

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700

December 29, 1997

Susan Spencer
U C Berkeley, E H & S
317 University Hall #1150
Berkeley CA 94720-1150

RE: **Workplan for Preliminary Soil and Groundwater Investigation**
U C Gill Tract (our site # 6529)
1050 San Pablo Av., Albany CA 94710

Dear Ms. Spencer:

I have reviewed the Soil and Water Investigation submitted by Brown and Caldwell. The workplan proposes advancement of three soil borings to the west, north west and south west of the former tanks, with analysis of soil and groundwater samples from each. The proposal is acceptable to this Office and work can begin at any time, but no longer than 60 days from the date of this letter. A report must be submitted within 45 days of the completion of this phase of the work.

You may contact me with any questions at (510)567-6770.

Sincerely,

Pamela J. Evans
Senior Hazardous Materials Specialist

c: Lenard D. Long, Brown and Caldwell, P.O. Box 8045, Walnut Creek CA 94596-1220

Files



STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A
COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM

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

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

DBA OR FACILITY NAME <i>Gill Tract/University California, Berkeley</i>		NAME OF OPERATOR <i>College of Natural Resources, UC Berkeley</i>	
ADDRESS <i>Gill Tract, 1050 San Pablo Ave.</i>		NEAREST CROSS STREET <i>MARIN</i>	PARCEL # (OPTIONAL)
CITY NAME <i>Albany</i>	STATE <i>CA</i>	ZIP CODE <i>94704-3106</i>	SITE PHONE # WITH AREA CODE <i>510-528-4609</i>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS <input type="checkbox"/> COUNTY AGENCY <input checked="" type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY			
* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST.			
TYPE OF BUSINESS		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE
<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			<i>2</i>
		E.P.A. I.D. # (optional)	<i>CA0 000303966</i>

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>ROTZ, BARBARA</i>	PHONE # WITH AREA CODE <i>(510) 642-8189</i>	DAYS: NAME (LAST, FIRST) <i>EH+S</i>	PHONE # WITH AREA CODE <i>(510) 642-3073</i>
NIGHTS: NAME (LAST, FIRST) <i>UCPD</i>	PHONE # WITH AREA CODE <i>642-6760 (510)</i>	NIGHTS: NAME (LAST, FIRST) <i>UCPD</i>	PHONE # WITH AREA CODE <i>(510) 642-6760</i>

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>UC Regents</i>	CARE OF ADDRESS INFORMATION <i>% HARI KRASHNA, PP-CS</i>		
MAILING OR STREET ADDRESS <i>2000 Carleton St, UC Berkeley</i>	<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <i>Berkeley</i>	STATE <i>CA</i>	ZIP CODE <i>94720-1384</i>	PHONE # WITH AREA CODE <i>(510) 642-6416</i>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>College of Natural Resources</i>	CARE OF ADDRESS INFORMATION <i>% Barbara Rotz</i>		
MAILING OR STREET ADDRESS <i>UNIVERSITY OF CALIFORNIA, Berkeley Rm 110, OXFORD TRACT GREENHOUSE 1751 WATSON ST</i>	<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <i>Berkeley</i>	STATE <i>CA</i>	ZIP CODE <i>94720-3100</i>	PHONE # WITH AREA CODE <i>(510) 642-8189</i>

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

TY (TK) HQ **44-032062**

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

SELF-INSURED
 2 GUARANTEE
 3 INSURANCE
 4 SURETY BOND
 5 LETTER OF CREDIT
 6 EXEMPTION
 7 STATE FUND
 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER
 9 STATE FUND & CERTIFICATE OF DEPOSIT
 10 LOCAL GOVT. MECHANISM
 11 OTHER

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

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

I. II. III.

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <i>Barbara Rotz</i>	TANK OWNER'S TITLE <i>Greenhouse Manager</i>	DATE MONTH/DAY/YEAR <i>12/4/97</i>
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LOCAL AGENCY USE ONLY

