

# HK2, INC./SEMCO

1751 LESLIE STREET • SAN MATEO, CA 94402 • (415) 572-8033 • (415) 572-9734 FAX

GENERAL ENGINEERING & ENVIRONMENTAL CONTRACTORS LICENSE No. 719103 (A, B, C57, C61, D40, HAZ, ASB)

October 1, 1996

ref: 96-0235

Juliet Shin  
Alameda County  
Department of Environmental Health  
1131 Harbor Bay Parkway  
Alameda, California 94502  
(510) 567-6700 phone  
(510) 337-9335 fax


re: Home heating oil tank removal at 510 Lincoln Ave., Alameda, California.

Dear Ms. Juliet Shin,

Enclosed is the tank removal report for the site referenced above. Please let us know if you have any questions.

Sincerely,

HK2, Inc./SEMCO

  
Mark Dysert  
Environmental Specialist

cc: William Sheehan

ENVIR  
PROJ  
96 OCT -3  
11/1

**Tank Removal Report**

**Site Location:**

**510 Lincoln Ave.  
Alameda, California**

**Prepared For:**

**William Sheehan  
1236 Bay Street  
Alameda, California 94501  
(510) 522-0978 phone**

**Submitted To:**

**Juliet Shin  
Alameda County Department of Environmental Health  
1131 Harbor Bay Parkway  
Alameda, California 94502  
(510) 567-6700 phone  
(510) 337-9335 fax**

**Prepared By:**

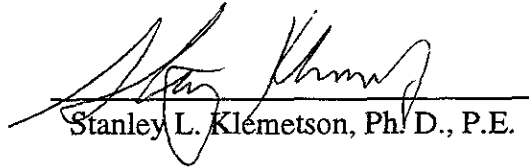
**HK2, Inc./SEMCO  
1751 Leslie Street  
San Mateo, California 94402  
(415) 572-8033 phone  
(415) 572-9734 fax**

**Job # 96-0235**

## CERTIFICATION

This report was prepared by HK2, Inc./SEMCO under the professional direction and review of the person whose name and seal are shown below.

The recommendations and professional opinions presented herein, are within the limits prescribed by the client and were prepared in accordance with generally accepted professional engineering and industrial hygiene practices. There is no other warranty either expressed or implied.

  
Stanley L. Klemetson, Ph. D., P.E.



**Tank Removal Report  
510 Lincoln Ave.  
Alameda, California**

SEMCO/HK2, Inc. was contracted to remove one (1) 1500 gallon home heating oil tank (UST) from the residential site located at 510 Lincoln Ave., Alameda, California. The tank was installed in 1929 according to records at Alameda Fire Department. This report covers the tank removal, soil and groundwater sampling activities.

On September 19, 1996 HK2, Inc. removed the concrete surface in order to access the tank. The soil was removed from the top and along one side of the tank and stockpiled on site. The tank's contents 175 gallons of C6 heating oil and water was pumped into four (4) 55 gallon drums.

On September 20, 1996 the tank was inerted with 100 lbs. of solid carbon dioxide (dry ice) until acceptable levels of oxygen and lower explosive limits were reached to meet safety requirements.

A total 175 gallons of oil and water was pumped from the four (4) 55 gallon drums by Evergreen Environmental Services and transported under manifest number 96178380.

Eva Chu of the Alameda County Department of Environmental Health and Captain McKinnley of the Alameda Fire Department were both on site to verify the tank readings and witness the removal, loading and sampling activities.

