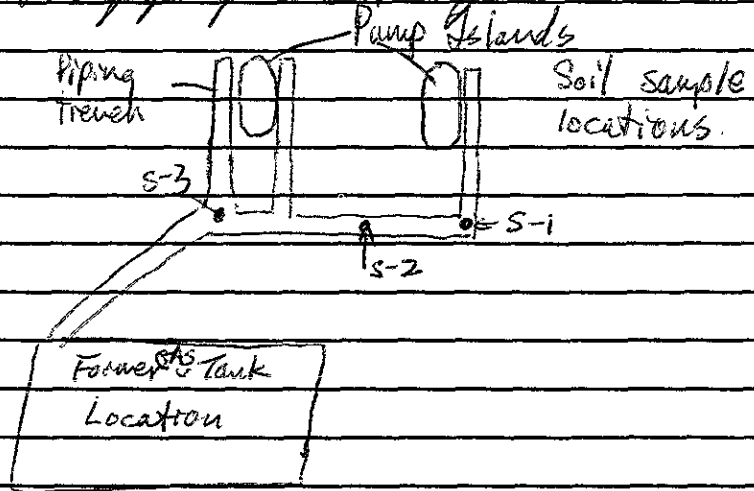
- General
- 1. Permit Application 25284 (H&S)
  - 2. Pipeline Leak Detection 25292 (H&S)
  - 3. Records Maintenance 2712
  - 4. Release Report 2651
  - 5. Closure Plans 2670

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

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

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

Rev 6/88



It was determined that the backfill in the piping trench would be adequately excavated and stockpiled on site. A Composite sample well be collected from this soil to determine how to dispose of it. Approximately 60 feet of piping was removed & vent piping revalued in the

II, III

Contact: Kathy Bekker

Title: CEC

Signature: Kathy Bekker

Inspector: Juliet Shin

Signature: Juliet Shin

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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 2733
- \_\_\_ 6. Emergency Response 25504(b)
- \_\_\_ 7. Training 25504(c)
- \_\_\_ 8. Deficiency 25505(a)
- \_\_\_ 9. Modification 25505(b)

Site Address \_\_\_\_\_

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

II.B ACUTELY HAZ. MATLS

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

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

III. UNDERGROUND TANKS (Title 23)

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

Monitoring for Existing Tanks

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

- \_\_\_ 7. Precls 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: \_\_\_\_\_

Comments:

ground, and according to Kathy Bekker, CEC, this piping would be removed by tomorrow. Some stains & odor observed from piping travel. According to Rocky, SEMCO, these stains resulted from pulling the pipes out today, & this soil will be removed!

*[Large diagonal scribble across the bottom half of the form]*

Rev 6/88

Contact: Kathy Bekker  
 Title: CEC  
 Signature: Kathy Bekker

Inspector: Juliet Shin  
 Signature: Juliet Shin

II, III



ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



*Handwritten initials: JPH, FRL*

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 205  
Oakland, CA 94612  
(510) 271-4530

September 23, 1992

Monica Fong  
20008 Meekland Ave.  
Hayward, CA 94541

STID 1878

RE: Amendment to work plan for 20009 Meekland Avenue, Hayward,  
California

Dear Ms. Fong,

Per the letter dated September 8, 1992, this office approves of the request for excluding any sampling of the native soil as part of the required 5 composite samples from the tank pit. This approval is made with the knowledge that native soil was already sampled and found to contain very minor concentrations of BTEX during the tank removals in October 1990, and that the primary concern and reason for the required composite soil sampling is the fact that excavated soil was formerly backfilled into the tank pit without being sampled.

However, per the conversation with Mr. Dave McCain and myself on September 23, 1992, if the composite soil samples, collected from the tank pit, are found to exhibit unacceptable concentrations of TPHg and BTEX, additional investigations need to be conducted of the native soil beneath the former tank pit. Additionally, if soil contamination is identified beneath the piping, further soil and ground water investigations will be required.

Again, please be reminded to copy Eddy So, at the San Francisco Bay Region-Water Quality Control Board, on all correspondence and reports.

Please notify this office **48 hours in advance** before implementing the work plan.

If you have any questions or comments, please contact me at (510) 271-4530.

Sincerely,

*Handwritten signature of Juliet Shin*  
Juliet Shin  
Hazardous Materials Specialist

Monica Fong  
RE: 20009 Meekland Ave.  
September 23, 1992  
Page 2 of 2

cc: Eddy So, RWQCB

Hugh Murphy, Hayward Fire Dept.

Dave McCain  
SEMCO  
1741 Leslie St.  
San Mateo, CA 94402

Edgar Howell-File (JS)

Sept. 8, 1992

To: Juliet Shin  
Haz Mat Specialist  
Alameda County  
UST Local Oversight Program  
80 Swan Way Rm. 200  
Oakland Ca. 94621

Regarding: Fong property at 20009 Meekland, Hayward.

Dear Ms. Shin:

Please let this letter serve as an amendment to our work plan dated. Aug. 27, 1992.

As per our telephone conversation and your letter dated Aug. 28, 1992, and pending the property owners approval, Semco will retrench the former gas tank site and collect (5) five composite samples at varying depths to be analyzed for TPH-G, BTEX. We further agree to sample beneath all piping elbows.

In the original letter from Scott Seery dated June 18, 1992 only two items were needed for closure, a sampling of the backfill and removal and sampling of the piping. We agree to do this. However, we find no rational explanation for resampling the native soil at the bottom of the excavation. We have already gathered and supplied that analytical data to you. We believe the data was valid the first time and should be valid now. This seems to us an unnecessary effort and expense.

We greatly appreciate your allowing us to composite our samples to get a representative profile of the backfill, but it is difficult for us to justify resampling of the bottom and the incurred extra expense to the Fong family.

We are looking forward to your response so we can proceed towards closure.

Sincerely



Dave McCain, Project Co-ordinator  
Semco

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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

August 28, 1992

Monica Fong  
20008 Meekland Ave.  
Hayward, CA 94541

STID 1878

RE: Work plan for investigations at 20009 Meekland Avenue,  
Hayward, California

Dear Ms. Fong,

This office has reviewed the work plan, dated August 27, 1992, addressing the removal of piping, and the sampling of soil beneath the piping and from the two tank pits at the site.

The proposed number of soil samples to be collected from the gasoline tank pit are inadequate to meet the requirements of the Regional Water Quality Control Board's (RWQCB) guidelines. Per the conversation between Dave McCain, SEMCO, and myself, the dimensions of the gasoline tank pit are roughly 20 feet x 20 feet x 13.5 feet, (i.e., 200 cubic yards). According to RWQCB's guidelines, **one** discreet soil sample must be collected and analyzed **per every 20 cubic yards** of excavated soil that is to be reused on site. Therefore, if the backfilled soil is to be left in place, 10 soil samples should be collected from the gasoline tank pit. However, per my conversation with RWQCB's Eddy So, it would be acceptable to collect **5 composite samples**, in five different locations, from this tank pit. Each composite sample would consist of two soil samples collected from the same location at varying depths in the tank pit. RWQCB is requiring that two of the soil samples be collected from a depth of 14 feet, one from each end of the tank pit. The other locations can be chosen randomly, as long as they are collected at varying depths.

The soil sampling locations for the piping appear acceptable, however, if there are elbows in the piping, soil samples should also be collected from beneath these areas.

Please submit a revised work plan to this office and Eddy So, at the San Francisco Bay Region-Water Quality Control Board, **within 15 days** of the receipt of this letter. Please be reminded to copy Eddy So on all correspondence and reports regarding this site.

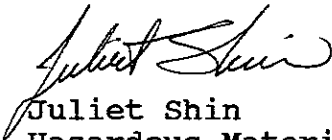
Please notify this office 48 hours in advance before implementing the work plan.



Monica Fong  
Re: 20009 Meekland Ave.  
August 28, 1992  
Page 2 of 2

If you have any questions or comments, please contact me at (510)  
271-4530.

Sincerely,



Juliet Shin  
Hazardous Materials Specialist

cc: Eddy So, RWQCB

Hugh Murphy, Hayward Fire Dept.

Dave McCain  
SEMCO  
1741 Leslie Street  
San Mateo, CA 94402

Edgar Howell-File (JS)

57

LAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

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

June 18, 1992  
Mr. Don Fong  
20008 Meekland Ave.  
Hayward, CA 94541

STID 1878

RE: Investigations at 20009 Meekland Avenue, Hayward, California

Dear Mr. Fong,

This office has reviewed the lab analysis results for soil samples collected from underneath the three former underground storage tanks (USTs), two gasoline tanks and one waste oil tank, removed from the above site on October 16, 1990. The soil samples collected from underneath the gasoline tanks were analyzed for Total Petroleum Hydrocarbons as gasoline (TPHg), benzene, toluene, ethylbenzene, and xylenes (BTEX), and lead. Soil samples collected from underneath the waste oil tank were analyzed for TPHg, BTEX, Total Oil and Grease, diesel, and lead. Very minor concentrations of benzene (5 parts per billion (ppb)), toluene (5 ppb), and xylenes (6 ppb) were identified in the soil samples collected from underneath the gasoline USTs. No contaminants were identified above detection limits in any of the other soil samples.

Although there appears to be very little impact to the native soils beneath the former USTs, it is the understanding of this office that the soil excavated from the tank pits was never sampled before being used to backfill the tank pits. Additionally, no soil samples were ever collected from beneath the piping associated with the former USTs.

In order to work toward case closure, you must take the following steps:

- o Conduct further soil investigations to determine whether the soil used to backfill the three tank pits is contaminated.
- o Remove all piping associated with the former USTs and take one sample per 20 lineal feet of pipe.

You are required to submit a work plan to this office proposing what steps will be taken to further investigate the soil at the site. This work plan is due **within 45 days** of the receipt of this letter. Additionally, if the backfill soil is found to be

Mr. Don Fong  
RE: 20009 Meekland Ave.  
June 18, 1992  
Page 2 of 2

contaminated, you must submit a plan addressing the method in which you plan to remediate the soil.

Please be advised that this is a formal request for technical reports pursuant to **California Water Code Section 13267 (b)**. Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by either this agency or the Regional Water Quality Control Board.

If you have any questions or comments, please contact Ms. Juliet Shin at (510) 271-4320.

Sincerely,



Scott O. Seery, CHMM  
Senior Hazardous Materials Specialist

cc: Eddy So, RWQCB

Hugh Murphy, Hayward Fire Dept.

Edgar Howell-File (JS)

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

EMERGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM. SIGNED: <u>Pamela J. Evans</u> DATE: <u>5-22-91</u>
REPORT DATE:    M:    d:    y:		CASE #

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>Pamela J. Evans</u>	PHONE <u>(415) 271-4320</u>	SIGNATURE <u>Pamela J. Evans</u>	
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <u>Alameda County Environmental Health</u>		
	ADDRESS <u>80 Swan Way, Rm 200 Oakland CA 94621</u>			

RESPONSIBLE PARTY	NAME <u>Don Fong</u> <input type="checkbox"/> UNKNOWN	CONTACT PERSON <u>Don Fong</u>	PHONE <u>(415) 582-7921</u>
	ADDRESS <u>20008 Meekland AV Hayward CA 94541</u>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>HOANG'S AUTO SERVICE</u>	OPERATOR	PHONE ( )	
	ADDRESS <u>20009 Meekland AV Hayward Alameda 94541</u>			
	CROSS STREET <u>Blossom Av.</u>			

IMPLEMENTING AGENCIES	LOCAL AGENCY    AGENCY NAME <u>Ala. Co. Environmental Health Dept.</u>	CONTACT PERSON <u>Pamela J. Evans</u>	PHONE <u>(415) 271-4320</u>
	REGIONAL BOARD <u>San Francisco RWQCB</u>		CONTACT PERSON <u>Richard Hiatt</u>

SUBSTANCES INVOLVED	(1) NAME <u>Motor vehicle fuel</u>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) NAME <u>Waste oil</u>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED <u>1 M 10 D 2 Y 90</u>	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, DATE <u>1 M 10 D 16 Y 90</u>	

SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
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CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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CURRENT STATUS	CHECK ONE ONLY <input checked="" type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)
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COMMENTS: Tank owner says he is negotiating with a contractor to carry out additional sampling of stock pile soils.

