

ALCO
HAZMAT
94 JAN 18 PM 3:10



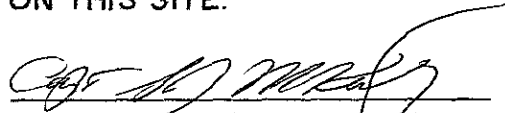
1-14-94

TO: JULIET SHIN
HAZARDOUS MATERIALS SPECIALIST

FROM: CAPT. STEVEN MC KINLEY
ALAMEDA FIRE DEPT.

RE: UNDERGROUND TANK REMOVAL AT FIRE STATION 2 635 PACIFIC AVE.

INCLOSED IS A COPY OF THE MANIFEST FOR THE TANK REMOVAL AS WELL AS
A COPY OF AUTHORIZATION FOR DISPOSAL OF CONTAMINATED SOILS.
ACCORDING TO GARY ZACCOR OF ZACCOR CORPORATION THE SOIL DID GO
TO THE CITY OF MOUNTAIN VIEW LANDFILL AS INDICATED IN THE LETTER.
HE ALSO STATED THAT NO OTHER PAPER WORK WAS ISSUED. I HOPE
THIS WILL HELP YOU WITH FINAL CLOSURE ON THIS SITE.


CAPT. STEVEN MC KINLEY

1/25/94 I called Mr. McKinley to make sure that he
remove drums containing purge water to an appropriate
recycling facility. - JS.

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAAT 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

December 29, 1993

Steven McKinley
Alameda Fire Dept.
Headquarters
1300 Park St.
Alameda, CA 94501

STID 3870

Re: Investigations at the Alameda Fire Station #2, located at
635 Pacific Ave., Alameda, CA

Dear Mr. McKinley,

Thank you for your submittal of the Unauthorized Release (Leak)/Contamination Site Report, for the above site. This office overlooked the need for a few additional pieces of information in our last letter, for our assessment of the above site for closure. Please submit a copy of the manifest for the disposal of the former 285-gallon diesel underground storage tank and documentation showing the fate of all the excavated soil from the site. This office has already left a message with your consultant, Environmental Technical Services, requesting the above items.

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

Sincerely,

Handwritten signature of Juliet Shin in cursive script.

Juliet Shin
Hazardous Materials Specialist

cc: Jim Sanderson
City of Alameda
1616 Fortmann Way
Alameda, CA 94501

Helen MaWhinney
Environmental Technical Services
1548 Jacob Ave
San Jose, CA 95118

Edgar Howell-File(JS)

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE M M D D Y Y _____		CASE # _____		SIGNED <u>Juliet Shin</u> DATE <u>12/22/93</u>		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Capt. Steven McKinley		PHONE (510) 748-4602		SIGNATURE <u>Capt. Steven McKinley</u>	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER _____		COMPANY OR AGENCY NAME Alameda Fire Department			
	ADDRESS 1300 Park STREET Alameda CITY CA STATE 94501 ZIP					
RESPONSIBLE PARTY	NAME Alameda Fire Dept. <input type="checkbox"/> UNKNOWN		CONTACT PERSON Steve McKinley		PHONE (510) 748-4602	
	ADDRESS 1300 Park STREET Alameda CITY CA STATE 94501 ZIP					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Fire Station #2		OPERATOR Alameda Fire Dept.		PHONE (510) 748-4601	
	ADDRESS 635 Pacific Ave. STREET Alameda CITY CA COUNTY 94501 ZIP					
	CROSS STREET Webster					
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Environmental Health		CONTACT PERSON Juliet Shin		PHONE (510) 271-4530	
	REGIONAL BOARD San Francisco Bay Region		CONTACT PERSON Unknown		PHONE (510) 286-0962	
SUBSTANCES INVOLVED	(1) NAME diesel fuel		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2) _____		<input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 1 M 1 M 1 D 5 D 9 Y 1 Y		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER _____			
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" 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 1 M 1 M 1 D 5 D 9 Y 1 Y					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER _____		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____			
	CASE TYPE CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT) _____					
COMMENTS	_____					

ALCO
 HAZMAT
 93 DEC 22 PM 2:02

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

December 7, 1993

Steve McKinley
Alameda Fire Dept.
1300 Park St.
Alameda, CA 94501

STID 3870

Re: Investigations at the Alameda Fire Station #2, located at
635 Pacific Avenue, Alameda, California

Dear Mr. McKinley,

It appears that the above site is ready to be assessed for closure. However, before this office can evaluate the site for closure, an Unauthorized Release/Leak Report form needs to be completed for the site. Please complete the attached form and submit it **within 30 days** of the date of this letter.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Juliet Shin".

Juliet Shin
Hazardous Materials Specialist

cc: Henry Wong
City of Alameda
2263 Santa Clara Ave.
Alameda, CA 94501

Edgar Howell-File(JS)

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

October 7, 1993

Steve McKinley
Alameda Fire Dept.
1300 Park St.
Alameda, CA 94501

STID 3870

Re: The destruction of MW1 at the Alameda Fire Station, located
at 635 Pacific Street, Alameda, California

Dear Mr. McKinley,

Per our conversation on October 7, 1993, it appears that MW-1 can be destroyed. This well was originally installed to monitor any releases from the former underground storage tank and is **not** currently being utilized as part of the ground water monitoring investigations at the site. **Please be aware that MW1 must be destroyed under permit from Alameda County's Flood Control District, Zone 7.** The requirements of this permit include, but are no limited to, drilling out and cement grouting the well. Please submit to this office all copies of paper work confirming proper closure of this well.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Juliet Shin".