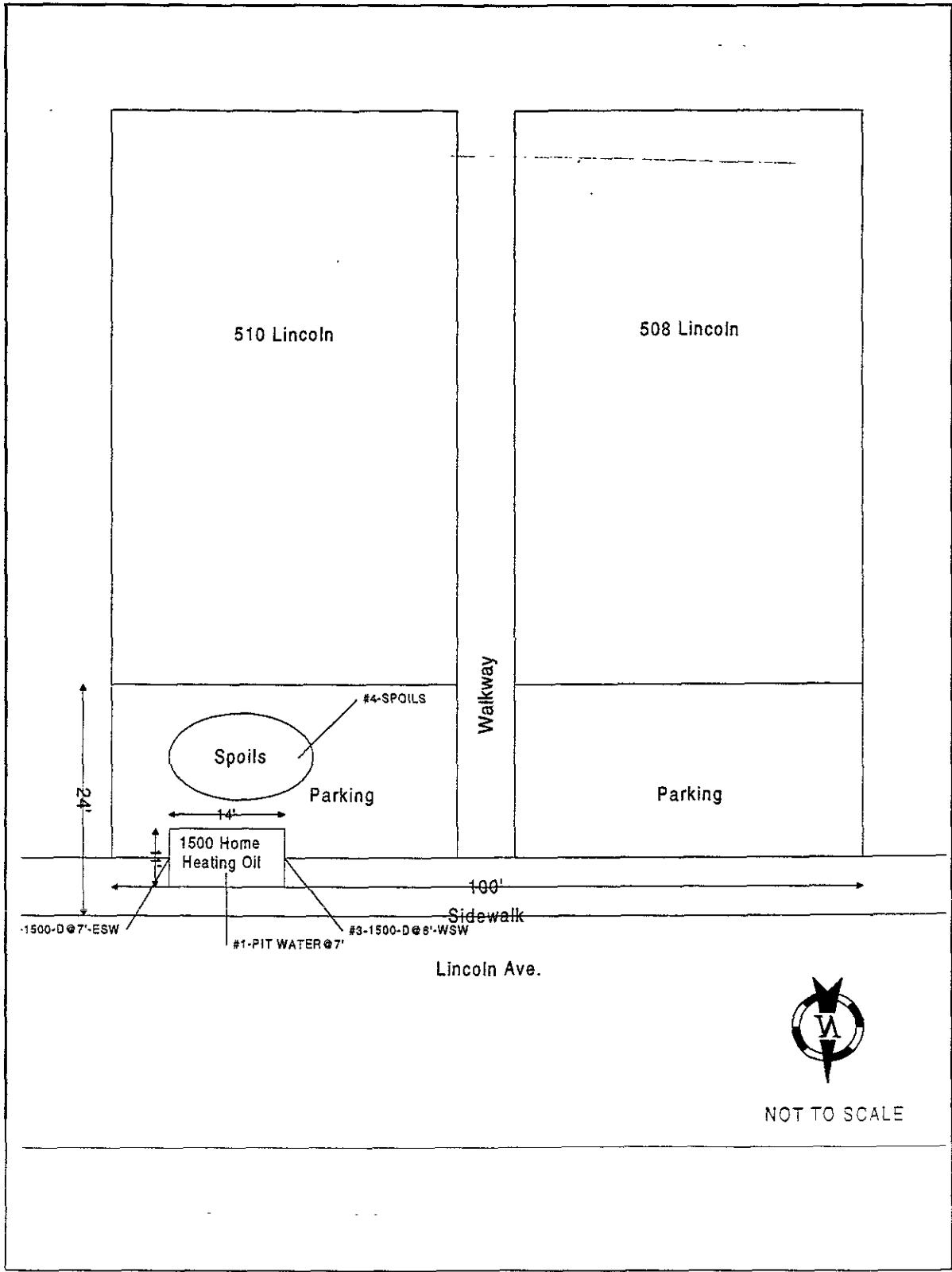
The tank was in good condition. The soil had no odor or discoloration. The tank was loaded onto Dexanna Ltd. and transported to Erickson, Inc. for disposal under manifest number 95269997.

Four (4) samples were collected. Water sample *#1-PIT WATER@7'* was collected from the ground water in the excavation at 7' below ground surface (bgs). Soil sample *#2-1500-D@7'-ESW* was collected from the east side wall of the excavation at the soil ground water interface. Soil sample *#3-1500-D@6'-WSW* was collected from the west side wall of the excavation 1' above the soil and ground water interface. Samples #2 and #3 were collected using a slide hammer with extensions. Soil sample *#4-SPOILS* was collected from the excavated material.

Water samples were collected in 40 ml. VOA vials containing a small amount of preservative and capped with Teflon-lined septa caps. Water samples were also collected in dark glass one-liter bottles. Soil samples were collected in clean brass tubes, which were sealed with Teflon tape, pre-formed plastic end caps and masking tape. The samples were properly labeled, entered onto a chain of custody and placed in an iced cooler for transportation to North State Environmental for the analysis of Total Petroleum Hydrocarbons as Diesel (TPH-D) and Benzene, Toluene, Ethylbenzene and Xylenes (BTEX). Analytical results are presented in the Appendix

A completed underground storage tank unauthorized release (leak) / contamination site report was sent to Alameda County Department of Environmental Health on September 26, 1996.