COUNTY # <input type="text"/>	JURISDICTION # <input type="text"/>	FACILITY # <input type="text"/>
LOCATION CODE - OPTIONAL <input type="text"/>	CENSUS TRACT # - OPTIONAL <input type="text"/>	SUPVISOR - DISTRICT CODE - OPTIONAL <input type="text"/>

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

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# Six Tract - Gasoline B. MANUFACTURED BY: Unknown

C. DATE INSTALLED (MO/DAY/YEAR) Unknown (1940-1950) D. TANK CAPACITY IN GALLONS: 500

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

A. 1 MOTOR VEHICLE FUEL 4 OIL 1 PRODUCT 2 WASTE

2 PETROLEUM 80 EMPTY 1a REGULAR UNLEADED 3 DIESEL 8 AVIATION GAS

3 CHEMICAL PRODUCT 85 UNKNOWN 1b PREMIUM UNLEADED 4 GASOLIN 7 METHANOL

2 LEADED 1c MIDGRADE UNLEADED 5 JET FUEL 8 M85

99 OTHER (DESCRIBE IN ITEM D, BELOW)

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

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

A. TYPE OF SYSTEM 1 DOUBLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN

2 SINGLE WALL 4 SINGLE WALL IN A VAULT 99 OTHER

B. TANK MATERIAL (Primary Tank) 1 BARE STEEL 2 STAINLESS STEEL 3 FIBERGLASS 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC

5 CONCRETE 6 POLYVINYL CHLORIDE 7 ALUMINUM 8 100% METHANOL COMPATIBLE W/FRP

9 BRONZE 10 GALVANIZED STEEL 95 UNKNOWN 99 OTHER

C. INTERIOR LINING OR COATING 1 RUBBER LINED 2 ALKYLID LING 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. EXTERIOR CORROSION PROTECTION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC

5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 99 OTHER

E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

DROP TUBE YES ___ NO STRIKER PLATE YES ___ NO DISPENSER CONTAINMENT YES ___ NO

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 4 FLEXIBLE PIPING 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 1 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER

V. TANK LEAK DETECTION

1 VISUAL CHECK 2 MANUAL INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 ANNUAL TANK TESTING

7 CONTINUOUS INTERSTITIAL MONITORING 8 SIR 9 WEEKLY MANUAL TANK GAUGING 10 MONTHLY TANK TESTING 95 UNKNOWN 99 OTHER

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

1. ESTIMATED DATE TANK USED (MO/DAY/YR) 1996 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 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

TANK OWNER'S NAME (PRINTED & SIGNATURE) Barbara Rotz Barbara Rotz DATE 12-4-97

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

STATE I.D.# COUNTY # JURISDICTION # FACILITY # TANK #

PERMIT NUMBER PERMIT APPROVED BY/DATE PERMIT EXPIRATION DATE

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

FORM B (6-85)

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 GENERAL 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>Oil Tract - Diesel</u>	B. MANUFACTURED BY:	<u>unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>UNKNOWN (1940-1950)</u>	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 type="checkbox"/> 1a REGULAR UNLEADED	<input checked="" type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			C.A.S.#:		

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 89 OTHER	
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 85 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) DROP TUBE YES ___ NO <input checked="" type="checkbox"/>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) DISPENSER CONTAINMENT YES ___ NO <input checked="" type="checkbox"/>	

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

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

V. TANK LEAK DETECTION

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

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

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	<u>1996</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	<u>220</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

TANK OWNER'S NAME (PRINTED & SIGNATURE)	<u>Barbara Rotz Barbara Rotz</u>	DATE	<u>12-4-97</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 #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

UNIVERSITY OF CALIFORNIA, BERKELEY

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

OFFICE OF ENVIRONMENT, HEALTH AND SAFETY
UNIVERSITY HALL, 3rd FLOOR

BERKELEY, CALIFORNIA 94720

November 5, 1997

Gordon Coleman
Environmental Health Services
Alameda County Health Care Services
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