Juliet Shin
Hazardous Materials Specialist

cc: Jim Sanderson
City of Alameda
1616 Fortmann Way
Alameda, CA 94501

Edgar Howell-File(JS)



CITY OF MOUNTAIN VIEW

Utilities Department • Solid Waste Division
231 North Whisman Road • Post Office Box 7540 • Mountain View, CA 94039-7540 • 415-903-6329 • FAX 415-962-0911

August 19, 1992

Zaccor Corporation
Attention: Gary Zaccor
791 Hamilton Avenue
Menlo Park, CA 94025

Contact No. (415) 363-2181

AUTHORIZATION FOR DISPOSAL OF CONTAMINATED SOILS

Dear Mr. Zaccor:

Reference: Your fax of August 19, 1992 with analytical results from Chromalab, Inc., File No. 0892149, soil represented by Sample 2FSX-2 and FSSP1-FSSP6

Source of Material: 635 Pacific Street, Alameda

Quantity: approximately 40 cubic yards

Subject to the materials accepted having at or less than the amount of compounds present as indicated by your analysis and subject to the materials meeting the California Water Quality Control Board's Standards for the City of Mountain View Landfill, the materials are accepted for disposal. Please inform me in advance of disposal as to the date and time of delivery and the trucking company being used. Due to space limitations, be advised bottom-dump trucks are not allowed, and we prefer transfer trucks over semi end dumps when possible. If it has rained an appreciable amount in the previous week, call ahead to determine if the dirt disposal area is open.

Effective July 1, 1992, the disposal fee will be \$15.00 per cubic yard unless mixed with refuse or plastic, in which case the disposal fee will be \$25.00 per cubic yard. This may be paid at the landfill gatehouse using either cash (no company checks or personal checks), credit card (VISA or Mastercard) or the City's coupon system.

Please feel free to contact me at (415) 903-6227 if you have any questions.

Sincerely,


Terry E. Dill
Landfill Operations Specialist

TED/FOR/UTL-F3

cc: WASTECH, Chron. File, File

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

Page 1

Site ID # _____ Site Name Firehouse #2 Today's Date 8/17/92

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N)
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) 25535(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 groundwater
One time soils |
| | 5) Daily inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon. |
| | 6) Daily inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily inventory |
| | 9) Other _____ |
| New Tanks | ___ 7. Precs Tank Test Date: 2643 |
| | ___ 8. Inventory Rec. 2644 |
| | ___ 9. Soil Testing . 2646 |
| | ___ 10. Ground Water. 2647 |
| | ___ 11. Monitor Plan 2632 |
| ___ 12. Access. Secure 2634 | |
| ___ 13. Plans Submit Date: 2711 | |
| ___ 14. As Built Date: 2635 | |

Site Address 635 Pacific Ave
 City Alameda Zip 94 Phone _____

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

Inspection Categories:

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

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

Comments:

Arrived on site at 9:30 AM. The clean fill had already been excavated as far to east as possible, due to the monitoring well, and as far west as was currently allowable due to the property line. Excavated into the native soil on the north end about 3 feet. Zaccor Corporation contact, Helen MalWhinney, was at the site.

Excavated down to groundwater, which was observed at ~10 feet depth. Four soil samples were collected, one from each wall (North, South, east, west), from the capillary fringe at ~10 feet deep. Ms. Shin stated that water sample from g.w. in tank pit wasn't necessary since monitoring wells would be installed + sampled at site. No odor from the soil samples, except for slight odor in soil sample from west wall. No stains observed. Soils consist of silty sand.

Ms. MalWhinney stated that gw gradient is north, according to information gathered from Shell St. at 1601 Webster St., in Alameda.

Stockpiled excavated soil on asphalt alongside →

II, III

Contact: Helen MalWhinney
 Title: EIS/ Env. Consultant
 Signature: Helen MalWhinney

Inspector: Juliet Shin
 Signature: Juliet Shin

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

Page 2

Site ID # _____ Site Name Firehouse #2 Today's Date 8/17/92

II.A BUSINESS PLANS (Title 19)

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

Site Address 635 Pacific Ave

City Alameda 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. MAT'L'S

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

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

III. UNDERGROUND TANKS (Title 23)

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

Monitoring for Existing Tanks

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

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

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

Comments:

The west side of the building. The stockpiled soil samples ^{were} ~~will~~ be collected primarily after the tank pit soil samples are analyzed and be placed on hold until tank pit soil analysis results are obtained. Four stockpiled soil samples were collected. Ms. Shin requested that the tank pit soil samples be analyzed for TPHg, in addition to diesel and BTEX, since the UST is suspected of having been used for gasoline storage. It was not specified in the work plan what the soil samples would be analyzed for. Soil samples (all) placed in glass jars + sealed w/ plastic end caps, aluminum, + duct tape. Will be placed on ice (not blue ice) for preservation.

~~Juliet Shin~~

II, III

Contact: Helen Mawhinney
 Title: ETS / Env. Consultant Inspector: Juliet Shin
 Signature: Helen Mawhinney Signature: _____

DATE 8/7/92

CONTACT LOG

FROM: Lavette AFFILIATION: Zacors Corp.
TITLE: _____ PHONE: (415) 363-2681
TO: Juliet Shiu AFFILIATION: Alameda County
TITLE: _____ PHONE: (510) 271-4530

RE: STID 3870, Fire Station #2, 635 Pacific Ave.,
Alameda, CA

Lavette stated that additional soil excavation would occur at the above site on August 17th 1992, ^{in morning} at 9:00 a.m. and that the installation of the one additional monitoring well would occur on the morning of Aug. 19, 1992.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
C-101 B-95 Agency Director

DEPARTMENT OF PUBLIC HEALTH
HEALTH CARE SERVICES
1300 PARK STREET
ALAMEDA, CA 94501
510-271-4000

May 26, 1992

Captain Steve McKinley
Alameda Fire Department
1300 Park Street
Alameda, CA 94501

STID 3870

RE: Work plan for investigations at 635 Pacific Avenue, Alameda,
California

Dear Mr. McKinley,

This office has received and reviewed the work plan, dated March 29, 1992. This Department approves of the work plan with one condition: if sufficient data to determine local groundwater gradient is not available from other sources, **three** monitoring wells are required to be installed at the site. Further, the existing on-site well may not be used for sampling. According to the well construction detail for this well provided in the work plan, the screened interval begins below the water table. Wells intended for detecting hydrocarbons must be constructed such that the well screen "straddles" the saturated/unsaturated zone. In this way, both dissolved and free-phase ("floaters") hydrocarbons may be detected.