This report was prepared from field technicians worksheets, inspector's field notes and analytical data pertaining to this site.



Site Layout and Sampling Locations

## **Appendix**







**North State Environmental**  
 Chemical Waste Disposal • Trucking • Consulting

## CERTIFICATE OF ANALYSIS

Lab No:	96-691	Date Sampled:	09-20-96
Client:	SEMCO	Date Analyzed:	09-23-96
Project:	510/508 LINCOLN AVE., ALAMEDA	Date Reported:	09-24-96

Benzene, Toluene, Ethylbenzene and Xylenes by Method 8020  
 Diesel range hydrocarbons by EPA method 8015M

SAMPLE NO	CLIENT ID	ANALYTE	METHOD	RESULT
96-691-01	#1-PIT WATER @ 7' WATER	Benzene	8020	ND
		Toluene	8020	ND
		Ethylbenzene	8020	ND
		Xylenes	8020	ND
		Diesel	8015M	27 mg/L
96-691-02	#2-1500- D@7'-ESW SOIL	Benzene	8020	ND
		Toluene	8020	ND
		Ethylbenzene	8020	ND
		Xylenes	8020	ND
		Diesel	8015M	ND
96-691-03	#3-1500- D@6'-WSW SOIL	Benzene	8020	ND
		Toluene	8020	ND
		Ethylbenzene	8020	ND
		Xylenes	8020	ND
		Diesel	8015M	ND
96-691-04	#4-SPOILS SOIL	Benzene	8020	ND
		Toluene	8020	ND
		Ethylbenzene	8020	ND
		Xylenes	8020	ND
		Diesel	8015M	ND



**North State Environmental**  
 Chemical Waste Disposal • Trucking • Consulting

## CERTIFICATE OF ANALYSIS

Lab No:	96-691	Date Sampled:	09-20-96
Client:	SEMCO	Date Analyzed:	09-23-96
Project:	510/508 LINCOLN AVE. ALAMEDA	Date Reported:	09-24-96

Benzene, Toluene, Ethylbenzene and Xylenes by Method 8020  
 Diesel range hydrocarbons by EPA method 8015M

### Quality Control/Quality Assurance Summary-Soil

Analyte	Method	Reporting Limit	Blank	MS/MSD Recovery	RPD
Benzene	8020	0.005 mg/Kg	ND	84	2
Toluene	8020	0.005 mg/Kg	ND	103	2
Ethylbenzene	8020	0.005 mg/Kg	ND	102	3
Xylenes	8020	0.010 mg/Kg	ND	97	9
Diesel	8015M	1 mg/Kg	ND	97	10

### Quality Control/Quality Assurance Summary-Water

Analyte	Method	Reporting Limit	Blank	MS/MSD Recovery	RPD
Benzene	8020	0.5 ug/L	ND	84	5
Toluene	8020	0.5 ug/L	ND	79	2
Ethylbenzene	8020	0.5 ug/L	ND	89	7
Xylenes	8020	1.0 ug/L	ND	101	10
Diesel	8015M	0.05 mg/L	ND	97	10

ELAP Certificate NO. 1753

Reviewed and Approved:

*(Signature)*  
 John A. Murphy, Laboratory Director

# 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 09/26/96		CASE # #96-0235		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Mark Dysert		PHONE 415 1572-8033		SIGNATURE [Signature]	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER <u>CONTRACTOR</u>		<input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD		COMPANY OR AGENCY NAME SEMCO/HK2, Inc.	
	ADDRESS 1751 Leslie St. STREET San Mateo CITY California STATE 94402 ZIP					
RESPONSIBLE PARTY	NAME William Sheehan <input type="checkbox"/> UNKNOWN		CONTACT PERSON Same		PHONE ( )	
	ADDRESS 1236 Bay St. STREET Alameda CITY California STATE 94501 ZIP					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) 510 Lincoln Ave. (Residence)		OPERATOR N/A		PHONE ( ) N/A	
	ADDRESS 510 Lincoln Ave. STREET Alameda CITY Alameda COUNTY ZIP					
	CROSS STREET 5th St.					
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Dept of Environmental Health		CONTACT PERSON Juliet Shin		PHONE (510) 567-6763	
	REGIONAL BOARD Regional Water Quality Board		CONTACT PERSON Diane Mims		PHONE (510) 286-1255	
SUBSTANCES INVOLVED	(1) NAME Home Heating Oil		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2) _____ <input type="checkbox"/> UNKNOWN					
DISCOVERY/ABATEMENT	DATE DISCOVERED 09/20/96		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL			
	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			
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE _____		<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 _____			
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> CORROSION <input type="checkbox"/> OTHER _____			
	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input checked="" type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAMINANT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input checked="" type="checkbox"/> OTHER (OT) <u>sample ground water</u>					
COMMENTS	_____					