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

November 28, 1990

Don Fong  
20008 Meekland Av.  
Hayward CA 94541

RE: Tank Removal at 20009 Meekland Av., Hayward

Dear Mr. Fong:

I have reviewed the sampling report submitted by SEMCO dated November 2, 1990. The report included tank pit sample results for the two fuel tanks and one waste oil tank. These results showed fuel constituents (benzene, toluene, and xylene) were present at and slightly above Regional Water Quality Control Board action limits. As we discussed previously, neither stockpile soils nor soils beneath fuel piping were sampled. In order to work toward case closure, you must take the following steps:

1. Submit a written sampling plan to this office to be reviewed and accepted prior to further sampling.
2. Re-excavate the stockpile soils from both the fuel and waste oil tank pits and take one sample per 20 cubic yards of soil.
3. Explore the full depth of contamination in the gasoline tank pit by excavating additional soil and resampling a minimum of four locations beneath the former sampling locations.
4. Remove all piping associated with the tanks and take one sample per 20 lineal feet of pipe.

Once your plan has been accepted, you must notify me at least 48 hours prior to sampling so that I may be present during the work. You may contact me with any questions at 271-4320.

Sincerely,

Pamela J. Evans  
Hazardous Materials Specialist

c: Richard Hiett, RWQCB  
Chuck Kiper, SEMCO

Mail Copy with Payment to:  
**CALIFORNIA OIL RECYCLERS INC.**

6880 SMITH AVENUE • NEWARK, CALIFORNIA 94560  
 (800) 972-5284 • (800) THE OILS  
 EPA NO. CAD 980 695761

A Member of the Evergreen Group of Companies  
 Dedicated to the Protection of the Environment

INVOICE NO. **140167**

MANIFEST **89516856**

HOANG'S AUTO CAR  
2009 MEREND  
HAYWARD CA ZIP 94541

DATE 10-28-09  
 PHONE 886-2712  
 CUST # \_\_\_\_\_

MATERIAL	GALS/BBLS/ETC.	PRICE	AMOUNT
WASTE OILS COMBUSTIBLE LIQUID NA1270 CHK# 598	SRV CHG 200		20.00
TSDf: EVERGREEN OIL INC. 6880 SMITH AVE. NEWARK, CA 94560 CAD 980887418			TOTAL 20.00

**PAYMENT DUE  
IN 7 DAYS**

I CERTIFY THAT THE AMOUNTS SHOWN ABOVE TO BE CORRECT AND THAT, UNLESS OTHERWISE NOTED, THE MATERIAL IS USED OIL. I ALSO CERTIFY THAT I HAVE READ THE CONDITIONS AND INDEMNIFICATIONS ON THE REVERSE SIDE OF THIS FORM AND I UNDERSTAND AND ACCEPT THEM.

SIGNATURE OF DRIVER [Signature]

SIGNATURE OF GENERATOR [Signature]



777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

GAYLE DUNKLE

415-832-7942

0-1 00 10

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
90- 5	10/1	154610

MANIFEST NUMBER: **88545311**

GENERATOR

7-178-01-2495-9  
HOANGS AUTO CARE  
20009 MEEKLAND AVE  
HAYWARD  
PRICES EFFECTIVE 7/16/89

CA 94541

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SERVICE DATE	SALESMAN'S NO	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
1-31-90	8077	XXXX	SRCHA81400321		C				
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O C	SVC P/S	PROD P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
05	NO		415-886-2712	NO	NO	111	001	.0725	.0725

**MACHINE SERVICE SECTION**

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS) (INITIALS)	REMARKS	0353	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)		
163-63825	60.75	4.40	65.15	08				GOOD	POOR	
								MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>
								LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
								DECALS IN PLACE AND LEGIBLE	YES	NO
								FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>
								EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>
								MACHINE PROPERLY GROUNDED	<input type="checkbox"/>	<input type="checkbox"/>
								LOCAL PHONE NO STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
								SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL SERVICE SECTION</b>		60.75	4.40	65.15			GENERATOR USA EPA ID NO.		GENERATOR STATE ID NO	

05-005-3564

HAZARDOUS WASTE INFORMATION		LAND DISPOSAL RESTRICTION NOTICE (40 CFR 268.7)											
<p>CONTAINERS</p> <table border="1"> <tr> <th>PAILS NO DM</th> <th>SSPW TANKS DF</th> <th>16 GAL NO. DM</th> <th>30 GAL NO. DM</th> <th>TOTAL LBS OR GAL</th> </tr> <tr> <td></td> <td></td> <td>1</td> <td></td> <td>45</td> </tr> </table>		PAILS NO DM	SSPW TANKS DF	16 GAL NO. DM	30 GAL NO. DM	TOTAL LBS OR GAL			1		45	<p>US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)</p> <p>Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, D001)</p> <p>Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)</p>	
PAILS NO DM	SSPW TANKS DF	16 GAL NO. DM	30 GAL NO. DM	TOTAL LBS OR GAL									
		1		45									
<p>DESIGNATED FACILITY NAME AND ADDRESS:</p> <p>766 FOURTH ST. OAKLAND, CA 94607</p>		<p>These are restricted wastes whose constituents and treatment standards are</p> <p>Total halogenated organic compounds (1000 mg/l) lead (500 mg/l)</p> <p>Cresylic acid (0.75 mg/l), 1,2-dichlorobenzene (0.125 mg/l), methylene chloride (0.96 mg/l)</p>											

Total Quantity = Number of Drums x Ave Wt of Pails **3.5** , 16 Gal **4** , 30 Gal **7** , 30 Gal **12**

USA EPA ID NO. <b>CAD053044053</b>	STATE ID NO. <b>CAD053044053</b>
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**PRODUCT SALES SECTION**

SOLD ON PREVIOUS SERVICES	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2 PRIOR								
PRIOR								
LAST								

**PAYMENT RECEIVED SECTION**

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. # _____	AMOUNT \$ _____	
INV. # _____	AMOUNT \$ _____	
INV. # _____	AMOUNT \$ _____	

**TOTAL PRODUCT AMOUNTS**

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)	
<b>TOTAL DUE</b>	<b>65.15</b>

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

*Hoang*  
GENERATOR/CUSTOMER SIGNATURE

FORM 350 (REV. 11/89)





777 BIG TIMBER ROAD • ELGIN ILLINOIS 60123

GAYLE DUNKLE

415-886-7942

0-100 10

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
39-41	10	935612
MANIFEST NUMBER		8742247

7-178-01-2495-5  
 HOANGS AUTO CARE  
 20009 MEEKLAND AVE  
 HAYWARD  
 PRICES EFFECTIVE 7/16/89

CA 94541

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SERVICE DATE	SALESMAN'S NO	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
01/28/89	8512	XXXX	SRCHAB1400321		C				
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O C	SVC P/S	PROD P/S	SERVICE TAX	COMS TAX	PRODUCT TAX
05	NO		415-886-2712	NO	NO	111	001	.07	.07

**MACHINE SERVICE SECTION**

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS) (INITIAL)	REMARKS	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)																											
163-63825	60.75	4.25	65.00	08			<table border="0"> <tr> <td></td> <td>GOOD</td> <td>POOR</td> </tr> <tr> <td>MACHINE CONDITION &amp; CLEANLINESS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LAMP ASSEMBLY CONDITION</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>DECALS IN PLACE AND LEGIBLE</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>FUSIBLE LINK INSTALLED</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>EMERGENCY OF LID UNLOCKING SUCTION</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MACHINE PROPERLY GROUNDED</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOCAL PHONE NO STICKER AFFIXED TO MACHINE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SPENT SOLVENT MEETS ACCEPTANCE CRITERIA</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		GOOD	POOR	MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>	LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	DECALS IN PLACE AND LEGIBLE	YES	NO	FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY OF LID UNLOCKING SUCTION	<input type="checkbox"/>	<input type="checkbox"/>	MACHINE PROPERLY GROUNDED	<input type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>
	GOOD	POOR																																
MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>																																
LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>																																
DECALS IN PLACE AND LEGIBLE	YES	NO																																
FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>																																
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SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>																																
<b>TOTAL SERVICE SECTION</b>			60.75	4.25	65.00		GENERATOR USA EPA ID NO. _____ GENERATOR STATE ID NO. <b>05-005-3564</b>																											

**HAZARDOUS WASTE INFORMATION**

<p>CONTAINERS</p> <table border="0"> <tr> <td>PAIS NO DM</td> <td>SSPW TANKS DF</td> <td>16 GAL NO DM</td> <td>30 GAL NO DM</td> <td>TOTAL QUANTITY</td> </tr> <tr> <td></td> <td></td> <td>1</td> <td></td> <td></td> </tr> </table>	PAIS NO DM	SSPW TANKS DF	16 GAL NO DM	30 GAL NO DM	TOTAL QUANTITY			1			<p>This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</p> <p>US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)</p> <p>Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, D001)</p> <p>Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)</p>	<p>I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.</p> <p>GENERATORS INITIALS _____</p>
PAIS NO DM	SSPW TANKS DF	16 GAL NO DM	30 GAL NO DM	TOTAL QUANTITY								
		1										

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: **SAFETY-KLEEN CORP.**  
**404 MARKET ST. OAKLAND, CA 94607**  
 USA EPA ID NO. **CAD053044053**  
 STATE ID NO. **CAD053044053**

**PRODUCT SALES SECTION**

SOLD ON PREVIOUS SERVICES			PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2 PRIOR	PRIOR	LAST								
<p>*****<b>LAND DISPOSAL RESTRICTION NOTICE (40 CFR 268.7)</b>*****</p> <p><b>THIS IS A RESTRICTED WASTE WHOSE CONSTITUENTS AND TREATMENT STANDARDS ARE:</b></p> <p><b>TOTAL HALOGENATED ORGANIC COMPOUNDS (1000 MG/L); LEAD (500 MG/L).</b></p>										

**PAYMENT RECEIVED SECTION**

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. # _____	AMOUNT \$ _____	
INV. # _____	AMOUNT \$ _____	
INV. # _____	AMOUNT \$ _____	

**TOTAL PRODUCT AMOUNTS**

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

**TOTAL SERVICE AMOUNT (FROM ABOVE)**

**TOTAL DUE**

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

GENERATOR/CUSTOMER SIGNATURE

SERVICE CALLS AVAILABLE EVERYWHERE

777 BIG TIMBER ROAD • ELGIN, ILLINOIS 60123

TRANSPORTER

GAYLE JUNKLE

415-882-7942

C-103 10

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
59-33	10	336994
MANIFEST NUMBER		88565296

GENERATOR

7-178-01-2495-9  
HOANGS AUTO CARE  
20003 PEEKLAND AVE  
MAYNARD  
PRICES EFFECTIVE 7/16/89

CA 94541

B I O

SERVICE DATE	SALESMAN S NO	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
8-18-89	9413	XXXX	SRCHA81400321		C				
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD P/S	SERVICE TAX	C O M S TAX	PRODUCT TAX
05	NO		415-886-2712	NO	111	001	.07		.07