RE: Underground Storage Tank Removal Report for Gill Tract, UC Berkeley
References: 1) Chu—Spencer, 9/3/97 2) Spencer—Coleman 9/15/97

Dear Mr. Coleman:

Enclosed is the report entitled "University of California, Berkeley, Gill Tract Research Facility, Albany, California," prepared by International Technology Corporation under contract with the University. This report documents the August 15, 1997 removal of two underground fuel storage tanks at the Gill Tract and the subsequent soil and water sampling which was completed on August 20, 1997. Ms. Eva Chu of your office inspected the removal and sampling activities. Contaminated soil and storm runoff water were removed from the site and sent for offsite disposal as documented in the report. An unauthorized release report was sent to your office on September 3, 1997 (Reference 1).

We received your Notice of Responsibility dated September 15, 1997 (Reference 2) placing the site in the Local Oversight Program. Please note that the parties responsible for investigation and cleanup of the site are the Regents of the University of California and the University of California, Berkeley, College of Natural Resources; consequently, please change the name of the Responsible Party to the Regents of the University of California. In my capacity as Director of the Office of Environment, Health & Safety, I assist the campus (and therefore, the Regents) in their compliance with applicable requirements. For this site, I will work with Gordon Rausser, Dean of the College of Natural Resources, and your representative, Pam Evans, to ensure that proper corrective action is completed.

If you need further information, please contact Karl Hans (643-9574) or Anna Moore (643-9518).

Sincerely,

A handwritten signature in black ink that reads "Susan L. Spencer".

Susan L. Spencer
Director

SLS:tn
Enclosure

cc: Pam Evans, Alameda County Environmental Health Services
Eva Chu, Inspector, Alameda County Environmental Health Services ✓
Steve Schwartz, IT Corporation

Ron Kiriaze, Associate Director, Utilities & Central Services, Physical Plant-Campus Services
Horace Mitchell, Ph.D., Vice Chancellor—Business and Administrative Services
Gordon Rausser, Dean, College of Natural Resources

Karl Hans, EH&S
Anna Moore, EH&S

97 NOV 12 PM 4:30
ENVIRONMENTAL
PROTECTION

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES

1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9335 (FAX)

October 27, 1997

Susan Spencer
U C Berkeley, E H & S
317 University Hall #1150
Berkeley CA 94720-1150

RE: **Benzene Contamination of Soil and Groundwater**
U C Gill Tract (our site # 6529)
1050 San Pablo Av., Albany CA 94710

Dear Ms. Spencer:

In August of 1997, two tanks were removed at the Gill Tract. Soil and groundwater sampling done then show that benzene was present at levels up to 3 ppm in remaining soil and up to 1200 ppb in groundwater. These levels exceed human health protective levels given in the Tier 1 Table of the ASTM Risk-Based Corrective Action Guidelines (E 1739-95).

At this time, additional investigation is required to define the extent and severity of the release. The investigation shall be in the form of a Soil and Water Investigation, or SWI. The information gathered through the SWI will be used to choose an appropriate course of action to remediate the site, if deemed necessary. The SWI must be done in accordance with the Regional Water Quality Control Board (RWQCB) Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, and Article 11 of Title 23, California Code of Regulations. The major elements of the SWI are summarized in the enclosed Appendix A.

omit [The proposal should include installation of at least three ground water monitoring wells, with one proposed in the presumed down gradient direction. A health and safety plan should be submitted in the event of construction and/or excavation along the sidewalk for the exposure to, and/or proper disposal of, residual hydrocarbon contamination in soil.]