ALAMEDA COUNTY HEALTH 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

7/23/86

*Project Specialist*

*Project Specialist*

*Please comply w/ additional comments in red ink. Please notify this office at least one week in advance of tank removal.*

**ACCEPTED**

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

These closure/removal plans have been received and found to be acceptable and essential to 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 or construction instruction.  
 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 and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws.  
 Notify this Department at least 72 hours prior to the following required inspections:

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

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:

**UNDERGROUND TANK CLOSURE PLAN**

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

1. Name of Business RESIDENTIAL  
 Business Owner or Contact Person (PRINT) William Sheehan

2. Site Address 510 LINCOLN AVE.  
 City ALAMEDA Zip \_\_\_\_\_ Phone \_\_\_\_\_

3. Mailing Address 1236 BAY STREET  
 City ALAMEDA Zip 94501 Phone 510-522-0978

4. Property Owner William Sheehan  
 Business Name (if applicable) \_\_\_\_\_  
 Address 1236 BAY STREET  
 City, State ALAMEDA, CA Zip 94501

5. Generator name under which tank will be manifested  
William Sheehan

EPA ID# under which tank will be manifested CA C001 061 432

6. Contractor HK2, INC. / SEMCO  
Address 1751 N. Esplanade ST.  
City SAN MATEO CA 94402 Phone 415-572-8033  
License Type A, B, C61/040, C57 HAZ ID# 719103

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

7. Consultant (if applicable) N/A

Address \_\_\_\_\_

City, State \_\_\_\_\_ Phone \_\_\_\_\_

8. Main Contact Person for Investigation (if applicable)

Name Chuck Kiper / SEMCO Title PRESIDENT

Company HK2, INC / SEMCO

Phone 415-572-8033

9. Number of underground tanks being closed with this plan 1

Length of piping being removed under this plan UNKNOWN

Total number of underground tanks at this facility (\*\*confirmed with owner or operator) 1

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. CAD980695761)

Hauler License No. 0242 License Exp. Date 7/97

Address 10880 Smith Ave.

City Newark State CA Zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site

Name EVERGREENS EPA ID# CAD980695761

Address 10880 Smith Ave.

City Newark State CA Zip 94560

c) Tank and Piping Transporter

Name Dexanik, LTD EPA I.D. No. CAD982 438 566  
Hauler License No. 2883 License Exp. Date 4/30/97  
Address 3104 Athene Ct.  
City CONCORD State CA Zip 94519

d) Tank and Piping Disposal Site

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

11. Sample Collector

Name Chuck Kiper  
Company HK2, INC / SEMCO  
Address 1751 Leslie St.  
City SAN MATEO State CA Zip 94402 Phone 415-572-8033

12. Laboratory

Name NO. STATE ENVIRONMENTAL  
Address 90 S. Spruce Ave.  
City SO. SAN FRANCISCO State CA Zip 94080  
State Certification No. 13816 1753

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:

HIGH PRESSURE HOT WATER DETERGENT WASH  
20 lbs PER 1000 GALLONS DRY ICE

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 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)		
1,500	HEATING OIL	SOIL, One soil sample from beneath each end of tank at minimum.  Water (if Applicable)	2 feet below TANK INTO NATIVE SOIL OR AT Water/Soil interface.

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

**Excavated/Stockpiled Soil**

Stockpiled Soil Volume (estimated)

*Est - 5-10 yds*

*If soil is to be reused on site, one discrete sample per every 20 yd<sup>3</sup> is required.  
If soil is to be disposed of off site, one composite sample per every 50 yd<sup>3</sup> is required*

Sampling Plan

Soil Samples Taken from tank excavation will be collected, placed in brass tubes, sealed with Teflon Tape, caps and placed on ice, transported to a State Certified lab under chain of custody and analyzed for the constituents of the tank.