**MACHINE SERVICE SECTION**

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (REKS, INITIAL)	REMARKS	0377	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)		
163-63825	60.75	4.25	65.00	38				GOOD	POOR	
								MACHINE CONDITION & CLEANLINESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
								LAMP ASSEMBLY CONDITION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
								DECALS IN PLACE AND LEGIBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
								FUSIBLE LINK INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
								EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
								MACHINE PROPERLY GROUNDED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
								LOCAL PHONE NO STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
								SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL SERVICE SECTION</b>		60.75	4.25	65.00	GENERATOR USA EPA ID NO		GENERATOR STATE ID NO		05-005-3564	

**HAZARDOUS WASTE INFORMATION**

CONTAINERS	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	GENERATORS INITIALS										
<table border="1"> <tr> <th>FAILS NO DM</th> <th>SSPW TANKS DF</th> <th>16 GAL NO DM</th> <th>30 GAL NO DM</th> <th>TOTAL QUANTITY</th> </tr> <tr> <td></td> <td></td> <td>1</td> <td></td> <td></td> </tr> </table>	FAILS NO DM	SSPW TANKS DF	16 GAL NO DM	30 GAL NO DM	TOTAL QUANTITY			1			<p>This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</p> <p>Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, D001)</p> <p>Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)</p>	<p>I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.</p>
FAILS NO DM	SSPW TANKS DF	16 GAL NO DM	30 GAL NO DM	TOTAL QUANTITY								
		1										

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal 45, 30 Gal 86

DESIGNATED FACILITY NAME AND ADDRESS: **SAFETY-KLEEN CORP.**  
404 MARKET ST. OAKLAND, CA 94607  
USA EPA ID NO. CA053044053  
STATE ID NO. CA053044053

**PRODUCT SALES SECTION**

SOLD ON PREVIOUS SERVICES			PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2 PRIOR	PRIOR	LAST								

**PAYMENT RECEIVED SECTION**

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

**TOTAL PRODUCT AMOUNTS**

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.	TOTAL SERVICE AMOUNT (FROM ABOVE)	65.00
	TOTAL DUE	
<p>IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.</p> <p>X MARIAN ALLEN GENERATOR/CUSTOMER SIGNATURE</p>		

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
89- 24	10	667452
MANIFEST NUMBER		88569424

7-178-01-2495-9  
 HOANGS AUTO CARE  
 20009 MEEKLAND AVE  
 HAYWARD  
 PRICES EFFECTIVE 11/06/88

S NEVES  
 415-832-7942

0-100 10

CA 84541

BITOL

SERVICE DATE	SALESMAN'S NO	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
6-19-89	3770	XXXX	SRCHA81400321		C				
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C	SVC P/S	PROD P/S	SERVICE TAX	C.O M S. TAX	PRODUCT TAX
05	NO		415-886-2712	NO	NO	511 001	.07		.07

**MACHINE SERVICE SECTION**

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TO (WEEKS) (INITIAL)	REMARKS	0368	MACHINE INSPECTION SECTION (PLEASE CHECK APPROPRIATE BOXES)		
63-63825	56.75	3.97	60.72	08				GOOD	POOR	
								MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>
								LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
								DECALS IN PLACE AND LEGIBLE	<input type="checkbox"/>	<input type="checkbox"/>
								FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>
								EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>
								MACHINE PROPERLY GROUNDED	<input type="checkbox"/>	<input type="checkbox"/>
								LOCAL PHONE NO STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
								SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL SERVICE SECTION</b>			<b>\$60.72</b>	GENERATOR USA EPA ID NO		GENERATOR STATE ID NO		05-005-3564		

**HAZARDOUS WASTE INFORMATION**

CONTAINERS		This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.
PAILS NO DM	SSPW TANKS DF	18 GAL NO DM	30 GAL NO DM		
		1		Waste Petroleum Naphtha, Combustible Liquid, UN 1255 (EPA, D001)	GENERATORS INITIALS
				Waste Compound Cleaning Liquid Corrosive Material, NA 1760 (EPA, F002)	

Total Quantity = Number of Drums x Ave Wt/Drum of: Pails 35, SSPW TANKS 27, 16 Gal. 45, 30 Gal. 86

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP., 604 MARKET ST., OAKLAND, CA 94607  
 USA EPA ID NO. CA0053044053  
 STATE ID NO. CA0053044053

**PRODUCT SALES SECTION**

SOLD ON PREVIOUS SERVICES	PRODUCT NUMBER	DESCRIPTION	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2 PRIOR								
PRIOR								
LAST								

**PAYMENT RECEIVED SECTION**

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

**TOTAL PRODUCT AMOUNTS**

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.	TOTAL SERVICE AMOUNT (FROM ABOVE)	60.72
	TOTAL DUE	
IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.		
GENERATOR/CUSTOMER SIGNATURE		

# BILLING ADJUSTMENT FORM

<b>Pgm Affected Billing Acct. #</b>	
<input type="checkbox"/>	Generator .H _____
<input type="checkbox"/>	AB2185 . . . L _____
<input checked="" type="checkbox"/>	UGT . . . . . TC 1201

Date: 11 05/90

HazMat StID# : \_\_\_\_\_

Caller: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name : HOANG'S AUTO CARE

Site Address : 20009 Meekland Ave, Hayward 94541  
City Zip

Requested Changes : \_\_\_\_\_

\_\_\_\_\_  
Initials: \_\_\_\_\_

## Inspectors' Conclusion

Rescind Bill for following reasons:

- No Hazardous Waste
- Moved out of County
- Qty's under 2185 Min.
- Closed / Out of Business
- UGTanks removed
- Other \_\_\_\_\_

Continue Billing With Following Changes:

	From:	To:
___ Change number of EMPLOYEES	_____	_____
___ Change number of TANKS	_____	_____
___ AB2185: Changes attached		
___ Reopen Site Address / New Owner		

Co. Name \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

### \_\_\_ New Address

Site Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mail Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Inspector: Pamela J Evans Date: 11-5-90

HM Chg: _____
<input type="checkbox"/> Sent to Billing
on <u>11/07/90</u>
Rev 11/89 Mac-BillAdj

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 # 1878 Site Name HOANG'S AUTO CARE SVC Today's Date 10/16/90

Site Address 20009 Meekland Av.

City Hayward Zip 94541 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:

Generator's ID # - CAC 000508488

2 gasoline tanks and 1 waste oil tank removed

8000 gal gasoline - tanks had held leaded fuel

5000 " " } both tanks had rust spots; no visible holes. Apparently were lined

350 " waste oil - visible holes bottom + side of fill or east end of tank

Removal + sampling by SEMCO, Chuck Kiper

Samples:

waste oil pit: 1st at fill end, 20" below tank bottom

NE SE NW SW 2nd directly below 1st at 3 feet below (13'6", 13'6", 13', 13' tank bottom

↑ gasoline pit: 2 samples from below each tank - both ends tanks hauled by R.H.T. to Erickson #9000 ~~2742~~ 2742

Pinsate hauled by Allied Petroleum to Pomco Environmental Services, W. Sacramento #90005008

Lab to test for organic lead in addition to other fuel constituents - soil from gas tank pit only.

Site security measures: tank pits to be refilled to grade at end of operation

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MAT'L'S

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

III. UNDERGROUND TANKS (Title 23)

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

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

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Contact: DON FONG

Title: owner

Signature: Alan Fong

Inspector: \_\_\_\_\_

Signature: Penelope J. Evans

II, III

# BILLING ADJUSTMENT FORM

**Pgm Affected Billing Acct. #**  
 Generator . . H \_\_\_\_\_  
 AB2185 . . . L \_\_\_\_\_  
 UGT . . . . . T C1201

Date: 10/16/90

HazMat StID\* : \_\_\_\_\_

Caller: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name : Hoand's Auto Service

Site Address : 20009 Merrickland Av Hayward 94541  
City Zip

Requested Changes : \_\_\_\_\_

\_\_\_\_\_ Initials: \_\_\_\_\_

## Inspectors' Conclusion

- Rescind Bill for following reasons:
- No Hazardous Waste       Moved out of County
  - Qty's under 2185 Min.       Closed / Out of Business
  - UGTanks removed 10/90
  - Other \_\_\_\_\_

Continue Billing With Following Changes:

	From:	To:
___ Change number of EMPLOYEES	_____	_____
___ Change number of TANKS	_____	_____
___ AB2185: Changes attached		
___ Reopen Site Address / New Owner		
Co. Name _____		
Owner _____	Phone _____	
___ New Address		
Site Address _____	City _____	Zip _____
Mail Address _____	City _____	Zip _____

Inspector: Pamela J Evans Date: 11-15-90

HM Chg: \_\_\_\_\_  
 Sent to Billing  
on 1/1  
Rev 11/89 Mac-BillAdj

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: 8006619  
StID : 1878  
SITE NAME: Hoang's Auto Care      DATE REPORTED : 10/16/90  
ADDRESS : 20009 Meekland Ave.      DATE CONFIRMED: 10/16/90  
CITY/ZIP : Hayward      94541      MULTIPLE RPs : N

SITE STATUS  
-----

CASE TYPE: S	CONTRACT STATUS: 2	EMERGENCY RESP:
RP SEARCH: S		DATE COMPLETED:
PRELIMINARY ASMNT:	DATE UNDERWAY:	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: 03/23/92  
LUFT FIELD MANUAL CONSID: 2,H,S,C,A  
CASE CLOSED:      DATE CASE CLOSED:  
DATE EXCAVATION STARTED :      REMEDIAL ACTIONS TAKEN: NT

RESPONSIBLE PARTY INFORMATION  
-----

RP#1-CONTACT NAME: Don Fong  
COMPANY NAME: Hoangs Auto Service  
ADDRESS: 20008 Meekland Ave  
CITY/STATE: Hayward, C A 94541

---

*Need to get on this  
5-8-92*



**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION  
80 SWAN WAY, ROOM 200  
OAKLAND, CA 94621**

**PHONE NO. #15/271-4320**

**ACCEPTED**  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
470 - 27th Street, Third Floor  
Oakland, CA 94612  
Telephone: (415) 975-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to be made by the contractor are to assure compliance with State and local laws. The project is approved for construction. One copy of these plans shall be retained by the contractor available to all concerned agencies involved with the removal. Any change or alteration of these plans must be submitted to the Department of Environmental Health Building Inspection for review and approval. Notify this Department at least 48 hours prior to the following required inspections:  
 Removal of Tank and Piping  
 Sampling  
 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.**

**UNDERGROUND TANK CLOSURE/MODIFICATION PLANS**

1. Business Name HOANG'S SERVICE  
 Business Owner \_\_\_\_\_
2. Site Address 20009 MEEKLAND AVENUE  
 City HAYWARD Zip \_\_\_\_\_ Phone \_\_\_\_\_
3. Mailing Address 20008 MEEKLAND AVENUE  
 City HAYWARD Zip 94541 Phone 582-7921
4. Land Owner DON FONG  
 Address 20008 MEEKLAND OAKLAND City, State CA Zip 94541
5. EPA I.D. No. CAC.000508488
6. Contractor Semco  
 Address 1741 LESLIE ST.  
 City SAN MATEO Phone \_\_\_\_\_  
 License Type A, B & C-101 ID# 449864
7. Consultant N/A  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Phone \_\_\_\_\_