Before installing monitoring wells, you are required to submit a diagram showing the proposed monitoring well locations and the well construction details for the proposed wells. Copies of the plans and proposals must be approved by this Department before they can be implemented.

The monitoring wells are to be surveyed and groundwater elevations are to be measured monthly for 12 consecutive months and then quarterly thereafter. Additionally, groundwater samples are to be collected and analyzed quarterly. These samples must be analyzed for the contaminants listed in Table 2 of the California Regional Water Quality Control Board's Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks.

Field work should commence within 60 days of the receipt of this letter. Please be reminded that a report documenting the results from work performed is due to this office within 45 days of completion of field activities. Subsequent reports are to be submitted quarterly until this site qualifies for final RWQCB "sign-off". Such quarterly reports are due the first day of the second month of each subsequent quarter.

The referenced initial quarterly reports must describe the status of the investigation and must include, among others, the following elements:

- o Details and results of all work performed during the designated period of time: records of field observations and data, boring and well construction logs, water level data, chain-of-custody forms, laboratory results for all samples collected and analyzed, tabulations of free product thicknesses and dissolved fractions, etc.
- o Status of groundwater contamination characterization
- o Interpretation of results: water level contour maps showing gradients, free and dissolved product plume definition maps for each target component, geologic cross sections, etc.
- o Recommendations or plans for additional investigative work of remediation

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 RWQCB.

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

Sincerely,



Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

cc: Richard Hiett, RWQCB

Richard Quarante, Alameda Fire Dept.

Gary Zaccor
Zaccor Corporation
791 Hamilton Avenue
Menlo Park, CA 94025

File (JS)

DATE: 3-25-92
TO : Local Oversight Program
FROM: Kevin
SUBJ: Transfer of Eligible Oversight Case

Site name: Fire Station #2 Mike Dublin Fire Marshall (ST) 748-4601
Address: 635 Pacific Ave. city Alameda zip 94501
Closure plan attached? Y N DepRef remaining \$ _____
DepRef Project # 1726 STID #(if any) 3870
Number of Tanks: 1 removed? Y N Date of removal 11-15-91
Leak Report filed? Y N Date of Discovery 11-15-91
Samples received? Y N Contamination: Soil
Petroleum Y N Types: Avgas Jet leaded unleaded Diesel
fuel oil waste oil kerosene solvents
Monitoring wells on site 1 Monitoring schedule? Y N
LUFT category 1 2 3 * H S C A R W G O

Briefly describe the following:
Preliminary Assessment Soil contamination
Remedial Action None
Post Remedial Action Monitoring NONE
Enforcement Action Request for workplan.

2 samples taken; beneath tank detected 6.5 ppb toluene and 44 ppb xylene, Stock pile detected in ppm 220 TPH and 52 ppb xylene.

G.W. analysis is dated 1986

415 363-2181
3/26/92 Contact Gary Jolca - Mr. Wong said on the phone that a plan to clean up by next week.

ALAMEDA 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

748-4512

~~748-4518~~

February 7, 1992

Mr. Henry Wong
City of Alameda
Engineering Dept. Room 207
2263 Santa Clara Ave.
Alameda, CA 94501

Subject: Fire Station #2, 635 Pacific Ave., Alameda, CA 94501

Dear Mr. Wong:

This office has received and reviewed a report dated January 6, 1992, compiled by Zaccor Corporation(ZC), your consultant of record. Thank you for submitting the data in a timely manner for evaluation by the Division of Hazardous Materials. Prior to concurrence with any further work at the facility, several points are in need of clarification:

- 1) In the cover letter from Mr. Zaccor, reference is made to a monitoring well constructed by Aqua Science Engineers(ASE). This well was constructed in 1986 conforming to standard practices utilized at the time, according to Mr. Zaccor. Please submit evidence that the well was constructed down gradient to the location of the former fuel tank.
- 2) Although it may not be necessary to over-excavate the area surrounding the former underground tank, soil sample analysis from underneath the former tank yielded Toluene (6.5 parts per billion). Toluene is a chemical on the Proposition 65 List. In order to be granted a closure of the site this office recommends submission of a work plan for over-excavation in the area surrounding the former tank to a "non-detect" level.
- 3) Submit a workplan that will entail development of the well and subsequent monitoring once it has been established that the well was constructed down gradient from the former tank.
- 4) Following concurrence with the workplan and subsequent analysis of the laboratory results, this office will consider the possibility of site closure.

5) Please be advised that the possibility of closure status being granted the site will depend on the results submitted to this office indicating there is no threat of further discharge into the environment of hazardous chemicals.

If you have any questions concerning this site please call this office at (510) 271-4320.

Sincerely,



Brian P. Oliva, REHS
Hazardous Materials Specialist

cc: Eddie So, SFBRWQCB
Gary Zaccor, Zaccor Corporation
Steve McKinley, City of Alameda Fire Dept.

92 FEB 18 11:09:59

February 6, 1992

Monitoring Well results
including
635 Pacifica Ave.
Alameda
Fire House #2

Alameda County Dept. of Environmental Health
Hazardous Materials Division
80 Swan Way
Room 200
Oakland, CA 94612

Dear Mr. Bryan Oliva:

Enclosed is a copy of the letter we mailed to you on January 6, 1992 regarding the existing monitoring well located at Alameda Fire Station #2, 635 Pacifica Street, Alameda, CA.