The SWI proposal is due **within 45 days** of the date of this letter (**by December 11, 1997**). Once the proposal is approved, field work should commence within 60 days. A report must be submitted within 45 days after the completion of this phase of work at the site. Subsequent reports are to be submitted quarterly until this site qualifies for RWQCB "sign off." All reports and proposals must be submitted under seal of a California Registered Geologist, Certified Engineering Geologist, or Registered Civil Engineer.

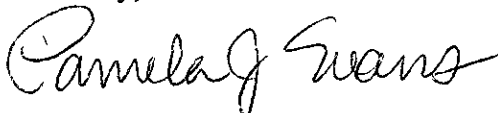
I think they can probably do HPs and if low levels of benzene - can close case w/o permanent wells. Mostly days encountered Bot at time of UST removal they must prove no surface water will be impacted, too.

Susan Spencer
UC Berkeley - Gill Tract
October 27, 1997
Page 2 of 2

Please be advised that this is a formal request for technical reports pursuant to Title 23, CCR, Section 2722(c). Any extensions of the stated deadlines, or modifications of the required tasks, must be requested in writing and agreed to by this agency.

Please note that this Office has not received the full closure report for the tank removal. Please forward a copy of the report to my attention as soon as possible, along with copies of the A and B permit application forms. These forms should have been submitted along with the original closure plan, but are not in our files. I have assumed responsibility for case oversight from Eva Chu. Please contact me at (510) 567-6770 with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Pamela J. Evans".

Pamela J. Evans
Senior Hazardous Materials Specialist

Enclosure
Appendix A

c: Gordon Coleman, Alameda County Environmental Health Services

LOP - RECORD CHANGE REQUEST FORM

printed:
11/03/98

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

Insp: EC

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 6529 LOC:
 SITE NAME: U C Gill Tract DATE REPORTED : 09/11/97
 ADDRESS : 1050 San Pablo Ave DATE CONFIRMED: 09/11/97
 CITY/ZIP : Albany 94710 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: W CONTRACT STATUS: 4 PRIOR CODE:2A4 EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 09/11/97
 PRELIMINARY ASMNT: C DATE UNDERWAY: DATE COMPLETED: 07/23/98
 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: 09/11/97
 LUFT FIELD MANUAL CONSID: 3HSCA
 CASE CLOSED: Y DATE CASE CLOSED: 11/03/98
 DATE EXCAVATION STARTED : 08/20/97 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: Susan Spencer
 COMPANY NAME: Regents Of The Univ. Of Calif.
 ADDRESS: 317 University Hall #1150
 CITY/STATE: Berkeley, C A 94720-1150

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

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

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 0 m 8 m 2 d 8 d 9 y 7 y		CASE #		SIGNED <u>[Signature]</u> 9/11/97 DATE	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>Susan Spencer</u>		PHONE (510) 642-3073		SIGNATURE <u>[Signature]</u> 7/3/97
	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 University of California, Berkeley		
	ADDRESS 3rd Floor University Street Hall, EH&S Berkeley CA 94720-1150				
RESPONSIBLE PARTY	NAME University of California, Berkeley UNKNOWN		CONTACT PERSON Barbara Rotz		PHONE (510) 642-8189
	ADDRESS College of Natural Resources - Oxford 110 Oxford Tract Berkeley, CA 94720-3100				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) University of California, Berkeley		OPERATOR College of Natural Resources		PHONE (510) 642-8189
	ADDRESS Gill Tract, 1050 San Pablo Ave., Albany Alameda 94720-3106				
	CROSS STREET Gill Tract (Marin)				
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda Co.		AGENCY NAME Environmental Health		CONTACT PERSON Eva Chu
	REGIONAL BOARD SFRWQCB Region II				PHONE (510) 567-6762 (510) 286-1255
SUBSTANCES INVOLVED	(1) Gasoline		NAME		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) <input type="checkbox"/> UNKNOWN				
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 m 8 m 1 d 5 d 9 y 7 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 m m d d y y <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 0 m 8 m 1 d 5 d 9 y 7 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		
	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" 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 type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)				
COMMENTS					