8. Contact Person for Investigation

Name Chuck Kiper Title Vice-President  
Phone 572-8033

9. Total No. of Tanks at facility 3

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

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Transporter

Name Allied Petroleum EPA I.D. No. CAD98065675128  
Address P.O. Box 193  
City HUMAR State CA Zip 95327

b) Rinsate Transporter

Name Allied Petroleum EPA I.D. No. CAD98065675128  
Address P.O. Box 193  
City HUMAR State CA Zip 95327

c) Tank Transporter

Name ERICKSON EPA I.D. No. CAD009466392  
Address 255 Parr Blvd  
City Richmond State CA Zip 94801

d) Tank Disposal Site

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

e) Contaminated Soil Transporter

Name RHT TRUCKING EPA I.D. No. CAD982471591  
Address 1336 Pauline Avenue  
City Modesto State CA Zip 95351

12. Sample Collector

Name Chuck Kiper  
 Company Semco  
 Address 1741 Leslie Street  
 city SAN MATEO state CA zip 94402 Phone 572-8033

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
5000	GAS	SOIL	2 FT. Below EACH END OF TANKS
3000	GAS		
350	WASTE OIL		

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

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

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

If yes, describe. HIGH PRESSURE HOT WATER DETERGENT WASH;  
20 LBS PER 1000 GALLONS DRY ICE;  
FINAL PURGE WITH AIR

An explosion proof combustible gas meter shall be used to verify tank inertness. GASTECH 1314

16. Laboratories

Name SUPERIOR ANALYTICAL  
 Address 1555 BURE Unit 1  
 city SAN FRANCISCO State CA Zip 94124  
 State Certification No. 220 & 319

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
TPH G&D BTXE O&G	GC FID (5030) 8020 OR 8240 503 D&E	

18. Submit Site Safety Plan

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

Copy of Certificate enclosed? Yes [] No [ ]

Name of Insurer FAIRMONT

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

21. Deposit enclosed? Yes [] No [ ]

22. Please forward to this office the following information within 60 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) Chuck Kiper  
Signature Chuck Kiper  
Date 9/4/90

Signature of Site Owner or Operator

Name (please type) Don Fong  
Signature Don Fong  
Date 8/31/90

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. After approval of plan, notification of at least two (2) working days (48 hours) must be given to this Department prior to removal of tank(s).
5. A copy of your approved plan must be sent to the landowner.
6. Triple rinse means that:
  - a) Final rinse must contain less than 100 ppm of Gasoline (EPA method 8020 for soil, or EPA method 602 for water) or Diesel (EPA method 418.1). Other methods for halogenated volatile organics (EPA method 8010 for soil, EPA method 601 for water) may be required. The composition of the final rinse must be demonstrated by an original or facsimile report from a laboratory certified for the above analyses.
  - b) Tank interior is shown to be free from deposits or residues upon a visual examination of tank interior.
  - c) Tank should be labelled as "tripled rinsed; laboratory certified analysis available upon request" with the name and address of the contractor.

If all the above requirements cannot be met, the tank must be transported as a hazardous waste.

7. Any cutting into tanks requires local fire department approval.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A  
SAMPLING RESULTS

Tank or Area	Contaminant	Location & Depth	Results (specify units)

## INSTRUCTIONS

2. SITE ADDRESS

Address at which closure or modification is taking place.

5. EPA I.D. NO.

This number may be obtained from the State Department of Health Services, 916/324-1781.

6. CONTRACTOR

Prime contractor for the project.

7. OTHER

List professional consultants here.

12. SAMPLE COLLECTOR

Persons who are collecting samples.

13. SAMPLING INFORMATION

Historic contents - the principal product(s) used in the last 5 years.

Material sampled - i.e., water, oil, sludge, soil, etc.

16. LABORATORIES

Laboratories used for chemical and geotechnical analyses.

17. CHEMICAL METHODS:

All sample collection methods and analyses should conform to EPA or DHS methods.

Contaminant - Specify the chemical to be analyzed.

Sample Preparation Method Number - The means used to prepare the sample prior to analyses - i.e., digestion techniques, solvent extraction, etc. Specify number of method and reference if not an EPA or DHS method.

Analysis Method Number - The means used to analyze the sample - i.e., GC, GC-MS, AA, etc. Specify number of method and reference if not a DHS or EPA method.

NOTE:

Method Numbers are available from certified laboratories.

18. SITE SAFETY PLAN

A plan outlining protective equipment and additional specialized personnel in the event that significant amount of hazardous materials are found. The plan should consider the availability of respirators, respirator cartridges, self-contained breathing apparatus (SCBA) and industrial hygienists.



19. ATTACH COPY OF WORKMAN'S COMPENSATION

20. PLOT PLAN

The plan should consists 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 Line
- d) Location of all Structures
- e) Location of all relevant existing equipment including tanks and piping to be removed
- f) Streets
- g) Underground conduits, sewers, water lines, utilities
- h) Existing wells (drinking, monitoring, etc.)
- i) Depth to ground water
- j) All existing tanks in addition to the ones being pulled

rev. 9/88

mam

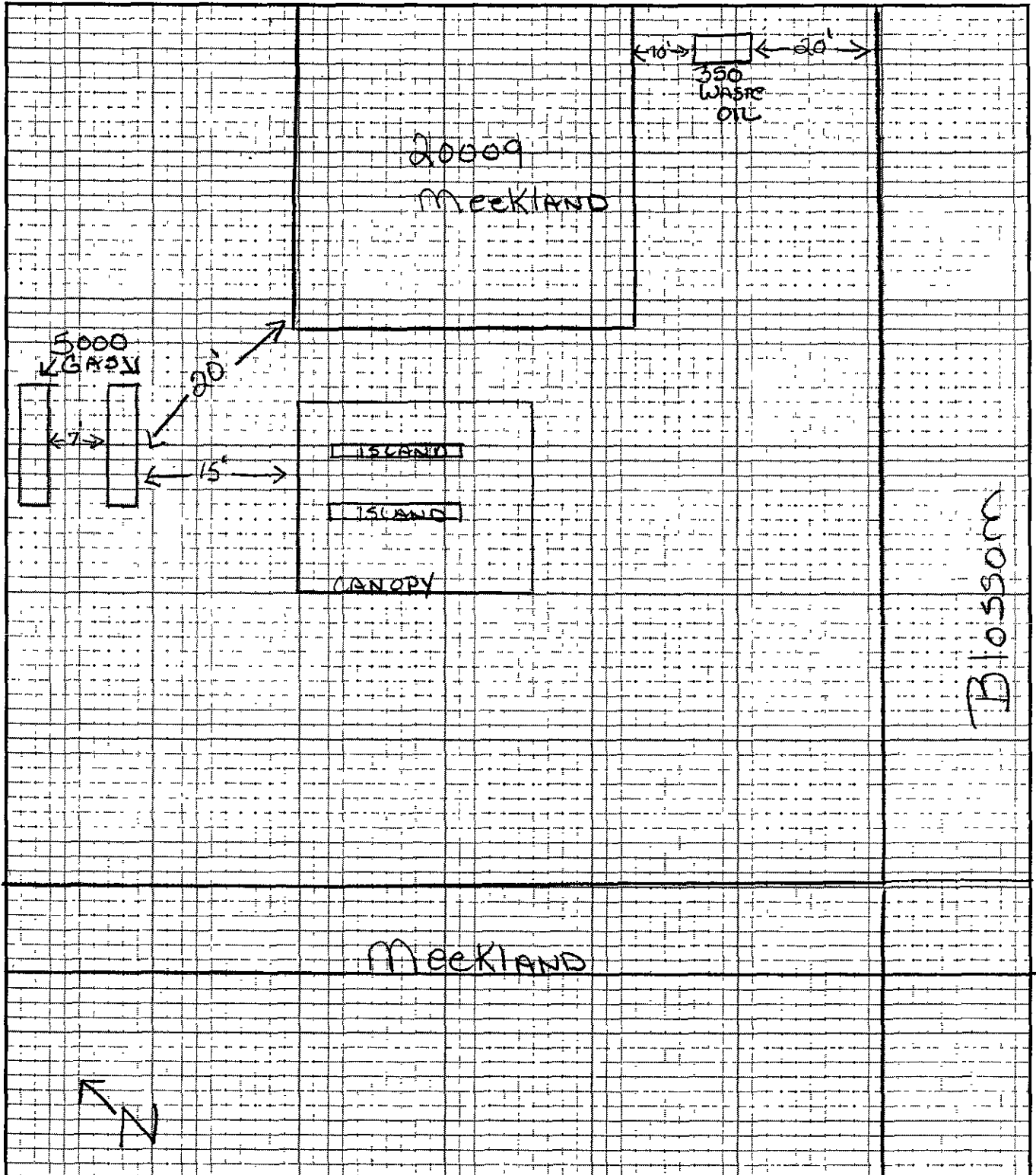
**SEMCO**  
 Oil Heating Engineering Division  
 1806 Leslie Street  
 San Mateo, Calif. 94402  
 (415) 572-8033

License No. 449864  
 A, B, & C-61

**SEMCO**  
 General & Engineering Contractors  
 431 W. Hatch Rd.  
 Modesto, Calif. 95351  
 (209) 524-9653

**SITE PLAN**

SUBMITTED TO:	DESCRIPTION OF JOB:	
<i>Alameda County</i>	Job	<i>Hoang's Service (Auto Repair Shop)</i>
	Address	<i>20009 Meekland Ave.</i>
	City	State <i>CA</i>
	Phone	Date



# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

10/3/89

**PRODUCER**

R. L. Stewart Ins. Agency  
 P.O. Box 1515  
 Oakdale, Ca. 95361

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** American Star Ins. Co.

COMPANY LETTER **B** Fairmont Ins. Co.

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

CODE SUB-CODE

**INSURED**

Semco, Inc.  
 431 West Hatch Rd.  
 Modesto, Ca. 95351

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
A	<input checked="" type="checkbox"/> 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.	AMS 1-509826	10/1/89	10/1/90	GENERAL AGGREGATE \$ 1,000
					PRODUCTS-COMPROPS AGGREGATE \$ 1,000
					PERSONAL & ADVERTISING INJURY \$ 1,000
					EACH OCCURRENCE \$ 1,000
					FIRE DAMAGE (Any one fire) \$ 50
					MEDICAL EXPENSE (Any one person) \$ 5
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<input type="checkbox"/> GARAGE LIABILITY				
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	F48637	9/5/89	9/5/90	STATUTORY \$ 1,000 (EACH ACCIDENT)
					\$ 1,000 (DISEASE-POLICY LIMIT)
					\$ 1,000 (DISEASE-EACH EMPLOYEE)
	OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS**

All California Operations

This certificate would be applicable to all jobs taking place during the policy term shown.

**CERTIFICATE HOLDER**

County of Alameda  
 80 Swan Way, Room 200  
 Oakland, Ca. 94621

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

*Robert Sulam*

SEMCO

HEALTH & SAFETY

PLAN

## HEALTH MONITORING AND SAFETY PROGRAM

To assure the health and safety of employees involved in hazardous waste operations, Semco Inc. has developed and implemented a Health and Safety Program.

This plan is based on Standard Operating Safety Guides (USEPA) and The Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities (NIOSH/OSHA/USGC/EPA).