As requested in that letter we would like to properly develop and sample the existing well to determine if further excavation is needed on site.

Please respond as soon as possible as the Fire Dept. awaits our response.

If you have questions or comments please do not hesitate to contact me in my office at 415-363-2181.

Sincerely,
ZACCOR CORP.

Gary Zaccor
Gary Zaccor
Project Manager

GZ/lr

Enclosure

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 : 3870
SITE NAME: Fire Station #2 DATE REPORTED : 11/15/91
ADDRESS : 635 Pacific Ave. DATE CONFIRMED: 11/15/91
CITY/ZIP : Alameda 94501 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:	DATE ENFORCEMENT ACTION TAKEN:
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: Henry Wong
COMPANY NAME: City of Alameda
ADDRESS: 2263 Santa Clara Ave
CITY/STATE: Alameda, C A 94501

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Page 1 of 2

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name City of Alameda fire Station #2 Today's date 4/15/91

Site Address 635 Pacific

City Alameda Zip 94 Phone _____

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

Inspection Categories:

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

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

Comments:

800
 diesel on site for removal of 285 gallon gas tank. Steve McKinnis for Alameda City fire department on site. The tank is being dematured with dry-ice Environmental Technical Services on site (Helen Mayhew) Zaccor Corporation to remove tank (Scott)
 A EL Sample to be taken "0" reading
 830 Tank removed upon removal there was a hole made in the tank by the operator the tank itself appears in good condition heavy tar wrap. The underside of the tank has a sandy stain (green/blue/white) (Photo taken) There is a slight odor from tank. Helen Mayhew from ETS took 1 Sample Samples done: BTEX, TPH as diesel
 *Note the results are to be done by 11:00 AM
 There is a 2" monitoring well next to the site of the former tank.

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

- General
- 1. Permit Application 25284 (H&S)
 - 2. Pipeline Leak Detection 25292 (H&S)
 - 3. Records Maintenance 2712
 - 4. Release Report 2651
 - 5. Closure Plans 2870

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. 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

Contact: Cap. Souvick

Title: Cap. Alameda Fire

Signature: [Signature]

Inspector: Brian P. O'Neil

Signature: [Signature]

II, III

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

page 2 of 2

II, III

Site ID # _____ Site Name City of Alameda fire Today's Date 11/15/91

Site Address 635 Pacific St.

City Alameda Zip 94 Phone _____

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

Inspection Categories:

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

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

Comments:

Note the UST was manifested and taken to Erickson.
 dispenser line to be back flushed, pressure gauges & seals
 replaced upon confirmation of NP results
 Soil sampled taken of vented soil

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MAT'L'S

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(e)
- 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)
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 - 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/groundwater mon.
 - 6) Daily Inventory Annual tank testing Cont pipe leak det
 - 7) Weekly Tank Gauge Annual tank teting
 - 8) Annual Tank Testing Daily Inventory
 - 9) Other _____

- 7. Precip 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

II, III

Contact: Cap. Sourin

Title: Cap. Alameda Fire

Signature: [Signature]

Inspector: Brian Oliva

Signature: Brian Oliva

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAK00026K61BK0100011		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address CITY OF ALAMEDA FIRE STATION #2 635 PACIFIC AVE. ALAMEDA, CA 94501						A. State Manifest Document Number 90177290							
4. Generator's Phone 510 798 4601						B. State Generator's ID							
5. Transporter 1 Company Name Fuller Excavating			6. US EPA ID Number KAD198114437B1			C. State Transporter's ID 215123		D. Transporter's Phone 408 265 2629					
7. Transporter 2 Company Name Fuller Excavating			8. US EPA ID Number KAD198114437B1			E. State Transporter's ID 215123		F. Transporter's Phone					
9. Designated Facility Name and Site Address Erickson Inc. 225 Park Blvd Richmond, CA 94801						10. US EPA ID Number KAD0019K163FR		G. State Facility's ID CAD0019K163FR					
						H. Facility's Phone 415-235-1393							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. Waste, Empty underground storage tank NON-RCRA Hazardous waste, Solid						0011TP		010255A				State 512 EPA/Other None	
b.												State EPA/Other	
c.												State EPA/Other	
d.												State EPA/Other	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
1. Empty DIESEL underground tank # 7576 Iced with 15 LBS per 100 gallon capacity (CO2)						a. (7)		b.		c.		d.	
15. Special Handling Instructions and Additional Information 24 hr. Emergency Phone 415-235-1393 Wear gloves and hard hat.													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name Sandra L. ...			Signature [Signature]			Month Day Year 11/16/87							
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name Jimmie ...			Signature [Signature]			Month Day Year 11/15/87							
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name			Signature			Month Day Year							
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.													
Printed/Typed Name Lewald H. ...			Signature [Signature]			Month Day Year 11/15/87							

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

Do Not Write Below This Line

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS



LIC #478788

TELECOPIER COVER LETTER

DATE November 12, 1991

TO Rob Westin

COMPANY Alameda County

PHONE 568-3706

FROM GARY ZACCOR

COMPANY ZACCOR CORPORATION

FAX 415-326-7753

TOTAL NO. OF PAGES INCLUDING THIS PAGE 1

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL (415) 363-2181

We would like to schedule two projects
(tank) removal on Friday, Nov. 15, '91

.. Hank Wong 8:00 am
 635 Pacific Ave.
 Alameda, CA
 (Fire Station No. 2)

1-500 gallon gasoline

363-2181

JZG-AZ

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

500 gal 902

PHONE NO. 415/271-7430

Issuance of a permit for the storage, use, or disposal of hazardous materials with accepted plans, specifications, and regulations.
 THESE ARE SUBJECT TO THE HAZARDOUS MATERIALS REGULATIONS.