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 may 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 backfilling 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
Fuel/Heating Oil	TPH D BTX&E TPH AND BTX&E 8260	GCFID(3550) 8020 or 8240 TPH AND BTX&E 8260	TPH D BTX&E GCFID(3510) 602, 624 or 8260
	BTEX TPH&E		H <sub>2</sub> O 50ppb Soil 10000ppm 1ppm



18. Submit Worker's Compensation Certificate copy  
Name of Insurer California Comp
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 B (one B form for each UST to be removed) (mark box 8 for "tank removed" in 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 nor assumed by the County of Alameda.

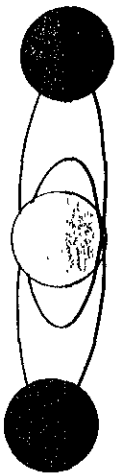
Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.

CONTRACTOR INFORMATION

Name of Business HKA, INC / SEMCO.  
 Name of Individual Rhonda Reames Kiper  
 Signature Rhonda Reames Kiper Date 7/18/96

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business \_\_\_\_\_  
 Name of Individual William Sheehan  
 Signature William Sheehan Date 7/18/96  
By Rhonda Reames Kiper



**Abel Carbonic**

<b>CUSTOMER NUMBER</b> #96-0235	<b>PURCHASE ORDER NO.</b> Shelby / Nevada	<b>DATE</b> 1/1/2000	<b>DELIVERY NUMBER</b> 9-954193
------------------------------------	--	-------------------------	------------------------------------

BY ACCEPTING THIS ORDER, CUSTOMER AGREES TO ALL OF THE TERMS AND CONDITIONS SET FORTH HEREIN, INCLUDING THOSE PRINTED ON THE REVERSE SIDE.

<b>NAME</b> Hick	<b>ACCEPTED BY:</b> 
<b>SHIPPED TO</b>	

20 SOLID	21 HALF	22 SLICES	23 PELLETS	24 AIRPORT	29 WET ICE	
UNIT	DESCRIPTION				CODE	POUNDS
	DRY ICE ORM-A UN1845				23	1000

*Charge*

This Shipping Order must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon and retained by the Agent.

*William Sheehan*  
*510 Lincoln Ave.*

Shipper's No. *706 56-0235*

Carrier

Agent's No. *0979*

RECEIVED subject to the classifications and tariffs in effect on the date of the issue of this Shipping Order,  
 at *Alameda, Calif.* *7/20* 19 *96* from *Senco HK<sup>2</sup>*

(Mail or street address of consignee—For purposes of notification only)  
 Consigned to *Erickson, Inc.* *255 Parr Blvd.*

Destination *Richmond,* State of *Calif.* Zip Code *94801* County of *Contra Costa*

Routing *Dexanna* Delivering Carrier *Dexanna* Vehicle or Car Initial *2* No. *T-1*

Collect On Delivery

\$ \_\_\_\_\_ and remit to: \_\_\_\_\_

C. O. D. charge to be paid by  Shipper  Consignee

Quantity	Description of Articles, Special Marks, and Exceptions	Weight (Sub to Car)	Class or Rate	Check Column
1	Waste Empty Storage Tank NON-RCRA Hazardous Waste Solid.  Manifest # 95269997 Tank # <u>18860</u>  Loading Time: <u>10:00</u> to <u>10:45</u> = <u>3/4 Hr.</u>	<i>1500 lbs.</i>		

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statements

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

(Signature of Consignor)

If charges are to be prepaid, write or stamp here, "TO BE PREPAID"

Received \$ \_\_\_\_\_ to apply to prepayment of the charges on the property described hereon

Agent or Cashier

Per \_\_\_\_\_ (the signature here acknowledges only the amount prepaid)

Charges Advanced

If the shipment is between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight" NOTE—Where the rate is dependent on weight, shipper is required to state specifically in writing the agreed or declared value of the property