Semco inc. employees must receive health and safety training prior to commencing work at sites where hazardous materials may be present and will be provided with periodic follow-up training as appropriate. Health and Safety training will include;

- \* Health Monitoring Program
- \* Review of General Chemical & Mechanical Dangers
- \* Emergency Response
- \* Decontamination
- \* Documentation and Record Keeping
- \* Updating of Health and Safety Plan
- \* Reference Guides for Hazardous Materials

When appropriate, a site-specific safety plan will be implemented and will include the following:

- \* Site history
- \* Inventory of known chemicals ( updated as possible)
- \* Project organization
- \* Work Plan review
- \* Project documentation
- \* Review of site safety rules ( site safety rules will be updated as new information is available or after an accident of implementation of contingency plan )
- \* Review of decontamination procedures
- \* Proper use and care of personal protective equipment
- \* Proper calibration and use of monitoring equipment
- \* Emergency response procedures

## 1.0 HEALTH MONITORING PROGRAM

All drilling personnel and field staff must be enrolled in the Semco Inc. Health Monitoring Program, developed in conjunction with Industrial Medical Clinics of Anaheim, CA. This program consists of an initial medical examination to establish the employee's general health profile and provides important baseline laboratory data for comparative study. The scope of the initial comprehensive physical examination and laboratory testing routine is detailed in Table 1-0. Follow-up examinations are completed for all personnel enrolled in the health monitoring program on a semi annual basis, or more frequently if project assignments warrant testing following specific field activities. The level of potential exposure that Semco personnel are subjected to in carrying out hazardous waste work assignments are recorded by the individual and reviewed weekly by the site supervisor. The California Poison Control Center maintains a comprehensive reference library containing the current information concerning the carcinogenic, mutagenic, teratogenic and toxic characteristics of hazardous wastes.

### 1.1 REVIEW OF EXPOSURE SYMPTOMS

Symptoms of exposure to hazardous materials for each site will be reviewed in order to indicate to personnel the recognized signs of possible exposure to those materials. This information will be supplemented with a discussion of the need for objecting in the personal health assessment to account for normal reaction to stressful situations. The Site Safety Officer ( the lead driller) will be watchful for outward evidence of changes in worker health. These outward symptoms may include skin irritations, skin discoloration, eye irritability, reduced libido, intolerance to heat or cold, or loss of appetite. Employees will routinely be asked to assess their general state of health during individual projects. At the end of each week, employees will briefly describe minor injuries and chemical experience (exposure potential at each job site). This description will be turned in with time records, reviewed by the corporate safety officer and filed in the employees medical file.

TABLE 1-0

#### HEALTH MONITORING PROGRAM INITIAL EXAMINATION

##### Physical Examination

- \* medical history survey
- \* medical examination
- \* vision; near and distance vision, color vision
- \* hearing; audiometry
- \* radiologic: PA;LAT
- \* electrocardiogram: 12 lead
- \* spirometry

##### Lab Studies

- |                      |                   |                    |
|----------------------|-------------------|--------------------|
| * hematology         | * blood chemistry |                    |
| - red blood count    | - SMA 17          | - urinalysis       |
| - white blood count  | - electrolytes    | - Papanicolaou     |
| - hemoglobin         | - creatinine      | - cholinesterase   |
| - hematocrit         | - SGPT            | level              |
| - platelet           | - carbon dioxide  | - thyroid function |
| - indices            | - cholesterol     | test T3/T4         |
| - sedimentation rate | - serum iron      |                    |

## 2.0 REVIEW OF GENERAL CHEMICAL AND MECHANICAL DANGER

A set of standard onsite safety practices will be enforced during site activities to reduce the risks associated with handling contaminated materials and dangers inherent with working near heavy machinery. These safety practices are divided into three categories: personal precautions, rig safety and general procedures and operations.

### 2.1 PERSONAL PRECAUTIONS

- 2.1.1 Any practice which increases the probability of hand-to-mouth transfer and ingestion of contaminated material will be prohibited in any area designated contaminated. Prohibited activities include eating, drinking, chewing gum or tobacco and smoking.
- 2.1.2 Hands and face will be thoroughly washed upon leaving the work area and before eating, drinking or any other activities.
- 2.1.3 Any excess facial hair which interferes with proper fit of the mask to face seal will be prohibited on personnel required to wear respirator protection. (while respirators are not typically required, work will be prepared to upgrade to Level "C" protection requiring the use of respirators.)
- 2.1.4 Unnecessary contact with contaminated or suspected contaminated surfaces will be avoided. Workers will be instructed to avoid walking through puddles, mud, or other discolored surfaces: kneeling on the ground; and leaning, sitting, or placing equipment on drums, containers, vehicles or the ground.
- 2.1.5 Medicine and alcohol can increase adverse effect from exposure to toxic chemicals. Therefore, prescribed medication will not be taken by personnel during field activities. Also, alcoholic beverage intake will not be tolerated immediately before or during field work.
- 2.1.6 The effects of heat stress in all personnel will be monitored by the Health and Safety Officer. Appropriate measures will be taken to remove any potential victim of heat stress from the work area, provide cooling to the body and provide plenty of liquids to replace body fluids.

### 2.2 RIG SAFETY

Semco, Inc. has incorporated the National Drilling Federation's (NDF/DCDMA/NDCA) "Drilling Safety Guide" as our mechanical hazards and rig safety guide. This booklet is required reading for all field personnel.

## 2.3 GENERAL PROCEDURES AND OPERATIONS

2.3.1 Entrance and exit to the site will be planned and emergency escape routes will be determined. Before drilling begins a working phone will be located and the most expeditious route to a hospital established. Site Specific Hazards will be discussed and the clients safety requirements will be adopted. Personnel will practice any unfamiliar procedures prior to performing them in the field. The number of personnel and pieces of equipment in the work area will be minimized to the extent that it compromises the effectiveness of site operations. Procedures for leaving a contaminated work area will be established prior to going onsite. Work areas and decontamination procedures will be established based on site conditions.

### 2.3.2 LEVELS OF PROTECTION

The level of personnel protective equipment required shall be determined by the type and levels of waste or spill material present at the site where project personnel may be exposed. In situations where the types of waste or spill material on-site are unknown or the hazards are not clearly established or the situation changes during onsite activities, the Site Safety Officer must make a reasonable determination of the level of protection that will assure the safety of drilling personnel until the potential hazards have been determined precisely through monitoring, sampling, informational assessment, or other reliable methods. Once the hazards have been determined, protective levels commensurate with the hazards shall be employed. Protection levels will be continuously evaluated to reflect any new information acquired.

The levels of protection utilized by SEMCO INC. are presented below:

Level A - Level A protection must be selected when the Site Safety Officer makes a reasonable determination that the highest available level of both respiratory and skin and eye contact protection is needed. It should be noted that while Level A provides maximum available protection, it does not protect against all possible hazards. Consideration of the heat stress that can arise from wearing Level A protection should also enter into the subtask leaders decision. (Comfort is not a decision factor, but heat stress will influence work rate, scheduling, and other work practices.)

Level B - The Site Safety Officer must select Level B protection when the highest level of respiratory protection is needed, but hazardous material exposure to the few unprotected areas of the body (i.e. the back of the neck) is unlikely.

Level C - The Site Safety Officer may select Level C when the required level of respiratory protection is known, or reasonably assumed to be, not greater than the level of protection afforded by full face air purifying respirators; and hazardous materials exposure to the few unprotected areas of the body. Level C requires carrying an emergency escape respirator.



Level D - Level D is the basic work uniform. Investigators and response personnel must not be permitted to work in civilian clothes. An emergency escape respirator may be required

Respiratory protection criteria and suitable protection gear are summarized in Table 2-1. Fit testing of safety equipment will be an important part of establishing adequate respiratory and dermal protection. Fit testing will be accomplished prior to site explorations and each individual will be assigned a fitted respirator for the duration of the project. These will be tagged for identification.

It should be recognized that most situations require a different combination of respiratory and dermal protective gear, e.g., where no splash protection is required but a high respiratory hazard is present. The site Safety Officer may elect a modification of the above.

TABLE 2-1  
 PROTECTIVE GEAR  
 (AIR QUALITY LEVELS IN PPM)

	Level D	Level C	Level B	Level A
Air Quality Above Background	0	0-5	5-500	500-1000
Respirator Type*	Escape	Full Face + Escape	SCBA	SCBA
Clothing				
o Boots	*	*	*	*
o Safety glasses or equivalent	*	*	*	
o Hard hat	*	*	*	
o Gloves, inner and outer	*	*	*	*
o Booties		*	*	*
o Coveralls	*	*	*	
o Chemical protective coveralls		*	*	
o Totally encapsulated suit				*

\* Use of a respirator is allowed only where identification or organic vapor constituents has occurred and appropriate respirator cartridges have been obtained.

### 3.0 EMERGENCY RESPONSE

#### 3.1 ON-SITE FIRST AID

All of Semco, Inc.'s Drill Rigs will be equipped with the following items at all times:

- an industrial first aid kit
- 2 ELSA 10 minute supplied Air Escape Mask
- 3 Half Mask respirators
- 3 Full Face respirators
- 10 pair Cartridges TC-21C-287 (organic vapors)
- 10 pair Cartridges TC-23C-450 (organic vapors, acid gases)
- 3 hard hats
- 5 safety glasses
- 30 pair disposable gloves
- 10 pair butyl rubber gloves
- 10 chem resist coveralls (coated Tyvek)
- 3 pair rubber boots with steel toes
- 2 fire extinguishers (co 2)
- 1 eye wash station (portable)

3.1.1 At least one person qualified to perform first aid will be present onsite at all times during work activity. This person will have earned a certificate in first aid training from the American Red Cross or will have received equivalent training.

#### 3.1.2 Transportation to Emergency Treatment

A vehicle will be available at all times for use in transporting personnel to the hospital. Hospital routes shall be discussed prior to onsite activity.

#### 3.1.3 Contingency Planning

Prior to commencement of onsite activities, field personnel will review safety considerations with the Site Safety Officer. The Site safety Officer is responsible for adherence to the designated safety precautions and for adherence to the designated safety precautions and assumes the role of SEMCO, INC'S on site coordinator with the client in an emergency response situation.

## 3.2 POTENTIAL HAZARDS

The potential hazards associated with hazardous waste site investigation included 1) accidents; 2) contact, inhalation or ingestion of hazardous materials; 3) explosion; and 4) fire.

### 3.2.1 Accidents

Accidents must be handled on a case by case basis. Minor cuts, bruises, muscle pulls, etc., will still allow the injured person to undergo reasonable normal decontamination procedures prior to receiving direct first aid. More serious injuries may not permit complete decontamination procedures to be undertaken, particularly if the nature of the injury is such that the victim should not be moved. The nature and degree of surface contamination at a site is generally low enough that emergency vehicles could reach the victim on site without undue hazard.

### 3.2.2 Contact and/or Ingestion of Hazardous Materials

Properly prescribed and maintained protective clothing and adherence to established safety procedures are designed to minimize these hazards. However, it is still a possibility that contact or ingestion of materials may occur. One possibility for contamination is the puncture of a buried drum of liquid during drilling operations which might cause the random distribution of the drum contents. Standard first aid procedures should be followed. The drilling rig will have a tank of water which may be useful in some circumstances, particularly to flush off any exposed skin areas. Eye wash bottles will also be maintained at the site in case of emergencies. In cases of ingestion or other than minor contact with known substances, the Poison Control Center and local hospital should be contacted and the victim brought there immediately for further treatment and observation.

### 3.2.3 Explosion

The drilling crew should be keenly aware of combustible gas meter readings and withdraw at an indication of imminently hazardous conditions. The detection of such conditions shall be reported to local agencies for potential execution of the evacuation plan should the situation be assessed as warranting such response.

### 3.2.4 Fire

The combustible gas meter will also warn of imminent fire hazards at borings. The greatest fire hazard at the site should be recognized as handling the methanol used for decontamination. No smoking or open flames are allowed in this area. Carbon Dioxide fire extinguishers will be kept at the drilling rig, and the decontamination area/field office. The Fire Department, previously informed of site activities, will be called as needed.