Any change or addition to the information provided on this permit must be submitted to the Department of Environmental Health Building Inspection, 1500 Broadway, Oakland, CA 94612. Changes must be submitted to the Department of Environmental Health Building Inspection, 1500 Broadway, Oakland, CA 94612. Notify this Department of any change or addition to the information following receipt of this permit.

DEPARTMENT OF ENVIRONMENTAL HEALTH
 470 27th Street Third Floor
 Oakland, CA 94612
 Telephone: (415) 371-7437

ACCEPTED
 RM 10-25-91

Project Specialist (print)

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

- Business Name CITY OF ALAMEDA FIRE STATION # 2
 Business Owner CITY OF ALAMEDA - ENGINEERING DEPT.
 - Site Address 635 PACIFIC AVENUE
 City ALAMEDA, CALIF Zip 94501 Phone 748-4601
 - Mailing Address SANTA CLARA AVENUE @ OAK ST., RM. 207
 City ALAMEDA, CALIF Zip 94501 Phone 748-4530
 - Land Owner SAME AS ABOVE
 Address _____ City, State _____ Zip _____
 - Generator name under which tank will be manifested CITY OF ALAMEDA ENGINEERING DEPT., RM-207
- × EPA I.D. No. under which tank will be manifested CAC 000646136

6. Contractor ZACCOR CORPORATION
Address 791 HAMILTON AVENUE
City MENLO PARK, CA Phone 415-363-2181
License Type A ID# 478799

7. Consultant ENVIRONMENTAL TECH. SERVICES
Address P O BOX 2572
City MENLO PARK, CA 94026 Phone 415-326-1125

8. Contact Person for Investigation
Name GARY ZACCOR Title PROJ. MGR.
Phone 415-363-2181

9. Number of tanks being closed under this plan ①
Length of piping being removed under this plan unknown
Total number of tanks at facility ①

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name ALLIED OIL & PUMPING EPA I.D. No. CAT080014277
Hauler License No. 77495 License Exp. Date _____
Address P O BOX 399
City ALVISO State CA Zip 95002

b) Product/Residual Sludge/Rinsate Disposal Site

Name REFINERY SERVICES EPA I.D. No. CAD083166728
Address _____
City PATTERSON State CA Zip —

c) Tank and Piping Transporter

Name ERICKSON, INC. EPA I.D. No. CAD 009466392
Hauler License No. 019 License Exp. Date _____
Address 225 PARR BLVD.
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name SAME AS ABOVE EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

11. Experienced Sample Collector

Name ENVIRONMENTAL TECH-SERVICES
Company HELEN MAWHINNEY
Address P O BOX 2572
City MENLO PARK State CA Zip 94026 Phone 326-1125

12. Laboratory

Name ANAMETRIX LABS, INC.
Address 1961 CONCOURSE DRIVE, STE E.
City SAN JOSE State CA Zip 95131
State Certification No. #151

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

TRIPLE RINSE, HYDROBLAST & DRY ICE
AT 6.5 LBS OF ICE PER 100 GALLONS.

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
500	GASOLINE	SOIL	ONE SAMPLE FROM DIRECTLY UNDERNEATH TANK

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) 6-8 cys. Stockpiled	Sampling Plan ONE CONFIRMATORY STOCKPILE SAMPLE

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
GASOLINE PWS BTEX TOTAL LEAD	AA	GC/FID (5030) 8020 or 808240 AA	2 ppm.

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND COMPENSATION

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

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

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

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

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

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

Signature of Contractor

Name (please type) ZACCOR CORPORATION

Signature Gary Zaccor

Date OCT. 8, '91

X Signature of Site Owner or Operator

Name (please type) CITY OF ALAMEDA - ENGINEERING DEPT.

Signature Henry O. Wong

Date 10/17/91

PLEASE CALL 916-324-1781 TO GET EPA ID NO.. ~~WRITE~~ WRITE NO. ON ITEM 5 ON PAGE 1 PLEASE PRINT NO. ON ALL (3) COPIES.

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

MARCH 20, 1991

POLICY NUMBER: 0801858 - 91
CERTIFICATE EXPIRES: 3-15-92

ALAMEDA COUNTY
ATTN ENVIRONMENTAL HEALTH
80 SWAN WAY ROOM 200
OAKLAND
CA 94621

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

This policy is not subject to cancellation by the Fund except upon ³⁰~~ten~~ days' advance written notice to the employer.

We will also give you ³⁰~~TEN~~ days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.


PRESIDENT

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 03/15/91 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

ZACCOR COMPANIES INC.
791 HAMILTON AVE
MENLO PARK
CA 94025

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

SEPTEMBER 20, 1991

POLICY NUMBER: 0801858 - 91
CERTIFICATE EXPIRES: 3-15-92

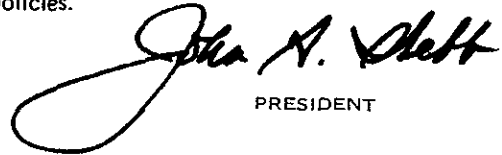
┌
CITY OF ALAMEDA
ENGINEERING DEPT., ROOM #207
2263 SANTA CLARA AVE.
ALAMEDA CA 94501

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

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

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

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.


PRESIDENT

EMPLOYER'S LIABILITY LIMIT: \$3,000,000 PER OCCURRENCE.