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

*Senco HK<sup>2</sup>* Shipper, Per. *MW*

*Dexanna* Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

Permanent post office address of shipper, \_\_\_\_\_

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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>CAC0091061432</b>		Manifest Document No. <b>00979</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address <b>William Sheehan 1236 Bay Street - Alameda, California</b>				A. State Manifest Document Number <b>95269997</b>		B. State Generator's ID											
4. Generator's Phone <b>510 522-0978</b>				6. US EPA ID Number <b>94501</b>		C. State Transporter's ID											
5. Transporter 1 Company Name <b>Dexanna</b>				8. US EPA ID Number <b>CAD982433566</b>		D. Transporter's Phone <b>(510) 687-1292</b>											
7. Transporter 2 Company Name				8. US EPA ID Number		E. State Transporter's ID											
9. Designated Facility Name and Site Address <b>Erickson, Inc. - 255 Parr Blvd. Richmond, California 94801</b>				10. US EPA ID Number <b>CAD009466392</b>		G. State Facility's ID <b>CAD009466392</b>											
9. Designated Facility Name and Site Address				10. US EPA ID Number		H. Facility's Phone <b>(510) 235-1393</b>											
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste Number					
a. Waste Empty Storage Tank NON-RCRA Hazardous Waste Solid.						No.		Type		P		State					
						001		C/P				5/15/96		EPA/Other			
														State			
														EPA/Other			
														State			
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above											
Tank # <b>18860</b> . Tank has been inerted with 15 lbs. DRY ICE per 1000 gallons capacity.						Qty. <b>1</b> Empty Storage Tank # <b>18860</b> . Tank has been inerted with 15 lbs. DRY ICE per 1000 gallons capacity.											
15. Special Handling Instructions and Additional Information																	
Keep away from sources of ignition. Site Location: <b>510 Lincoln Ave - Alameda California</b> 24 Hr. Contact Name: <b>William Sheehan &amp; Phone # (510) 522-0978</b>																	
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 <b>WILLIAM J. SHEEHAN</b>				Signature <i>William J. Sheehan</i>				Month <b>09</b>		Day <b>20</b>		Year <b>1996</b>					
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name <b>James R. Cox</b>				Signature <i>James R. Cox</i>				Month <b>09</b>		Day <b>20</b>		Year <b>1996</b>	
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				Signature				Month		Day		Year					

DO NOT WRITE BELOW THIS LINE.



# Evergreen Environmental Services

dedicated to the protection of the environment

To schedule a pickup, call  
**800-972-5284**

7200 Central Ave., Newark, CA EPA# CAD982413262  
10712 Vernon Ave., Ontario CA EPA# CAL000027724

Send payment to:

Evergreen  
P.O. Box 45987  
San Francisco, CA 94145

96-0235  
**Bill of Lading / Invoice**

**535392**

**INVOICE**

Date

**9/20/96**

### JOB LOCATION

### BILLING INFORMATION

NAME <b>William Sheehan</b>		NAME <b>SEMCO HK 2</b>		CASH <input type="checkbox"/> CHECK <input type="checkbox"/>
ADDRESS <b>510 LINCOLN 4<sup>743</sup> Santa Clara</b>		ADDRESS <b>1741 LESLIE ST</b>		CUSTOMER CODE NO <del>NOT GIVEN</del>
CITY <b>Alameda Ca</b>	STATE <b>CA</b>	ZIP <b>94501</b>	CO <b>CA</b>	PO# <b>SEMCO6</b>
PHONE NO <b>510 522-0978</b>		PHONE NO <b>( )</b>	PROFILE NO.	CUSTOMER EPA ID NO. <b>CAC001061432</b>

PRODUCT	WASTE CODE	MANIFEST NUMBER	QUANTITY	UNITS	PRICE	AMOUNT
Used oil, Non-RCRA Hazardous Waste, Liquid	Lubricating CA 221	<del>96178380 P</del> <del>96178378</del>	<del>240</del>	Gal		
Used Automotive Antifreeze, Non-RCRA Hazardous Waste, Liquid	Industrial CA 134			Gal		
RQ Waste Petroleum Oil NOS Combustible Liquid UN 1270 III (Oil contaminated with halogens)	CA 221 FO1.FO2			Gal		
Oil & Water, Non-RCRA Hazardous Waste, Liquid	CA 221	<b>96178380</b> <del>96178378</del>	<b>240</b>	Gal		
Waste Solids and Sludges				Gal		
Wash-out				Each		
Drained Used Oil Filters				Drum		
Non-RCRA Hazardous Waste Solids (oily debris)	CA 223			Drum		
Empty Drums				Drum		
Transportation			<b>2</b>	Hrs.		
Other:						
Other:						
Other:						
Other:						
Other:						
Other:						
Other:						
Other:						
TEST	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>	PPM	Test		


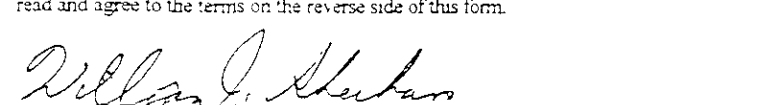
Collection Station     Agricultural Source  
 Government Source     Industrial Source  
 Marine Source