### 3.3 EVACUATION RESPONSE LEVELS

Evacuation responses will occur at three levels: (1) withdraw from immediate work area ( 100+ feet upwind); (2) site evacuation; (3) evacuation of surrounding area. Anticipated conditions which might require these responses are described below:

#### Withdrawal up-Wind (100 or more feet)

- o Sensing ambient air conditions as containing greater contaminant concentrations than guidelines allow for the type of respiratory protection being worn. The work party may return upon donning greater respiratory protection and/or assessing the situation as transient or past.
- o Breach in protective clothing or minor accident. The party may return when tear or other malfunction is repaired and first aid or decontamination has been administered.

#### 3.5.1 Site Evacuation:

Upon determination of conditions warranting site evacuation, the work party will proceed upwind of the borehole and notify the security force, Site Safety Officer and the field office of site conditions. If the decontamination area is upwind and greater than 500 feet from the borehole, the crew will pass quickly through decontamination to remove contaminated outer suits. If the hazard is toxic gas, respirators will be retained. The crew will proceed to the field office to assess the situation. There the respirators may be removed ( if the PI meter indicates an acceptable condition). As more facts are determined from the field crew, these will be relayed to the appropriate agencies.

#### 3.5.2 Evacuation of Surrounding Area

When the Site Manager determines that conditions warrant evacuation of downwind residences and commercial operations, the local agencies will be notified and assistance requested. Designated onsite personnel will initiate evacuation of the immediate off site area without delay.

### 3.6 TRAINING

The attached matrix (Figure 3-1) indicated training received by on site personnel. All personnel should become familiar with this matrix to minimize response times.

## 4.0 DECONTAMINATION

### 4.1 PERSONNEL DECONTAMINATION PROCEDURE

A decontamination procedure will be carried out by all personnel leaving hazardous waste sites. Under no circumstances (except emergency evacuation) will personnel be allowed to leave the site prior to decontamination. Procedures for removal of protective clothing are as follows:

- o Drop tools, monitors, samples and trash at designated drop stations. These will be plastic containers or drop sheets.
- o Step into designated shuffle pit area and scuff feet to remove gross amounts of dirt from outer boots. If necessary, wash boots down with clear water in designated wash pit area.
- o Remove tape from boots and remove boots. Discard in drum container.
- o Remove outer gloves and place in container.
- o Remove hard hat and respirator and hang in the designated area.
- o Remove coveralls and discard in container.
- o Remove inner gloves and discard in container.
- o If the site required utilization of a decontamination trailer, all personnel would also shower before leaving the site at the end of the work day.

Note: Disposable items (coverall, inner gloves, and overboots) will be changed on a daily basis unless there is reason for changing sooner. Dual respirator canisters will be changed weekly unless more frequent changes are deemed appropriate by site surveillance data or personnel assessment.

A water hose and/or designated wash area will be available for wash down and cleaning purposes.

A schematic of a typical decontamination area is shown in Figure 4-1.

### 4.2 EQUIPMENT DECONTAMINATION

Equipment to be decontaminated during the project may include: (1) drilling rig and tools; (2) sample containers; (3) monitoring equipment; and (4) respirators.

All decontamination will be done by personnel in protective gear appropriate for the level of decontamination, determined by the Site Safety Officer. The decontamination work tasks will be split or rotated among support and work crews. Decontamination procedures within the trailer (if used) should take place only after other personnel have cleared the "hot area", moved to the clean area and the door between the two areas closed.

Miscellaneous tools and samplers will be dropped into a plastic pail, tub or other container. They will be brushed off and rinsed (outside, if possible) and transferred into a second pail to be carried to further decontamination stations. They will be washed with a trisodium phosphate or detergent solution, rinsed with acetone or methanol, rinsed with a trisodium phosphate or detergent solution and finally rinsed with clean water.

#### 4.2.1 Drilling Rig and Tools

It is possible that the drill rigs will be contaminated during test pit/borehole activities. They will be cleaned with high pressure water or portable high pressure steam followed by soap and water wash and rinse. Loose material will be removed by brush.

#### 4.2.2 Sample Containers

Exterior surfaces of sample bottles will be decontaminated prior to packing for transportation to the analytical laboratory. Sample containers will be wiped clean and placed in individual Zip-Loc bags at the sample site. It will be difficult to keep the sample containers completely clean. The samples will be further cleaned if necessary and transferred to a clean carrier and the sample identifies noted and checked off against the chain-of-custody record. The samples, now in a clean carrier, will be stored in a secure area prior to shipment.

#### 4.2.3 Monitoring Equipment

Monitoring equipment will be protected as much as possible from contamination by draping, masking or otherwise covering as much of the instruments as possible with plastic without hindering the operation of the unit. The HNU meter, for example, can be placed in a clear plastic bag which allows reading of the scale and operation of the knobs. The HNU sensor can be partially wrapped, keeping the sensor tip and discharge port clear.

The contaminated equipment will be taken from the drop area and the protective coverings removed and disposed of in the appropriate containers. Any dirt or obvious contamination will be brushed or wiped with a disposable paper wipe and the used wipers discarded. The units will then be taken inside in a clean plastic tub, wiped off with damp disposable wipes and dried. The units will be checked, standardized and recharged as necessary for the next day's operation. They will then be covered with new protective coverings.

#### 4.2.4 Respirators

Respirators will be decontaminated daily. Taken from the drop area, the masks will be disassembled, the cartridges set aside and the rest placed in a cleansing solution. (Parts will be precoded, e.g., #1 on all parts of mask #1). After an appropriate time within the solution, the parts will be removed and rinsed off with tap water. The old cartridges will be marked to indicate length of usage and will be discarded into the contaminated trash container for disposal when considered spent. In the morning the masks will be re-assembled and new cartridges installed if appropriate. Personnel will inspect their own masks to be sure of proper readjustment of straps for proper fit.

## 5.0 DOCUMENTATION AND RECORD KEEPING

Samples of field activity documentation forms are attached. Minimum documentation consists of:

- o daily field record kept by individuals
- o hazardous site surveillance record kept by Site Safety Officer
- o chain-of-custody records and lab results of samples collected
- o personal hazardous material exposure record

The Site Safety Officer is also responsible for immediate notification of SEMCO Inc's Health and Safety Coordinator in the event of personal injury.

## 6.0 UPDATING OF HEALTH AND SAFETY PLAN

Each individual involved in field operations is responsible for maintaining weekly safety sheets. If any deficiency is encountered in the Health and Safety Plan, a report will be prepared and forwarded to the Health and Safety Coordinator. The Site Safety Officer will immediately initiate necessary changes to improve protection of field staff.



S E M C O  
James Bateman Petroleum Services, Inc.  
General & Engineering Contractors  
License No. 449864 A,B & C-61  
1741 Leslie Street  
San Mateo, California 94402  
(415) 572-8033

September 20, 1990

Alameda County  
Hazardous Materials Division  
80 Swan Way  
Oakland, CA 94621

Attn: Pamela Evans

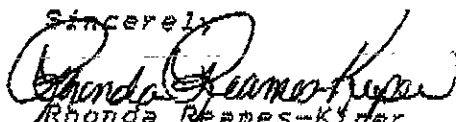
Dear Ms. Evans:

Per your request, I am submitting the following addenda for the closure plan on Meekland Ave. in Hayward.

- 1) Site Safety Officer will be Chuck Kiper
- 2) Medical Facility will be Fairmont Hospital 15400 Foothill Blvd, San Leandro.
- 3) Employees will not be entering the tank pit at any time; Samples will be taken from the backhoe bucket. At the time of excavation, if it appears that shoring or any other forms of support for the excavation are needed, work shall cease until they are acquired

If you have any further questions regarding this matter, please give me a call.

Sincerely,

  
Rhonda Reames-Kiper  
SENCO-SAN MATEO

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

Certified Mailer #:

June 15, 1990

Don Fong  
20008 Meekland Av.  
Hayward CA 94541

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

Re: Underground Fuel Storage Tanks at 20009 Meekland Av., Hayward

**FINAL NOTICE OF VIOLATION**

Dear Mr. Fong:

On June 8, 1990, Hazardous Materials Specialist Pamela Evans inspected Hoang's Auto Care at the above address. During this inspection, Ms. Evans noted the following violations of the California Health and Safety Code and California Code of Regulations, Title 23:

1. Section 2640 (a), CCR - No monitoring of the underground waste oil tank is being carried out. Underground tanks storing hazardous materials must be monitored in order to detect unauthorized releases.
2. Section 25298, (H&SC) - Two unused underground tanks are in place on the property. According to employee Nam Nguyen, these tanks have not been in use during the past two years. These tanks were used for fuel storage at one time. Unused underground storage tanks must be removed or monitored.

You are required to submit a written plan to this office specifying the actions you will take to address the above violations and their expected dates of completion. Specify the date that the unused tanks were last used to dispense fuel. The plan is due by July 8, 1990. You may contact Hazardous Materials Specialist Pamela J. Evans with any questions at 271-4320.

Please note that section 25299 of the California Health and Safety Code states that any operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars per day for failure to obtain a permit, or to properly close an underground storage tank as required by section 25298.

Sincerely, *Met w/ Dong + Melissa Fong on 6/25/90. They explained that they intend to remove the tanks but need to find a contractor for the work. They agreed to submit a written timetable by July 8, 1990 but felt they could not have a closure plan ready by then. They said that past N.O.V.'s had not come to them, but to Trinh Hoang, + this notice was the 1st they had received.*

Edgar B. Howell, Chief  
Hazardous Materials Division

EBH:PJE

c: Gil Jensen, Alameda County District Attorney's Office  
James Ferdinand, Eden Consolidated Fire Protection District  
Lester Feldman, Regional Water Quality Control Board  
Trinh Hoang, Hoang's Auto Care

COUNTY OF ALAMEDA

HAZARDOUS MATERIAL RESPONSE PLAN

A JOINT EFFORT OF THE COUNTY OFFICE OF  
EMERGENCY SERVICES, THE FIRE SERVICE, LAW ENFORCEMENT  
AND RELATED PUBLIC SERVICE AGENCIES OF  
THE COUNTY OF ALAMEDA AND  
THE STATE OF CALIFORNIA.

MARCH 30, 1984

RECEIVED

APR 24 1984

OFFICE OF  
SOLID WASTE MANAGEMENT

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

October 13, 1989

Kim Hoang  
Hoang's Auto Care  
20009 Meekland Ave.  
Hayward, CA 94541

SECOND NOTICE OF VIOLATION

Dear Kim Hoang:

On March 3, 1988 you were given permit applications for 3 underground storage tanks at the above facility. To date we have not received any communication from you.

In accordance with the California Code of Regulations, Title 23, Chapter 3, Subchapter 16 Underground Tank Regulations you must apply for a permit as required by Article 10, 2710.

Recently it was noted that you are dispensing fuel and using a waste oil tank. Therefore, copies of the permit applications are enclosed for your use. These forms should be returned to this office completed within 10 days.

Please note that section 25299 of the California Health and Safety Code states that any operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars or more than five thousand dollars per day for failure to obtain a permit, or failing to properly close an underground storage tank, as required by section 25298.

If you have any questions concerning this matter, please contact this office at 271-4320.