Transfer of Eligible Local Oversight Case

STID 6529 Date transferred 9/11/97 na

Date: 9/11/97 From: Eva Chu

Site Name: UC - Gil Tract
1050 San Pablo Ave. (Marin + San Pablo Ave)

Address: _____ City: Albany Zip: 94710

To be eligible for LOP, case must meet 3 qualifications:

1. N Tanks Removed? # of removed? 2 Date removed: 9/15/97
2. N Samples received? Contamination level: 900 ppm
Type of test TPH g
Contamination should be over 100 ppm TPH to qualify for LOP
3. N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet
• diesel • waste oil • kerosene • solvents

Procedure to follow should your site meet all the above qualifications:

1.
 - a. _____ Close the deposit refund case.
 - b. _____ Account for **ALL** time you have spent on the case.
 - c. _____ Turn in account sheet to Leslie.
If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s: _____

DepRef Case Closed with Candyce/Leslie? **Y N** (If no, explain why below.)

2. Submit the completed **A** and **B** permit application forms to **NORMA**.
3. Give the entire case to the proper LOP staff.

UNIVERSITY OF CALIFORNIA, BERKELEY



BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

SANTA BARBARA • SANTA CRUZ

OFFICE OF ENVIRONMENT, HEALTH AND SAFETY
UNIVERSITY HALL, 3rd FLOOR

BERKELEY, CALIFORNIA 94720

September 3, 1997

SEP 10 AM 11:56
Eva Chu
Hazardous Materials Specialist
Division of Environmental Protection
Department of Environmental Health
Alameda County Health Agency
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502

RE: Unauthorized Release Report—University of California, Berkeley, Gill Tract

Dear Ms. Chu:

Attached is an Underground Storage Tank Unauthorized Release (Leak)/Contamination Site Report for the University of California, Berkeley, Gill Tract underground gasoline storage tank, as required by the California Health and Safety Code Section 25295. The UST was removed on August 15, 1997. The report describes the release you observed during your inspection of soil and groundwater sampling in the excavation pit where the tank was previously located on August 19, 1997.

If you have any questions or need further information, please contact Karl Hans (643-9574) or Anna Moore (643-9518).

Sincerely,

Susan L. Spencer
Director

SLS/keh
Attachment

cc: (with attachments)
Steve Schwartz, International Technology Corporation

- Joseph Cerny, Vice Chancellor for Research
- Jeffrey Gee, Director of Design and Project Management—Planning, Design & Construction
- Karl Hans, Manager of Air and Water Program
- Hari Krashna, Physical Plant-Campus Services
- Horace Mitchell, Ph.D., Vice Chancellor—Business and Administrative Services
- Anna Moore, EH&S
- Gordon Rausser, Dean—College of Natural Resources
- Barbara Rotz, College of Natural Resources
- Johnny Torrez, Director—Physical Plant-Campus Services

white -env. health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name UC Gil Tract Today's Date 8/15/97
Site Address (Marina + San Pablo) 1050 San Pablo Ave
City Albany Zip 94 Phone _____

____ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?
Inspection Categories:
____ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
____ II. Hazardous Materials Business Plan, Acutely Hazardous Materials
 III. Under ground Storage Tanks Removal
Diesel 3% O₂ 1.0% O₂
Gas 2% O₂ 1% O₂

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

Comments:

2 - 500 gallon ^{steel} USTs (1 diesel, 1 gasoline) in separate pits.
Steel Diesel UST in good condition - no holes or corrosion noted.
Steel Gasoline UST had large hole in product line and large hole in top of tank, next to vent line. Sand backfill is still in tank in good condition except for very top of UST where rust/corrosion strong gasoline odor from gas pit was evident.

① Soil sample collected from bottom of diesel pit at 8'4" legs. Soil was stained green/blue clay but ~~no~~ no odors noted. Steam line runs across middle of pit wall - soil was ^{WARM} ~~WET~~.