EMPLOYER

┌
ZACCOR COMPANIES, INC.
791 HAMILTON AVE.,
MENO PARK, CA 94025

TABLE 1

EMERGENCY INFORMATION

EMERGENCY TELEPHONE NUMBERS

In Emergency: 911

Site Telephone: (415) 608-7188
(415) 999-5015

Alternate Telephone No.
(415) 363-2181

Hospital: Alameda Hospital
2070 Clinton Avenue
Alameda, CA 94501
415-522-3700

Police and Fire Department: 911

Poison Control: 1 (800) 792-0720

Zaccor Companies, Inc.
Project Manager, Gary Zaccor wk. (415) 363-2181
hm. (415) 769-9528

Site Safety Officer, Scot Zaccor wk. (415) 363-2181
hm. (415) 326-1125

Corp. Safety Officer, Scot Zaccor wk. (415) 363-2181
hm. (415) 965-5190

Directions to Emergency Hospital (see attached map)

SITE HEALTH AND SAFETY PLAN SUMMARY

SITE NAME: City of Alameda - Fire Station #2

ADDRESS: 635 Pacific Avenue, Alameda

SITE TELEPHONE: (415) 608-7188 (Scot Zaccor mobile)
(415) 999-5015 (Gary Zaccor mobile)
(415) 363-2181 (main office)
(415) 748-4530 (Hank Wong - Engineering)

INVESTIGATION DATE: upon approval of Env. Health

SITE SAFETY OFFICER: SCOT ZACCOR
PROJECT MANAGER: GARY ZACCOR

TYPE OF INVESTIGATION

POTENTIAL HAZARDS

- | | | |
|---|--|--------------------------------|
| <input checked="" type="checkbox"/> Soils Sampling | <input checked="" type="checkbox"/> Organics | <input type="checkbox"/> Acids |
| <input type="checkbox"/> Groundwater Sampling | <input type="checkbox"/> Inorganics | <input type="checkbox"/> Bases |
| <input type="checkbox"/> Site Walkthrough | <input type="checkbox"/> Heavy Metals | <input type="checkbox"/> Fire |
| <input checked="" type="checkbox"/> Remedial Activities | <input type="checkbox"/> Solvents | |
| <input type="checkbox"/> Subcontractor Supervision | <input type="checkbox"/> Pesticides | |
| <input checked="" type="checkbox"/> Other: Tank Removal | <input type="checkbox"/> Other: _____ | |

PERSONAL PROTECTIVE EQUIPMENT - Level: A B C D

- | | |
|--|---|
| <input checked="" type="checkbox"/> Hard Hat | <input checked="" type="checkbox"/> Ear Plugs/Muffs |
| <input type="checkbox"/> Boots | <input checked="" type="checkbox"/> Safety Glasses |
| <input checked="" type="checkbox"/> Steel toed | |
| <input type="checkbox"/> Chemical resistant | <input checked="" type="checkbox"/> Respirator |
| | <input checked="" type="checkbox"/> Organic vapor cartridge |
| <input checked="" type="checkbox"/> Coveralls | <input type="checkbox"/> Particulate filters |
| <input type="checkbox"/> Cotton | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Tyveks (if necessary) | <input checked="" type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Gloves | <input checked="" type="checkbox"/> Organic Vapor Meter |
| <input type="checkbox"/> Disposable inner PVC | <input type="checkbox"/> Other: OVA (OVM backup) |
| <input checked="" type="checkbox"/> Disposable outer vinyl | |

1.0 INTRODUCTION

This Site Health and Safety Plan, developed in accordance with Occupational Safety and Health Administrative (OSHA) standards for hazardous waste operations (29 CFR 1910.120), establishes general health and safety protocol for Zaccor Companies, Inc., ("ZCI") personnel at the facility of Fire Station #2 - 635 Pacific Avenue, Alameda, CA 94501.

For informational purposes only, this plan may be provided to subcontractors of ZCI involved in activities at the facility located at 635 Pacific Avenue, Alameda, CA.

However, entities and personnel other than ZCI staff shall be solely responsible for their own health and safety and shall independently assess onsite conditions and develop their own health and safety protocol. Other entities or personnel that anticipate using health and safety measures which are less stringent than ZCI's measures should immediately contact ZCI's Site Safety Officer.

Zaccor Companies, Inc. has developed a Corporate Health and Safety plan. The Corporate Plan complies with current health and safety regulations, including OSHA 29 CFR 1910.120, Hazardous Waste Operations and Emergency Response. Many of the protocols of the corporate plan are conducted on a routine basis (general training, respirator fit testing, general medical record keeping, etc.) and are not repeated herein. The Corporate Plan was developed for ZCI employees. Questions regarding the ZCI Corporate Plan are referred to the ZCI Corporate Safety Supervisor, Scot Zaccor.

A copy of the Zaccor Companies, Inc. Field Investigations Site Health and Safety Plan along with any addenda, if issued, containing activity specific health and safety information will be kept in a conspicuous location on-site at all times while work is being conducted.

2.0 KEY HEALTH AND SAFETY PERSONNEL

The ZCI Site Safety Officer (SSO) is Scot Zaccor. In the absence of the SSO during field activities, a member of the field investigation team will be designated as the ZCI field Site Safety Officer (FSSO). The SSO or FSSO are responsible for the following:

- Observing field activities for compliance with this Site Health and Safety Plan, applicable addenda, ZCI's Corporate Health and Safety Plan.
- Modifying health and safety protocols or terminating field work when unsafe work conditions exist.

- Familiarizing ZCI personnel with health and safety protocols.
- Ensuring that ZCI field personnel wear appropriate personal protective equipment.
- Recording data from direct reading instruments and evaluating potential hazards to ZCI personnel.
- Monitoring decontamination procedures.
- Recording the occurrence of any site injury or illness.

3.0 SITE DESCRIPTION

- Fire Station with 500 gallon underground storage tank for fueling fire trucks.

4.0 PROPOSED FIELD ACTIVITIES

The proposed field activities include:

- 1) Excavation and removal of one (1) 500 gallon UST.
- 2) Soil Sampling directly underneath tank one stockpile sample.
- 3) Stockpiling of excavated material
- 4) Backfill with stockpiled material, if clean, import clean fill material.