## NET 7 DAYS TOTAL CHARGES

Accounting Office 510-795-4400 Please Pay From This Invoice

TSDF Evergreen Oil, Inc.  
6880 Smith Avenue  
Newark, CA 94560  
EPA# CAD980887418

I hereby certify that all information submitted in this and all attached documents contains true and accurate descriptions of the waste. All relevant information regarding known or suspected hazards associated with the waste has been disclosed. This further serves as notification that the above liquid wastes are banned from land disposal pursuant to Title 22 Section 66268.7 (a)(10). I also acknowledge that I have read and agree to the terms on the reverse side of this form.

  
 DRIVER                      ROUTE #                      DRIVER SIGNATURE                                            GENERATOR'S SIGNATURE                      PRINT NAME

SEMCO ENVIRONMENTAL CONTRACTORS

SAN MATEO - (800)831-2344 (415)572-8033  
 MODESTO - (800)585-9293 (209)524-9653

UST CLOSURE INSPECTION WORKSHEET

508/510 Lincoln Alameda Residence/Apartment # 96-0235  
 UST SITE ADDRESS BUSINESS NAME JOB #  
 EVA CHN Capt. McKinley 9/20/96  
 ENV. HEALTH INSP. FIRE INSP. DATE

NOTES

	Tank ID #	Tank Volume	Date Tank Closed
1	# 18860	1500	9/20/96
2			
3			
4			
5			
6			

10:00 am pull 100 lbs dry ice  
 12% O<sub>2</sub> 0% LEL  
 TANK 5' x 10' 1500 gal  
 TOP TANK ≈ 3-4'  
 BOTTOM TANK ≈ 8-9'  
 WATER/GROUND AFFECTED BY TIDES 7 3/8'  
 EXCAVATION 14' (9" OF WATER)  
 CONCRETE  
 10:15 #1 3 JOA PIT WATER 7'  
 10:30 #2 EAST @ T'E SIDEWALL  
 10:45 #3 WEST @ 6' W. SIDEWALL FILL END  
 11:00 #4 - SPOILS (TPH-D, BTEX)  
 NO OIL OR DISCOLORATION  
 SOIL - SANDY/CLAY and CLAYEY/SAND  
 TANK - NO ILLUS

UST CONDITION	TANK #	1					
	LELOKD	✓					
	PRODUCT FREE	✓					
	HOLES/PITS	NO					
	TANK CUT/CLEANED	NO					
	RUST/SCALES	NO					
SOIL CON. DITION	VAPOR	NO					
	DISCOLORATION	NO					
GROUND WATER	SHEEN	NO					
	FLOATING PRODUCT	NO					
ANALYTICALS REQUESTED	TPH GAS						
	TPH DIESEL	✓					
	TOTAL OIL AND GREASE						
	BTXLE (M20)	✓					
	TOTAL LEAD						
	CI HC (M10)						
	M10 & M20 or E240						
	E270						
	Cd, Cr, Pb, Zn, Ni						

PROJECT MANAGER

TANK MANIFEST #  
 # 95269997  
 LIQUID MANIFEST #  
 #

DEPTH OF EXCAVATION  
 8'

DEPTH TO GROUNDWATER  
 7'

WIDTH OF EXCAVATION  
 14'

white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH  
 Hazardous Materials Inspection Form

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

II, III

Site ID # \_\_\_\_\_ Site Name Lincoln Apts Today's Date 9/20/96

Site Address 510 Central

City Alameda Zip 94501 Phone \_\_\_\_\_

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

Inspection Categories:

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

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

Comments:

070 LEL 1202 07  
 Manufact # 95269997

Tank in good condition - No holes noted  
 (installed 1979 - Fuel oil) ~ 1500 gallon  
 Ground water at 7' bgs  
 1' grab gwl sample collected immediately  
 after UST was removed.  
 Soil samples collected directly from pt. use  
 side horizontal extension bars  
 ① 55 bgs 6.5-7' bgs: sand soil - no odor  
 ② " " 60 bgs: clayey - sand soil - no odor

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

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 2657
  - 5. Closure Plans 2670

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

- 7. Precis Tank Test 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 \_\_\_\_\_

II, III

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

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

Signature: M. J. [Signature]

Inspector: [Signature]

Signature: [Signature]