② Soil sample collected from below product line in native soil at 9'4" legs. Stained blue-green w/ ^{mod} aged HC odor.

Analyze - diesel soil for TPHd - BTEX
Analyze - gasoline pit for TPHg, BTEX, MTBE and total lead.

Contact Steph Schwartz
Title Project manager
Signature [Signature]

Inspector ESA chp
Signature [Signature]

II, III

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL PROTECTION DIVISION
1131 HARBOR BAY PARKWAY, RM 250
ALAMEDA, CA 94502-6577
PHONE # 510/567-6700
FAX # 510/337-9335**

affray

Project Specialist

*Ward 8/4/97
see changes / additions in Red*

ACCEPTED

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

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits by the appropriate jurisdiction.
One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any changes or alterations of these plans and specifications must be submitted to this Department not to the City and Building Inspectors Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
- Sampling
- Final Inspection

Issuance of a) permit to operate, b) permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

***THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:**

Contact Specialist:

97 JUL 30 AM 9:10

ENVIRONMENTAL PROTECTION

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business University of California, Berkeley
Business Owner or Contact Person (PRINT) Ms Hari Krishna
2. Site Address Gill Tract Facility west of Intersection of Marin and
Sun Palo Ave
City Albany Zip _____ Phone N/A
3. Mailing Address 2000 Carleton Street
City Berkeley Zip 94720-1380 Phone 510-642-6416
4. Property Owner PPC University California Regents
Business Name (if applicable) PPC
Address 2000 Carleton Street, Room 115
City, State Berkeley, CA Zip 94720-1380
5. Generator name under which tank will be manifested
University California, Berkeley

EPA ID# under which tank will be manifested C A Q 0 0 0 3 0 3 9 6 6

6. Contractor Ecology Control Industries
Address 4585 Pacheco Blvd
City Martinez, CA Phone 510-372-4411
License Type* General B, HAZ, Asbestos ID# 137422

*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires p
contractors to also hold Hazardous Waste Certification issued by the State Contract
License Board.

7. Consultant (if applicable) Ecology Control Industries
Address 4585 Pacheco Blvd
City, State Martinez, CA Phone 510-372-4418

8. Main Contact Person for Investigation (if applicable)
Name Ms. Anna Moore Title Haz. Materials Special
Company University California, Berkeley (EH+S)
Phone 510-643-9518

.. Number of underground tanks being closed with this plan Two (2)
Length of piping being removed under this plan Less than 20 feet
Total number of underground tanks at this facility (**confirmed *
owner or operator) 2

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name Evergreen Environmental EPA I.D. No. CA098087412
Hauler License No. 0242 License Exp. Date July 97
Address 6880 Smith Avenue
City Newark State CA zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site

Name Evergreen Environmental EPA ID# CA098087418
Address 6880 Smith Avenue
City Newark State CA zip 94560

c) Tank and Piping Transporter

Name Erickson Inc EPA I.D. No. CA000946639
Hauler License No. 0019 License Exp. Date May 31/98
Address 255 Parr Boulevard
City Richmond State CA zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc EPA I.D. No. CA000946639
Address 255 Parr Boulevard
City Richmond State CA zip 94801

11. Sample Collector

Name Stephen Schwartz
Company Ecology Control Industries
Address 4585 Pacheco Blvd
City Martinez state CA zip 94553 Phone 50-372-9100

12. Laboratory

Name Chromalab
Address 1720 Quarry Lane
City Pleasanton state CA zip 94566-4758
State Certification No. 1094

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

If yes, describe. _____

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

30 pounds of Dry Ice / 1000 gallons Tank volume.

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
500 gallons (Diesel)	Diesel (Stopped use in 1996)	Soil - (groundwater not anticipated)	Beneath each Tank end to a maximum of 2 feet below the tank
500 gallons (gasoline)	Unleaded/leaded Gas (Stopped use in 1996)	Soil (groundwater not anticipated)	Beneath each Tank end to a maximum of 2 feet below the tank.