5.0 HAZARD ANALYSIS

Excavations 5 feet or deeper must be protected by sloping or benching the sides of the excavation, support the sides of the excavation or place a shield between the side of the excavation and the work area. Provide adequate means of access.

5.1 POTENTIAL PHYSICAL HAZARDS

Field personnel shall be cognizant of potential physical hazards associated with use of heavy equipment, steam cleaning equipment, and electrical equipment during field operations. Equipment shall be operated by S.A.R.A. trained personnel. Appropriate protective equipment includes the following:

- Hardhats, safety glasses, and steel-toe boots will be worn.
- Gloves will be worn when handling equipment or moving drums.
- Hearing protection (ear plugs or ear muffs) will be worn when noise becomes discomforting.
- A first aid kit will be available at the jobsite.

Adverse climate conditions, primarily heat are important considerations in planning and conducting site operations. Heat stress is an associated concern, particularly when protective clothing is worn. Preventative measures include the following:

- Frequent rest periods in the shade when heat and/or humidity is high.
- Provide water and/or commercial electrolyte solutions. Drinking of these fluids will be encouraged.
- Suitable acclimation periods will be provided for workers to gradually establish their resistance to heat stress.

Personnel exhibiting symptoms of heat stress (nausea, cramps, dizziness, clammy skin) will be removed from the work area, cooled, fluids will be administered, and the personnel will be observed. Personnel exhibiting symptoms of heat stroke (hot dry skin, mental confusion, unconsciousness) will be immediately cooled and taken to the hospital. (See enclosed map for directions)

ZCI FIELD PERSONNEL SHOULD NOT ENTER ANY EXCAVATION. ZCI personnel should be aware of the potential hazards associated with unshored excavations, and should not stand on unsupported ground within 5 feet of any unshored or unsloped walls of the excavation.

5.2 POTENTIAL CHEMICAL HAZARDS

Total Petroleum Hydrocarbons as Gasoline plus Benzene, Toluene, Xylenes, and Ethylbenzene are the primary chemical concerns detected in the sample of soil and sludge.

Field personnel will minimize potential chemical hazards by 1) standing upwind of the work area when possible. 2) avoiding direct contact with soil and groundwater, 3) avoiding generation of dust (visual monitoring), and 4) wearing appropriate personal protective equipment as outlined in Section 6.1. As a general precaution to detect organic vapors, air monitoring to measure organic vapor concentrations in the breathing zone will be performed.

Ingestion of soil and particulate matter containing chemicals is another general exposure route. However, the potential for this type of exposure is minimal during site investigation of the type planned. Safe work practices, including prohibition of eating, drinking, or smoking on site will be enforced at the worksite.

Field personnel will wear coveralls at the site (if required) to minimize contact of clothing with mud and soil potentially containing contaminants. Used and soiled coveralls will be removed and disposed in onsite, before leaving the area. Shoes, tools, and hands will be cleaned before leaving the site.

5.3 COMMUNITY HAZARD ANALYSIS

Vapor emissions generated during the proposed field activities are expected to be insignificant. Potential exposure to the surrounding community is unlikely. If significant vapor emissions do occur, the work will be stopped and corrective actions implemented to reduce vapor emissions.

6.0 PROTECTIVE ACTIONS

Field personnel will perform air monitoring continuously with a direct reading organic vapor meter (OVM) in the breathing zone at the work location. If OVM readings for a particular work area consistently exceed 5 parts per million (ppm) above background, personnel will withdraw upwind from the work area, if possible, or upgrade to modified Level C protection as outlined in Section 6.1. If OVM readings consistently exceed 10 ppm in the breathing zone while workers are in modified Level C protection, the work will cease and the source of the emission will be identified and controlled before work continues.

6.1 PERSONAL PROTECTIVE EQUIPMENT

Field personnel will wear equipment to protect against the potential physical and chemical hazards which have been identified herein and those that become apparent in the field. Level D protection will be required at a minimum for field activities at the site. Level D personal protective equipment to be used will include:

- ~Hard Hat
- ~Chemical resistant disposable gloves
- ~Boots, steel toe and shank
- ~Safety glasses and earplugs

Modified Level C protective will be required during collection or handling of soil samples and whenever VOCs are found in the workspace, based on OVM readings. In addition to the Level D protection above, modified Level C protection includes:

~Tyvek coverall

~Respiratory protection consisting of a half-mask purifying respirator with organic and particulate filter cartridges.

The level of protection employed for general site activities by ZCI personnel may be upgraded as deemed necessary by the Site Safety Officer. If significant dust generation occurs or organic vapors are detected. (see Monitoring below), the Site Safety Officer may require modified Level C protection, i.e., donning of respirator.

6.2 SITE CONTROL

Unauthorized and unprotected individuals will be requested to remain out of the area where work is being performed. Specific work zones will not be established for Level D activities at the facility. Work zones, including designation of an exclusion zone, a contamination reduction zone, and a support zone will be established for field activities.

Barricade and secure with caution tape the open excavation. Stockpiled soil will be placed on 10 mil visqueen and covered with 10 mil visqueen membrane.

6.3 MONITORING

Field personnel will perform air monitoring continuously with a direct reading organic vapor meter (OVM) in the breathing zone at the work location. If OVM readings for a particular work area consistently exceed 5 parts per million (ppm) above background, personnel will withdraw upwind from the work area, if possible, or upgrade to modified Level C protection as outlined in Section 6.1. If OVM readings consistently exceed 10 ppm in the breathing zone while workers are in modified Level C protection, the work will cease and the source of the emission will be identified and controlled before work continues.

7.0 DECONTAMINATION

Minimum decontamination procedures associated with modified Level C protection will be followed and established within the decontamination reduction zone. At the conclusion of each day, disposable gloves and coveralls will be removed and disposed of on-site designated containers. In addition, work boots will be removed and cleaned in a decontamination solution, or, by using a pressurized spray washer prior to leaving the site.