Sincerely,

Thomas Peacock, Sr. Hazardous Material Specialist  
Hazardous Materials Division

cc: Gil Jensen, Alameda County District Attorney, Consumer and  
Environmental Protection Agency  
Lisa McCann, RWQCB

Owner picked up  
Permit Apps. 10-27-89  
Permit received  
11-9-89

P 062 127 678

RECEIPT FOR CERTIFIED MAIL

NO ASSURANCE COVERAGE PROVIDED  
EXCEPT INTERNATIONAL MAIL  
(See Reverse)

Sent to <b>KIM HANG</b>	
Street and No.	
P.O. Box and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Registration Fee	
Insurance Fee (over \$500)	
Postmark or Date	

PS Form 3800, June 1985

COMPLAINT FORM

DATE: 9-3-90 TIME: \_\_\_\_\_

COMPLAINT RECEIVED BY: Pavi Arulanantham

ADDRESS OF INCIDENT: 20009 Meekland Av  
Hayward 94541

NAME OF FACILITY: Hoang's Auto Care

CONTACT PERSON: \_\_\_\_\_

FACILITY PHONE NUMBER: \_\_\_\_\_

SUBJECT OF COMPLAINT: Oil changes being done on street. Oil  
dripping into gutter

NAME OF COMPLAINANT: Anonymous PHONE: 0

ACTIONS TAKEN AND DATE(S)  
Went to site and looked for oil stains in the gutter.  
I didn't see any.

Date investigation was completed: 9-17-90

Date complainant contacted: 0

Name of Specialist: Pam Evans

Signature: Patricia J. Evans

Applied Time: .5

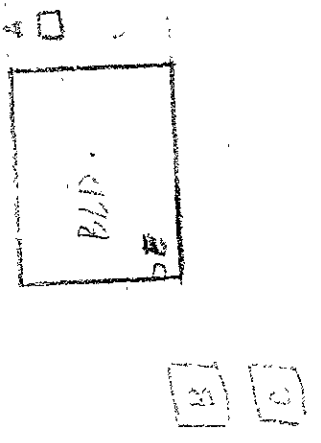
HAWTHORN 6 - 29-90

DEAR PAMELA  
AS JUNE 11 - 90, I TALK TO  
BILL, WHO EMPLOYED AT TANK TECH  
INC, PHONE # 782 - 2733 ABOUT  
THE OIL TANK TESTING. BILL  
TOLD ME THAT IN ORDER FOR  
HIM TO TEST THE OIL TANK, I  
SHOULD HAVE A FULL OIL IN  
THE TANK SO HE BE ABLE  
TO TESTED. BUT NOW THE TANK  
WASNT FULL SO I HAVE TO  
WAIT UNTIL THE TANK IS  
FULL SO HE CAN TESTED FOR  
ME. I WOULD SAY SOMEWHERE  
ON - OCT, 90 THE TANK WILL BE  
FULL SO I CAN HAVE THE TANK  
TEST AT THAT TIME

SINCERELY  
David Murray  
TRAINING & HOUSING

BLASSEM WAY

MILLENNIUM AVE



NOTE

- A - UNDER GROUND WASTE OIL BEING IN USE
- B - UNDER GROUND TANK NOT BEING IN USE
- C - SAME AS B
- E - FIRE EXTINGUISHER

July 4, 1990

Dear Ms. Evans,

This letter is to inform you that we have begun to inquire companies about the excavation of the gasoline tanks at 20009 Meekland Ave, Hayward. At present, we have received written proposals from three companies: R. L. Stevens, K. T. W. and Associates, and Decon. We are expecting to hear from more companies.

In addition, we are currently seeking a bank loan to assist in this excavation. It is anticipated that removal of these tanks will be performed by the end of this year.

Ken - Fung



60 JUL -6 PM 12: 25

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

July 30, 1990

Don Fong  
20008 Meekland Av.  
Hayward CA 94541

Re: Removal of Underground Fuel Storage Tanks at  
20009 Meekland Av., Hayward

Dear Mr. Fong:

I have received and reviewed your letter of July 4, 1990 outlining the steps you have taken toward removal of the underground fuel tanks at 20009 Meekland.

You are required to submit a closure plan for the removal of the tanks no later than September 30, 1990. You may contact me at 271-4320 with any questions or to obtain a closure plan.

Sincerely,

Pamela J. Evans  
Hazardous Materials Specialist

c: Gil Jensen, Alameda County District Attorney's Office  
Trinh Hoang, Hoang's Auto Care

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Certified Mailer #: P 062 127 944

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

June 15, 1990

Don Fong  
20008 Meekland Av.  
Hayward CA 94541

Re: Underground Fuel Storage Tanks at 20009 Meekland Av., Hayward

**FINAL NOTICE OF VIOLATION**

Dear Mr. Fong:

On June 8, 1990, Hazardous Materials Specialist Pamela Evans inspected Hoang's Auto Care at the above address. During this inspection, Ms. Evans noted the following violations of the California Health and Safety Code and California Code of Regulations, Title 23:

1. Section 2640 (a), CCR - No monitoring of the underground waste oil tank is being carried out. Underground tanks storing hazardous materials must be monitored in order to detect unauthorized releases.
2. Section 25298, (H&SC) - Two unused underground tanks are in place on the property. According to employee Nam Nguyen, these tanks have not been in use during the past two years. These tanks were used for fuel storage at one time. Unused underground storage tanks must be removed or monitored.

You are required to submit a written plan to this office specifying the actions you will take to address the above violations and their expected dates of completion. Specify the date that the unused tanks were last used to dispense fuel. The plan is due by July 8, 1990. You may contact Hazardous Materials Specialist Pamela J. Evans with any questions at 271-4320.

Please note that section 25299 of the California Health and Safety Code states that any operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars per day for failure to obtain a permit, or to properly close an underground storage tank as required by section 25298.

Sincerely,

Edgar B. Howell, Chief  
Hazardous Materials Division

EBH:PJE

c: Gil Jensen, Alameda County District Attorney's Office  
James Ferdinand, Eden Consolidated Fire Protection District  
Lester Feldman, Regional Water Quality Control Board  
Trinh Hoang, Hoang's Auto Care

P 062 127 944

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <b>Dim Fung</b>	
Street and No.	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt (Following Delivery)	
Return Receipt (Following Delivery)	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

**SENDER:** Complete items 1 and 2 when additional services are desired and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

<p>3. Article Addressed to:  <b>KIM HOANG</b>          Hoang's Auto Care          20009 Meckland Ave.          Hayward, CA 94541</p>	<p>4. Article Number  <b>P 062 127 678</b></p> <p>Type of Service:  <input type="checkbox"/> Registered <input type="checkbox"/> Insured  <input type="checkbox"/> Certified <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>
<p>5. Signature - Address  <input checked="" type="checkbox"/> <b>Kim Hoang</b></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)  <b>10/23/87</b></p>
<p>6. Signature - Agent  <input checked="" type="checkbox"/></p>	
<p>7. Date of Delivery  <b>10-17-87</b></p>	

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

June 15, 1990

Trinh Hoang  
Hoang's Auto Care  
20009 Meekland Ave.  
Hayward CA 94541

**NOTICE OF VIOLATION**

Dear Mr. Hoang:

On June 8, 1990, Hazardous Materials Specialist Pamela Evans of this office inspected your premises. During this inspection, Ms. Evans noted the following violations of the Health and Safety Code of California and of the California Code of Regulations, Title 23:

1. Section 2640 (a), CCR - No monitoring of the underground waste oil tank is being carried out in order to detect possible leaks. The monitoring program for this tank would require, at a minimum, yearly precision tank testing, and weekly gauging.
2. 25505 (a), H&SC - No Hazardous Materials Release Response Plan has been submitted to this office for your business. You were notified of this requirement by a representative of this office on March 3, 1988.

You must submit a written plan of correction to this office by July 8, 1990. The plan must specify how the waste oil tank is to be monitored. Also include with your submission:

Copies of waste oil and solvent pick up receipts dating back to June of 1989.

Completed Business Plan

You may contact Hazardous Materials Specialist Pamela Evans with any questions at 271-4320.

Sincerely,

Edgar B. Howell, Chief  
Hazardous Materials Division

EBH:PJE

c: Gil Jensen, Alameda County District Attorney's Office  
Don Fong

2. Off-Highway--Primary responsibility for coordination of response to and cleanup of incidents off-highway belongs to the fire authority. Environmental Health may assume responsibility for the incident at a time determined by the fire authority.

(b) Unincorporated Areas

1. On-Highway--Primary responsibility for coordination of response to and cleanup of incidents on State highways, County roads and easements belongs to the law enforcement agency having primary traffic enforcement authority. The assignment of financial responsibility for incidents on non-State highways will be through Environmental Health.
  2. Off-Highway--Primary responsibility for coordination of response to and cleanup of incidents off-highway belongs to the fire authority. Closing the area to unauthorized persons will be handled by the Sheriff's Department. Environmental Health may assume responsibility for the incident at a time determined by the fire authority. The assignment of financial responsibility will be through Environmental Health.
- (2) If railroads (Santa Fe, Southern Pacific, or Union Pacific) are involved, County Communications will notify them.
  - (3) No agency addressed in this plan may command another agency or individual to perform acts in the handling of dangerous materials which could result in the hazarding of life or health.
  - (4) The response plan is designed to coordinate the activities of the County departments and complement the hazardous material notification, response, and on-scene operation procedures of the responsible City, State, and Federal agencies. Change(s) to the plan will be made to eliminate conflict(s) with established City, State, or Federal plans.

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 # 1078 Site Name Hoang's Auto Care Today's Date 6/8/90

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 20009 Meekland Av  
 City Nayward Zip 94541 Phone 886-2712

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

Call from Mr. Hoang 6/11/90 regarding the inspection

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

Comments: he wanted clarification on corrective actions needed for violations. 3 underground tanks on site:

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

25298 (a) abandonment

article 7 Title 23

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: \_\_\_\_\_

- waste oil - currently in use - employee Nam Nguyen did not know capacity. Said it is pumped out occasionally. Not measuring contents or otherwise monitoring for leaks currently.  
 - 2 gas tanks currently not being used. Have been out of use since Hoang's began operation ~ 2 years.

Call 6/22 from Irnh Hoang regarding waste oil tank testing. Will send letter

No Business Plan has been submitted by Hoang's although this business was notified of requirement previously. (415) 582-7921

Mr. Tong called for 6/25 about owner Don Fong - 20008 Meekland av

① Submit closure plan for unused fuel tanks to my office within 30 days (by July 8, 1990)

② Begin monitoring waste oil tank by gauging and precision testing. Submit written plan for monitoring waste oil tanks within 30 days.