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

Excavated/Stockpiled Soil

Stockpiled Soil Volume (estimated)	Sampling Plan:
Less than 20 cubic yards	1 - 4pt composite - Diesel, BTEX (MTBE) Total Lead
110 yards - 500 gallon - Diesel -	1 - 4pt composite - Gasoline, BTEX Total Lead (MTBE)
210 yards - 500 gallon - gasoline	

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

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

If yes, explain reasoning _____

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

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.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Diesel	EPA method 3550	EPA method 3510/8015	1 ppm
BTEX (MTBE)		EPA method 8020	5 ppb
Gasoline	EPA method 5030	EPA method 8015	1 ppm
Total Lead	EPA method 3050	EPA method 6010	0.01 ppm

18. Submit Worker's Compensation Certificate copy

Name of Insurer Accord - See Attached

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

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

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

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

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

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

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared or assumed by the County of Alameda.

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

CONTRACTOR INFORMATION

Name of Business Ecology Control Industries

Name of Individual Stephen Schenck

Signature _____ Date _____

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business University California Berkeley

Name of Individual Dr. Hari Krishna

Signature _____ Date 7/29/97

230-455

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pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name UC Berkeley Gil Tract Today's Date 8/26/97

Site Address _____

City _____ Zip 94 Phone _____

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

Inspection Categories:

- ____ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ____ II. Hazardous Materials Business Plan, Acutely Hazardous Materials
- III. Under ground Storage Tanks Overexcavation

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

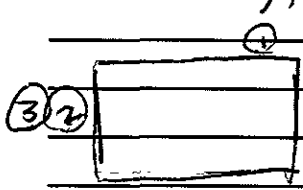
Comments:

Approval was granted to backfill diesel pit with stockpile soil, with "clean import soil on top to grade"

Gasoline pit was excavated to ~11' bgs. Rainwater was pumped out. Groundwater seeped into pit stabilizing at ~11.0' bgs.

One water sample collected from gasoline pit. Analyze for TPH₃, TPH₄, BTEX

North
↑
Z
Slopes



① Soil sample at ~10' bgs sandy ^{silty} clay, no odor.

~~②~~ ^{TOSS} Soil sample at ~10' bgs sandy ^{silty} clay - mod odor.

③ Soil sample collected after another ~~set~~ ^{6-12"} of water was removed at ~9.5' bgs. ~~sandy~~ ^{silty} clay - mod. odor. Analyze soil samples for TPH₃, BTEX.

Contact Greg Schwartz
Title _____
Signature _____

Inspector _____
Signature Eva Chy

II, III

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR EB
20C0001

DATE REPRODUCED
05/08/97

PRODUCER

Lockton Insurance Brokers, Inc
725 S. Figueroa St., 35th Fl.
Los Angeles CA 90017

Jolene Williams

Phone No. 213-689-0065 Fax No. 213-689-0550

INSURED

Ecology Control Industries Inc
Attn: Ron Fluky
20845 Normandie Avenue
Torrance, CA 90302

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 A	Commerce & Industry
COMPANY B	United National Insurance Co.
COMPANY C	California Compensation Ins. Co
COMPANY D	American Intl Specialty Lines

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 LTA	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GL3408146	11/13/96	11/13/97	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 2,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY	CA5052336	11/13/96	11/13/97	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
B	EXCESS LIABILITY	CU44694	11/13/96	11/13/97	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 4,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	W96B128837	11/13/96	11/13/97	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$ 1,000,000
	<input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				EL DISEASE - EA EMPLOYEE \$ 1,000,000
D	Pollution Liability	B189285	11/13/96	11/13/97	Per Occ. \$1,000,000 Agg Limit \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS

All operation

MAY 13 1997

CERTIFICATE HOLDER

University of California
System Wide
Office of the President
300 Lakeside Drive, 12th Floor
Oakland, CA 94612-3650

UNIVUCA

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

Jolene Williams

ACORD CORPORATION

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR #
2COC001

DATE (MM/DD/YY)
05/08/97

PRODUCER

Lookton Insurance Brokers, Inc
725 S. Figueroa St., 35th Fl.
Los Angeles CA 90017

Jolene Williams
Phone No. 213-689-0065 Fax No. 213-689-0550

Ecology Control Industries Inc
Attn: Ron Flury
20846 Normandie Avenue
Torrance, CA 90502

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- COMPANY A Commerce & Industry
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- COMPANY D American Intl Specialty Lines

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
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	GL3408146	11/13/96	11/13/97	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 2,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CA5052336	11/13/96	11/13/97	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ - BODILY INJURY (Per accident) \$ - PROPERTY DAMAGE \$ -
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ - OTHER THAN AUTO ONLY: \$ - EACH ACCIDENT \$ - AGGREGATE \$ -
B	<input checked="" type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CU44694	11/13/96	11/13/97	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> THE PROPRIETARY PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL	W96B128837	11/13/96	11/13/97	<input checked="" type="checkbox"/> WC STATE/TORY LIMITS <input type="checkbox"/> OTH EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000
D	<input type="checkbox"/> OTHER <input type="checkbox"/> Pollution Liability	8189285	11/13/96	11/13/97	Per Occ. \$1,000,000 Agg Limit \$1,000,000

DESCRIPTION OF OPERATION/LOCATION/VEHICLES/SPECIAL ITEMS

All operation)

NOV 13 1997

CERTIFICATE HOLDER

University of California
System Wide
Office of the President
300 Lakeside Drive, 12th Floor
Oakland, CA 94612-3650

UNIVOCA

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

Jolene Williams

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR 28
ZC0001

DATE (MM/DD/YY)
05/08/97

PRODUCER

Lockton Insurance Brokers, Inc
725 S. Figueroa St., 35th Fl.
Los Angeles CA 90017

Jolene Williams
Phone No. 213-689-0065 Fax No. 213-689-0550

INSURED

Ecology Control Industries Inc
Attn: Ron Flury
28845 Normandie Avenue
Torrance, CA 90502

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 A	Commerce & Industry
COMPANY B	United National Insurance Co.
COMPANY C	California Compensation Ins. Co
COMPANY D	American Intl Specialty Lines

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)	LIMITS	
A	GENERAL LIABILITY	GL3408146	11/13/96	11/13/97	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMPROP AGG	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 2,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
A	AUTOMOBILE LIABILITY	CA5052336	11/13/96	11/13/97	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> Hired Autos					
	<input checked="" type="checkbox"/> Non-Owned Autos					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	\$
					EACH ACCIDENT	\$
					AGGREGATE	\$
B	EXCESS LIABILITY	CU44694	11/13/96	11/13/97	EACH OCCURRENCE	\$ 4,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 4,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	W96B128837	11/13/96	11/13/97	<input checked="" type="checkbox"/> WORKERS COMPENSATION LIMITS	\$
	<input type="checkbox"/> THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT	\$ 1,000,000
	<input type="checkbox"/> INCL				EL DISEASE - POLICY LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCL				EL DISEASE - EA EMPLOYEE	\$ 1,000,000
D	OTHER	8189285	11/13/96	11/13/97	Per Occ.	\$1,000,000
	Pollution Liability				Agg Limit	\$1,000,000

DESCRIPTION OF OPERATION/LOCATION/VEHICLES/SPECIAL ITEMS

All operations

MAY 13 1997

CERTIFICATE HOLDER

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Oakland, CA 94612-3650

UNIVUCA

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Jolene Williams



INTERNATIONAL
TECHNOLOGY
CORPORATION

Stephen W. Schwartz
Project Manager

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