Decontamination procedures for modified Level C protection will be as follows:

Station 1: Equipment Drop - Deposit equipment (tools, sampling devices and containers, monitoring instruments, radios, clipboards, etc.) in a designated area.

Station 2: Boot and Outer Glove Wash and Rinse - Scrub boots and outer gloves with TSP solution. Rinse off using copious amounts of water.

Station 3: Outer Glove Removal - Remove outer gloves and deposit in designated receptacle.

Station 4: Gloves and Outer Garment Removal - Remove Tyveks and inner gloves and deposit in designated containers.

Station 5: Face Piece Removal - Remove facepiece. Avoid excessively touching facepiece with fingers. Dispose of canisters in designated receptacle and wash facepiece in TSP solution.

Station 6: Field Wash - Thoroughly wash hands and face. Shower as soon as possible.

8.0 TRAINING

ZCI personnel participating in field activities will have completed the Hazardous Waste Operations and Emergency Response 40-hour Health and Safety training course (29 CFR 1910.120). Training requirements are discussed in ZCI Corporate Health and Safety Program. Prior to each work day, a meeting will be held at the site to familiarize personnel with health and safety issues, protective equipment, emergency information and supplies, and to discuss special topics.

9.0 MEDICAL MONITORING

ZCI personnel participating in field activities are included in a medical monitoring program. The program includes a baseline physical examination, pulmonary function test, and blood and urine tests. Annual follow-up examinations are included. Details of the medical program are included in ZCI's Corporate Health and Safety Program.

10.0 SITE FACILITIES

Drinking water will be available.

11.0 EMERGENCY RESPONSE PLAN

The nature of work at the jobsite makes emergencies a continual possibility. The ZCI Site Safety Officer (SSO) will be familiar with emergency procedures and evacuation routes.

If an injury occurs due to an accident, the SSO will be immediately notified so appropriate first aid can begin and medical attention arranged, if necessary. The SSO will investigate the nature and cause of the accident so that work procedures can be modified to minimize the likelihood of the incident's recurrence.

A first aid kit and emergency wash water will be readily available.

Routine and emergency communication will be provided by the mobile telephone. Emergency telephone numbers are given in Table 1. For emergencies not requiring an ambulance, injured personnel will be transported to (see attached map).

Signatures

Site Safety Officer Scott Zaccor Date 10-8-91

Corporate Safety Supervisor Scott Zaccor Date 10-8-91

Project Manager Gary Zaccor Date 10-8-91

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME CITY OF ALAMEDA - ENGINEERING DEPT.		NAME OF OPERATOR		
ADDRESS SANTA 635 PACIFIC AVENUE		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME ALAMEDA		STATE CA	ZIP CODE 94501	SITE PHONE # WITH AREA CODE 415-748-4601
<input checked="" type="checkbox"/> BOX TO INDICATE		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP
		<input checked="" type="checkbox"/> LOCAL-AGENCY DISTRICTS	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY
		<input type="checkbox"/> FEDERAL-AGENCY		
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		# OF TANKS AT SITE 1	E. P. A I. D. # (optional)	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) MIKE DEVLIN		PHONE # WITH AREA CODE 415-748-4601	
NIGHTS: NAME (LAST, FIRST) STEVE MCKINLEY		PHONE # WITH AREA CODE 415-748-4601	
DAYS: NAME (LAST, FIRST) ZACCOR, GARY		PHONE # WITH AREA CODE 415-363-2181	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME CITY OF ALAMEDA - ENGINEERING DEPT.		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS SANTA CLARA AVE @ OAK ST.		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LOCAL-AGENCY
		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
		<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME ALAMEDA		STATE CA	ZIP CODE 94501	PHONE # WITH AREA CODE 415-748-4601

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER CITY OF ALAMEDA - FIRE STATION #2		CARE OF ADDRESS INFORMATION SANTA CLARA @ OAK ST. RM 207		
MAILING OR STREET ADDRESS 635 PACIFIC AVENUE		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LOCAL-AGENCY
		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
		<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME ALAMEDA		STATE CA	ZIP CODE 94501	PHONE # WITH AREA CODE 415 748-4530

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 739-2582 if questions arise.

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

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) GARY ZACCOR - Gary Zaccor	APPLICANT'S TITLE PRESIDENT	DATE MONTH/DAY/YEAR 10-8-91
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LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # [] [] [] [] [] [] [] [] [] []
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: _____

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

A. OWNER'S TANK I. D. # <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS: <u>500</u>

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

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

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

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL ? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>GARY ZACCOR</u>	DATE <u>10-8-91</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>000</u>	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

635 Pacific Avenue
Alameda, CA 94501

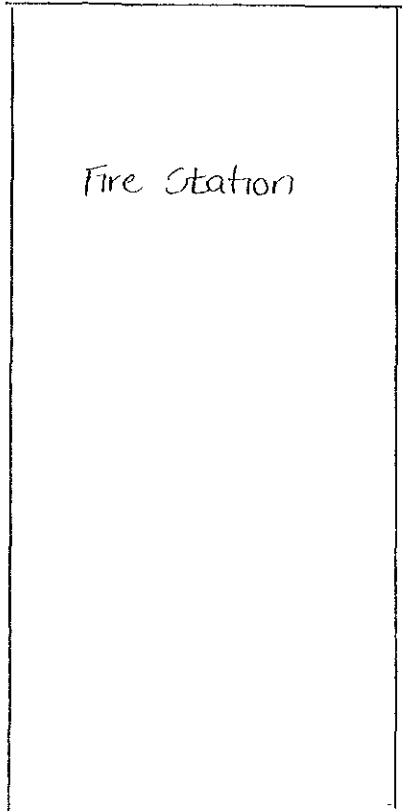


PACIFIC ST.



500 gallon tank

(grassy area)



Fire Station