③ Submit completed business plan within 30 days (by July 8, 1990,) left copy with employee rec'd copy 7/2/90

Contact: \_\_\_\_\_ Inspector: \_\_\_\_\_  
 Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Signature: Thuan Nguyen Signature: Patricia J. Swan

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 yellow -facility  
 pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## Hazardous Materials Division Inspection Form

Site ID# \_\_\_\_\_ Site Name Hoang Auto Care Today's Date 6/18/90  
 Site Address 20009 Meekland Av EPA ID# \_\_\_\_\_  
 City Hayward Zip 94541 Phone 886-2712

MAX Amt. Stored > 500lbs/55g/200cf? Y N  
 Hazardous Waste generated per month? 20 solvent  
gal waste oil

**Inspection Categories:**

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

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

**IA GENERATOR (Title 22)**

- |                   |                             |         |
|-------------------|-----------------------------|---------|
| Manifest          | 1. Waste ID                 | * 66471 |
|                   | 2. EPA ID                   | 66472   |
|                   | 3. > 90 days                | 66508   |
|                   | 4. Label dates              | 66508   |
|                   | 5. Biennial                 | 66493   |
| Manifest          | 6. Records                  | 66492   |
|                   | 7. Correct                  | 66484   |
|                   | 8. Copy sent                | 66492   |
|                   | 9. Exception                | 66484   |
|                   | 10. Copies Rec'd            | 66492   |
| Misc.             | 11. Treatment               | 66371   |
|                   | 12. On-site Disp. (H.S.&C.) | 26189.5 |
|                   | 13. Ex Haz. Waste           | 66570   |
| Prevention        | 14. Communications          | 67121   |
|                   | 15. Aisle Space             | 67124   |
|                   | 16. Local Authority         | 67126   |
|                   | 17. Maintenance             | 67120   |
|                   | 18. Training                | 67105   |
| Confin. Agency    | 19. Prepared                | 67140   |
|                   | 20. Name List               | 67141   |
|                   | 21. Copies                  | 67141   |
|                   | 22. Emg. Coord. Tmg.        | 67144   |
| Containers, Tanks | 23. Condition               | 67241   |
|                   | 24. Compatibility           | 67242   |
|                   | 25. Maintenance             | 67243   |
|                   | 26. Inspection              | 67244   |
|                   | 27. Buffer Zone             | 67246   |
|                   | 28. Tank Inspection         | 67259   |
|                   | 29. Containment             | 67245   |
|                   | 30. Safe Storage            | 67261   |
|                   | 31. Freeboard               | 67257   |

**Comments:**

This auto service shop produces the following hazardous wastes:

- Waste oil which is stored in an underground tank. Employee Nam Nguyen did not know where records of pick up were for this tank or for the parts cleaning solvent tank. (Safety-Kleen equipment)

Trinh Hoang - manager

Forward the following information to my office within 15 days (by July 23, 1990):

① Copies of ~~waste~~ all waste oil pick up receipts for the past year

② Copies of solvent pick up receipts for past year.

(Supply records back to June, 1989)

copies received 7-2-90 for both wastes (K)

**IB TRANSPORTER (Title 22)**

- |          |                           |       |
|----------|---------------------------|-------|
| Manifest | 32. Applic./Insurance     | 66428 |
|          | 33. Comp. Cert./CHP Inso. | 66448 |
|          | 34. Containers            | 66465 |
| Manifest | 35. Vehicles              | 66465 |
|          | 36. EPA ID #s             | 66531 |
|          | 37. Correct               | 66541 |
|          | 38. HW Delivery           | 66543 |
|          | 39. Records               | 66544 |
| Con't're | 40. Name/ Covers          | 66545 |
|          | 41. Recyclables           | 66800 |

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

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

Signature: Trinh Hoang

Inspector: \_\_\_\_\_

Signature: Patricia J. Evans



DATE : 05/30/90  
TO : Candyce Kelly, Supervisor Special Billing Unit  
FROM : Melanie Killian, <sup>MK</sup> Program Specialist II  
SUBJECT: NEW BILLING - UNDERGROUND STORAGE TANK

Please find enclosed the listing of new Underground Tank establishments.

SUMMARY

=====

# new establishments	:	29
# new tanks	:	83
estimated additional revenue	:	\$ 6845

Please process for billing in accordance with Section 3-140.5 of the Alameda County Ordinance Code, including collection of the state surcharge for the individual underground tanks.

Find attached the pre-typed Interim Permits for the 29 new establishments, ready for your use.

Thank you for your kind assistance.

Enclosures

cc: Rafat Shahid, Director DEH  
Ed Howell, Chief HazMat  
Jim Hartnett, DEH Finance

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 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 # 1078 Site Name Hoang's Auto Care Today's Date 6/8/90

Site Address 20009 Meekland Av  
 City Hayward Zip 94541 Phone 886-2712

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

Inspection Categories:

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

Comments:

3 underground tanks on site:  
 - waste oil - currently in use - employee Nam Nguyen did not know capacity. Said it is pumped out occasionally. Not measuring contents or otherwise monitoring for leaks currently  
 - 2 gas tanks currently not being used. Have been out of use since Hoang's began operation ~ 2 years.

No Business Plan has been submitted by Hoang's although this business was notified of requirement previously.

① Submit closure plan for unused fuel tanks to my office within 30 days (by July 8, 1990)

② Begin monitoring waste oil tank by gauging and precision testing. Submit written plan for monitoring waste oil tanks within 30 days.

③ Submit completed business plan within 30 days (by July 8, 1990.) Left copy with employee

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
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- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

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

III. UNDERGROUND TANKS (Title 23)

- General
- 1. Permit Application 25284 (H&S)
  - 2. Pipeline Leak Detection 25292 (H&S)
  - 3. Records Maintenance 2712
  - 4. Release Report 2651
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- 6. Method
  - 1) Monthly Test
  - 2) Daily Vadose
  - Semi-annual groundwater
  - One time soils
  - 3) Daily Vadose
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  - Annual tank test
  - 4) Monthly Groundwater
  - One time soils
  - 5) Daily Inventory
  - Annual tank testing
  - Cont pipe leak det
  - Vadose/grdwat mon.
  - 6) Daily Inventory
  - Annual tank testing
  - Cont pipe leak det
  - 7) Weekly Tank Gauge
  - Annual tank testing
  - 8) Annual Tank Testing
  - Daily Inventory
  - 9) Other

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

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

Rev 6/88

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

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

Signature: Nam Nguyen

Inspector: \_\_\_\_\_

Signature: Patricia J Evans

DATE:

TO : Local Oversight Program

FROM:

SUBJ: Transfer of Eligible Oversight Case

Site name: Hoangs Auto Service

Address: 20009 Heckland Av city Hayward zip 94541

Closure plan attached? Y  N  DepRef remaining \$ 360.00

DepRef Project # 202A STID #(if any) 1878

Number of Tanks: 3 removed?  Y  N Date of removal 10-16-90

Samples received?  Y  N Contamination: BTEX - known - some sampling left undone

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

Monitoring wells on site No Monitoring schedule? Y  N

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

Briefly describe the following:

Preliminary Assessment Native soils under gas tank shed > NO BTEX (but not very high)

Remedial Action None | However, piping was left in place w/no sampling beneath

Post Remedial Action Monitoring | & stockpiles were not tested prior to being replaced

Enforcement Action Letter - 11/23/90

No additional work has been done here since the tank was pulled. ~~The~~ stockpiles were put back into pits w/out being tested. Pipes were not removed / tested. I wrote owner Don Fong in 11/90 & told him what needed to be done. Cannot give closure with out this work or its equivalent being carried out. Owner ~~has~~ apparently does not feel under pressure to get the site cleaned up.

# Alameda County Health Care Services Agency

Department of Environmental Health

COUNTY OF ALAMEDA

Permit

This is to certify that HOANG'S AUTO CARE  
doing business as HOANG'S AUTO CARE, is permitted  
to operate Three (3) Underground Storage Tanks  
at 20009 Meekland Ave Hayward, CA 94541

This permit is not transferable and is good until  
6 Months from date of issuance

Issued this TWENTY day of FEBRUARY, 19 90  
C.S.

CALIFORNIA

By Authority of  
County Health Officer

HAZARDOUS MATERIAL SPECIALIST  
*Sanitization*



FORM 'A':  
SITE

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

COMPLETE THIS FORM FOR EACH FACILITY/SITE

No 35304

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

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

FACILITY/SITE NAME HOANG'S AUTO CARE		CARE OF ADDRESS INFORMATION 28198 HARVEY AVE TRINH HOANG HAYWARD, CA 94544		
ADDRESS 20009 MEEKLAND AVE		NEAREST CROSS STREET TENNISON	<input checked="" type="checkbox"/> Box to indicate <input checked="" type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME HAYWARD, CA 94541		STATE CA	ZIP CODE 94574	SITE PHONE #, WITH AREA CODE (415) 886-2712
TYPE OF BUSINESS: <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 3 FARM		<input checked="" type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS <input type="checkbox"/>		EPA ID #
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)		
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 & ADDRESS — (MUST BE COMPLETED)

NAME DON FONG		CARE OF ADDRESS INFORMATION SAME		
MAILING or STREET ADDRESS 20008 MEEKLAND AVE		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME HAYWARD, CA 94541		STATE	ZIP CODE	PHONE #, WITH AREA CODE (415) 582-7921

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

NAME DON FONG		CARE OF ADDRESS INFORMATION SAME		
MAILING or STREET ADDRESS 20008 MEEKLAND AVE		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME HAYWARD, CA 94541		STATE	ZIP CODE	PHONE #, WITH AREA CODE (415) 582-7921

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>Trinh Quang Hoang</i>	DATE 10/30/89
--	------------------

LOCAL AGENCY USE ONLY

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

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



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

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

N 23452

MARK ONLY ONE ITEM: 1 NEW PERMIT, 2 INTERIM PERMIT, 3 RENEWAL PERMIT, 4 AMENDED PERMIT, 5 CHANGE OF INFORMATION, 6 TEMPORARY TANK CLOSURE, 7 PERMANENTLY CLOSED TANK, 8 TANK REMOVED. FACILITY/SITE NAME WHERE TANK IS INSTALLED: 20009 MEEKLAND AV HAM CA 94521/FARM TANK - YES NO

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

A. OWNERS TANK ID # UNKNOWN B. MANUFACTURED BY: UNKNOWN C. YEAR INSTALLED UNKNOWN D. TANK CAPACITY IN GALLONS: UNKNOWN

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

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

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

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

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

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

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

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

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1 ESTIMATED DATE LAST USED (MO/YR) 10/89 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN 20 GALLONS 3 WAS TANK FILLED WITH INERT MATERIAL? YES NO

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

APPLICANT'S NAME (PRINTED & SIGNATURE) [Signature] DATE 10/30/89

LOCAL AGENCY USE ONLY

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



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

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

N: 23450

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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: 20009 MEEKLAND AV HALL CA 94547 FARM TANK - YES  NO

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

A. OWNERS TANK ID # UNKNOWN	B. MANUFACTURED BY: UNKNOWN
C. YEAR INSTALLED UNKNOWN	D. TANK CAPACITY IN GALLONS: UNKNOWN

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

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

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL	<input type="checkbox"/> 1 STEEL/IRON	<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 checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE 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"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 99 OTHER
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 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

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

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

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

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

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR) 9/87	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN <input type="checkbox"/> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

APPLICANT'S NAME (PRINTED & SIGNATURE) Junh Quang Hoang DATE 10/30/89

LOCAL AGENCY USE ONLY

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



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

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

NO 23451

MARK ONLY ONE ITEM: 1 NEW PERMIT, 2 INTERIM PERMIT, 3 RENEWAL PERMIT, 4 AMENDED PERMIT, 5 CHANGE OF INFORMATION, 6 TEMPORARY TANK CLOSURE, 7 PERMANENTLY CLOSED TANK, 8 TANK REMOVED. FACILITY/SITE NAME WHERE TANK IS INSTALLED: 20009 MEELAND AV HAY. CA 94541 FARM TANK - YES NO

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

A. OWNERS TANK ID # UNKNOWN B. MANUFACTURED BY: UNKNOWN C. YEAR INSTALLED UNKNOWN D. TANK CAPACITY IN GALLONS: UNKNOWN

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

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

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

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

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

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

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

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

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1 ESTIMATED DATE LAST USED (MO/YR): 9/87 2 ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN: 8 GALLONS 3 WAS TANK FILLED WITH INERT MATERIAL? YES NO

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

APPLICANT'S NAME (PRINTED & SIGNATURE): [Signature] DATE: 10/30/89

LOCAL AGENCY USE ONLY

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



